

General conditions are applicable as per Table of Benefits coverage and limits

- **Servicing/ Assistance Company** means the company appointed to provide various emergency assistance services for the purpose of supplying the Benefits/Services/Covers of this policy on the Insurer's behalf if the claim is eligible.
- **Services** means the medical and travel assistance to be provided by The Servicing Company.
- **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment; all discs, tapes and cassettes; telescopes, binoculars, spectacles and sunglasses; antiques; sports equipment; watches; jewelry; furs; works of art and articles made of precious or semi-precious stones and precious metals.
- **Sports Activities:** means any sport or sporting activity for amateur (details in Sports activities section) upon extending coverage as per policy's Table of Benefits.
- **Sum Insured:** means the maximum aggregate payable for each insured under each section of this insurance as specified in the Table of Benefits.

GEOGRAPHICAL SCOPE OF SERVICES & COVERAGE

- The geographical scope of services and coverage is limited only to outside the Usual Country of Residence; all treatments for a covered case are not covered in the insured's Usual Country of Residence. After the policy expires, all follow up treatments and investigations related to a covered case, are not covered during the insured's stay outside or inside his Usual Country of Residence.
- The Services provided by the servicing company under this Agreement are rendered on a worldwide basis. The servicing company shall use its best endeavors to provide the Services but any help and intervention depends upon, and is subject to local availability and has to remain within the scope of national and international law and regulations and intervention depends on the servicing company obtaining the necessary authorizations issued by the various authorities concerned. The servicing company shall not be required to provide Services to the Insured/s, who in the sole opinion of the servicing company is located in areas which represent war risks, political or other conditions such as to make such Services impossible or reasonably impracticable.

SCOPE OF SERVICES/COVERAGE:

- The servicing company shall make available operations coordinators answering in different languages for the Users by telephone at its fully-manned non free call alarm center available 24 hours a day, 7 days a week.
- When the servicing company has the information immediately available, the servicing company shall provide the Services, as appropriate, to the Insured while the Insured is on the telephone. In all other cases, the servicing company will provide the information to the Insured by the quickest possible means.
- The servicing company shall, subject to the terms and conditions as defined hereunder, provide the following Services to an Insured calling the servicing company.
- If claim is eligible, the client will be covered under usual, customary, necessary and reasonable costs for a maximum Aggregate limit as per Table of Benefits.

Medical Expenses

• **Medical expenses incurred during hospitalization**

In the event of sudden illness or injury of the adherent occurring outside the usual country of residence, insured has to call the assistance party prior to his admission. The Servicing Company will guarantee the direct payment of the medical expenses incurred during hospitalization, up to the maximum limit stated in the schedule of benefits for the treatment of an injury or sickness sustained by the insured while his policy is in effect considering that cases are:

- not due to any preexisting condition,
- within the scope of policy particular and general condition,
- not excluded as per policy particular and general exclusions,
- as per the usual reasonable and customary charges,
- Covered under Regular/ Standard Admission Class.

a. Inpatient care

The Treatment of covered medical conditions that cannot be treated on an ambulatory basis, as defined hereinafter, and requires an uninterrupted hospital confinement initiated during the policy period.

b. Emergency care

An Emergency is a treatment which may not be delayed due to sudden covered sickness or accident and which requires confinement to a hospital emergency room considering the admission is not due to any preexisting condition.

c. Deductible (applicable for Emergency and Inpatient Care)

Deductible means the first amount of each claim, for each separate accident, payable by the insured. Excess/Deductible amounts are shown in the Table of Benefits.

	Deductible / Excess		
	Europe, Middle East & Africa	Worldwide excluding USA, Canada, Australia & Japan	Worldwide
1D - 12 years	NA	NA	\$300
13 years -65 years	NA	NA	\$300
66 years -70 years	\$300	\$300	\$450
71 years - 75 years	\$3,000	\$3,000	\$4,000
76 years - 86 years	\$4,000	\$4,000	\$6,000

• **Medical expenses due to Covid-19**

This policy will cover the user for reasonable usual and customary (UCR) medical costs and expenses under Regular/ Standard Admission Class which may be incurred consequent to the user's becoming infected with COVID-19 disease, while this policy is in force, but only in respect of In-hospital confinement provided that:

- For the purpose of this clause, COVID-19 disease shall be defined as a general and widespread sudden outbreak of an acute and severe infectious disease caused by Corona Virus as per the World Health Organization.
- Usual, reasonable and customary (UCR) is defined as treatment consistent with generally accepted standards of medical practice, procedures, and surgeries in destination country, in accordance with the Ministry of Health and the National Social Security guidelines for normal, usual & customary procedure and/or standard health sector practice.
- In Hospital confinement refers to any treatment that cannot be undergone under the Out of-Hospital services and is recommended by a recognized treating physician. Such confinement must be medically indicated by the treating Physician to diagnose or treat COVID-19 disease covered under this Policy.
- ICU/Severe: these cases need admission to ICU with intubation and respirator, and the average length of stay is 25 days.
- Step Down/Moderate Cases: these cases need admission to intensive care with isolation, but no intubation and no respirator. Usually it needs 14 days average length of stay.
- Ward/ Mild cases: if admitted to hospital, needs isolation with an average length of stay of 2 days for any new policies issued by the Insurance Company for the new Policyholder and/or Insured

The "medical expenses" benefits provided under our plan can be claimed if COVID-19 is suspected or detected. In this particular context, "experimental" treatments, meaning medically-prescribed treatments being tested by doctors to treat this disease, will of course be covered as no cure has yet been found. The cover is granted:

- if the person got infected by corona virus during his stay at the stated country, after presenting a positive PCR result.
- if the destination airport requires a mandatory PCR on arrival, then the person should present a negative PCR in order to be covered. If the PCR test is not mandatory, 72 hours waiting period is required.

• **Quarantine Expenses due to Covid-19**

If the insured, after a positive PCR test, was sent to compulsory quarantine while the policy is in force, an amount of cash will be provided to the insured as stated in the schedule of benefits for each complete 24 hours of quarantine up to a maximum of 7 days upon providing the extra paid invoices for accommodation and meals for reimbursement.

General conditions are applicable as per Table of Benefits coverage and limits

The amount is paid on top of any of the insured's existing medical benefits.

No benefits will be paid once the insured has left the quarantine outside his usual country of residence and if the treatment of the illness is not a direct or indirect consequence of Covid-19 disease.

• **Emergency medical evacuation**

The servicing company will arrange for the air and/or surface transportation, communication and all usual and customary ancillary services incurred in moving and transporting the Insured when in a Covered Medical Condition to the nearest hospital where appropriate medical care is available.

The servicing company through its medical team reserves the right, to determine the location to which the Insured will be evacuated and the means or method by which such evacuation or repatriation will be carried out. In making such arrangements, the servicing company may consider all relevant circumstances including, but not limited to the Insured's medical condition, the degree of urgency, the Insured's fitness to travel, airport availability, weather conditions and travel distance in determining whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail or land vehicle.

• **Emergency medical repatriation**

The servicing company will arrange for the return of the Insured to the Home Country or Usual Country of Residence by air and/or surface transportation following an in-hospital admission for a covered case.

The servicing company through its medical team reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the servicing company is aware at the relevant time, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

• **Transportation of mortal remains**

The servicing company will arrange for transporting the Insured's mortal remains from the place of death to the Home Country if requested by a family member or legal representative.

• **Compassionate visit – Ticket and Accommodation**

Upon request from the Insured, the servicing company will arrange for one economy class return airfare for a relative or a friend of the Insured to join the Insured who, when traveling alone, is hospitalized outside the Usual Country of Residence for a period in excess of 7 consecutive days, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

Compassionate visit due to COVID-19 (or any internationally and locally recognized epidemics, pandemics and endemics) are strictly excluded from the scope of coverage. The insurance company extends to reimburse for the additional accommodation expenses incurred to the insured's relative for a period not exceeding 5 consecutive days, in such case the room type for the accommodation shall not be more than a standard room in a 3- or 4-star hotel depending on the insured location.

• **Return of minor children**

If an Insured has minor children (not yet 18 years old, unmarried and in school) who are left unattended as a result of a Insured's injury, illness or medical evacuation, the servicing company will arrange for transportation of such minor children to the Insured's Usual Country of residence.

Limits of this cover: One economy class one-way airfare.

• **Convalescence expenses**

Upon request from the Insured, the servicing company will arrange for the additional hotel accommodation for the Insured related to an incident requiring emergency medical evacuation, emergency medical repatriation or hospitalization, subject to The Insurance Company prior approval.

Limits of this cover: As per policy Table of Benefits.

• **Dental emergency due to accident**

The Insurance Company shall pay for medical treatment for the emergency relief of pain due to facial trauma if treatment is required within 48h of accident.

The Insurance Company shall extend the coverage to include dental injuries and emergencies that require immediate attention. Travel dental coverage may include the following benefits for sound and natural teeth:

- Teeth ache due to loss of filling
- Teeth inflammation
- Teeth injuries
- Sudden dental emergency resulting in unexpected pain
- Broken teeth
- Necessary prescription medications, anesthesia, and X-rays up to your travel insurance policy's dental coverage limit

Coverage excludes the following:

- dental treatment which can wait until your return home
- damage to braces and dentures, dental prostheses, crowns, or bridges, false teeth replacement
- teeth previously restored with a crown, inlay, or porcelain restoration or treated by endodontic, except amalgam or composite resin fillings,
- any treatment which is related to or caused by a preexisting medical condition
- any dental expenses incurred after the insured return to the usual country of residence.
- anything else that's listed in the Limits and Exclusions in the policy wording.

• **Sea & Mountain Rescue**

The servicing company will arrange for transporting the Insured when in a serious medical condition to the nearest hospital where appropriate medical care is available. The servicing company Underwriters shall pay for the medically necessary expenses of such transportation and communications and all usual and customary ancillary charges incurred in such services arranged by The Servicing Company.

Travel Expenses

• **Luggage Delay**

In case the insured's registered luggage is temporarily lost during his trip and if not delivered within the 12 hours of his destination arrival and the insured had to buy essential items (clothes, toothbrush, etc...) the Insurance Company will reimburse the essential items limited to clothing and toiletries not exceeding US\$250 any one item, bought, upon presentation of the invoices.

A written formal document should be obtained from the aviation company confirming the number of hours in respect of luggage delay and the retrieved date.

Exclusion Applicable To This Section:

- Losses or deterioration due to delay
- If legal authorities detained the luggage.
- Trip scheduled to an unstable country if war is declared or not.

• **Luggage Loss**

The guarantees relating to luggage and personal possessions that belong to the users will be provided according to the conditions set out below.

The Insurance Company will supplement the compensation in the event of the insured suffering a total loss of baggage that has been checked by an International Airline for an International flight. This includes compensation for the clothing and the personal effects which are stored in the personal baggage that is lost.

The minimum period of time that must elapse for the luggage to be considered been lost once and for all will be that stipulated by the carrier company, with a minimum of 21 days.

In all cases, the original certificate of the carrier or complaint, reporting the occurrence of the loss/accident must be furnished.

The Company shall not be responsible for:

- Partial loss or damage to checked baggage.

General conditions are applicable as per Table of Benefits coverage and limits

- Wear, tear and depreciation of the article.
- Claims for valuable or fragile articles in checked baggage.
- Claims arising from detention, delay or confiscation by customers or other officials.
- Claims on items for which the insured has already been reimbursed by the Airline or another party.
- Claims on loss of business goods or samples or equipment of any kind.
- Money, jewelry, debit and credit cards, any type of missing documents/ items is excluded from this guarantee.
- Delay occurring while the insured is in the return trip to the usual country of residence.
- conditions by moth, vermin, by any process of cleaning, repairing or restoring, mechanical or electrical breakdown or derangement.
- Refusal of compensation or alternative flights offered by your airline

• **Trip Cancellation**

The Insurance Company shall indemnify the insured in respect of any irrecoverable (from any others sources) and unused travel fare, accommodation expenses and/or other pre-paid charges which have been paid in advance or contracted to be paid and for which the insured is legally liable, in the event, the insured has to necessarily and unavoidably cancel the insured trip before the commencement date of the insured trip as **a result of any of the following:**

- Death, sudden admission to the hospital of the insured person, or his close family members due to a non-preexisting condition which necessitates hospital stay for at least 2 nights.
- Accidental Injury that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Departure Date;
- The insured's redundancy for which a proper redundancy notice has been supplied by the insured's employer in respect of permanent employment, and which qualifies for payment under current legislation of the insured's Country of Residence.
- Witness summons, jury service or compulsory quarantine of the insured (positive PCR result must be presented).
- Accidental and serious damage to the insured person's place of residence or business in the country of residence arising from fire, flood or burglary within seventy two (72) hours before the departure date of the planned insured trip which requires the insured person's presence in the country of residence on the departure date of the insured's trip for the purpose of police investigation.

The following exclusions apply to Trip Cancellation:

Any loss directly or indirectly arising from:

- Any circumstances leading to the cancellation or curtailment of the insured trip which is existing, or announced before the insurance period.
- If the purpose of the insured trip is to obtain medical treatment or the insured trip is undertaken against the medical practitioner's recommendation.
- Any medical condition or other circumstances known to have existed before the insurance period.
- Government's regulations control or act, bankruptcy, liquidation, error, omission or default of any travel agency, tour operator, public common carrier and/or other provider of any service forming part of the booked itinerary.
- Failure to notify the travel agency, tour operator, public common carrier and/or other provider of any service forming part of the booked itinerary of the need to cancel or curtail the travel arrangement immediately when it is found necessary to do so.
- Any loss in relation to cancellations or curtailments to schedules that is not verified by the airline, travel agency or other relevant organizations.
- Any loss which will be paid or refunded by any existing insurance scheme, government program, public common carrier, travel agent or any other provider of transportation and/or accommodation.
- Any expenses incurred for services provided by another party for which the insured person is not liable to pay and/or any expenses already included in the cost of a scheduled insured trip.
- Any loss if the insured person refuses to follow the recommendation of a medical practitioner to return to the country of residence, or refuses to continue the insured trip whilst the insured person's physical condition at the time of recommendation is fit for travel (applicable to curtailment of trip only.)
- The insured person's unwillingness to travel.
- The insured person not checking in on time unless due to adverse weather conditions at the country of residence.
- Compensation for frequent flyer points or similar loyalty schemes.
- Known or unknown pregnancy of the insured person.
- Failure to obtain the required passport, visa or necessary travel documentation.
- Any loss not substantiated by a written medical report from the medical practitioner.
- Any loss not substantiated by a written confirmation or cancellation invoice from the Public common carrier and/or accommodation and lodging provider and/or unused travel ticket.
- Any loss not substantiated by a written confirmation from a suitable authority confirming the need to curtail the insured trip due to being summoned as a witness in a court of law, or the insured's place of dwelling being flooded or robbed.

Personal Accident (Accidental death in Common Carrier)

In case the insured opting for the personal Accident dies following covered accident in a common carrier, the sum insured specified in the application form as per applicable plans shall be paid to the beneficiary (ies) designated in the application or to the legal heirs.

Payment shall be effected as per legal jurisdiction.

Medical & Travel Assistance

• **Telephone medical advice**

The servicing company will arrange for the provision of medical advice to the Insured over the telephone.

• **Arrangement of hospital admission**

If the medical condition of the Insured is of such gravity as to require hospitalization, the servicing company will assist such Insured in the hospital admission.

• **Monitoring of medical condition during and after hospitalization**

The servicing company will monitor the Insured's medical condition during and after hospitalization, subject to any and all obligations in respect of confidentiality and relevant authorization.

• **Medical translation service**

The servicing company will arrange for the provision of medical translation to the Insured over the telephone. Where the servicing company uses an external service provider to provide the translation service, the quality of the translator cannot be guaranteed. The Servicing Company will however exercise reasonable care and diligence in selecting such service providers.

• **Delivery of essential medicine**

The Assistance Company will take charge of delivering the medicines outside the country of residence prescribed urgently by a doctor for the insured during the trip and which cannot be found in the place where he/she had travelled to or to be replaced by medicines that have a similar composition. The Assistance Company will not be responsible for the medicine's expenses.

• **Emergency traveling service assistance**

The servicing company shall assist the Insured in making reservations for air ticket or hotel accommodation on an emergency basis when traveling overseas.

• **Emergency interpreting assistance**

The servicing company will arrange for the provision of interpreting assistance to the Insured over the telephone on an emergency basis.

General conditions are applicable as per Table of Benefits coverage and limits

GENERAL EXCLUSIONS

The following treatment, items, conditions, activities and their related or consequential expenses are excluded unless the servicing company has given its prior written approval and the Insured has paid the appropriate fees:

- Trips booked or commenced where the insured is travelling against medical advice or after receipt of a terminal prognosis or with the intention of obtaining medical treatment or convalescent care.
- Any circumstance which could reasonably have been foreseen as likely to give rise to a claim by the Insured Person at the time that the insurance was effected or the Trip was booked (whichever is the later).
- Travelling to seek medical treatment or waiting for an operation, post operation check-up or any other hospital treatment, or any medical investigations, tests or test results.
- Sports or leisure activities where there is a significant risk of bodily injury (except for those as specified under sports activities section, and where any applicable additional premium has been paid) such as mountaineering normally requiring the use of ropes and guides, caving or potholing, rafting/kayaking/canoeing involving white water rapids in excess of grade 5, canyoning, scuba diving (if you are diving at a depth of more than 30 meters; or if you are not qualified for the dive undertaken or accompanied by a qualified instructor; or diving alone; or diving on or in wrecks; or cave or ice diving), motorsports or competitions, hunting on horseback, point-to-pointing and steeple-chasing, equestrian competitions, yachting or boating outside coastal waters (20km limit) and any other sports or leisure activity involving physical contact or where there is significant risk of bodily injury.
- Competitive races involving the use of vehicles or watercraft.
- Professional sports, competitions or sports on sponsored basis (except for those as specified under sports activities section, and where any applicable additional premium has been paid).
- Losses arising from accidents on two wheeled motorized vehicles unless at the time of the accident the driver is duly qualified, is in possession of a current full driving license valid in the country where the vehicle is operated and, if you or your travel companion is the driver, a valid license for operating that class of vehicle in the driver's Country of Residence, and the driver and passenger are both wearing a safety crash helmet.
- Needless self-exposure to peril except in an attempt to save human life.
- The bankruptcy, negligence, default or insolvency of a travel agent, tour operator, Carrier or accommodation provider
- Errors or omissions in your booking arrangements, your failure to obtain appropriate visas and/or prevention of access by the government of a country into which you wish to enter.
- Any expenses incurred as a result of a Pre-Existing Condition, congenital and/or Chronic medical condition and any related treatment, repatriation, evacuation or Emergency room expenses.
- More than one emergency evacuation and/or repatriation for any single medical condition of an Insured during the term of the Agreement, subject to a maximum of one year.
- Any costs or expenses not expressly covered by the servicing company Program and not approved in advance and in writing by the servicing company and/or not arranged by The Servicing Company. This exception shall not apply to emergency medical evacuation from remote or undeveloped areas when the servicing company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured.
- Any event occurring when the Insured is within the territory of his/her Usual Country of Residence.
- Any expenses for rest and recuperation following any prior accident, illness or Pre-Existing Condition.
- Any expenses for medical evacuation or repatriation if the Insured is not suffering from a Serious Medical Condition, and/or in the opinion of the servicing company physician, the Insured can be adequately treated locally, or treatment can be reasonably delayed until the Insured returns to his/her Home Country or Usual Country of Residence.
- Any expenses for medical evacuation or repatriation where the Insured, in the opinion of the servicing company physician, can travel as an ordinary passenger without a medical escort.
- Any treatment or expenses related to childbirth, miscarriage or pregnancy.
- Any expenses incurred for emotional, mental or psychiatric illness and Panic Attacks.
- Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
- Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
- Any expenses related to the insured engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
- Any expenses related to the insured engaging in the commission of, or the attempt to commit, an unlawful act.
- Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
- Any expenses incurred as a result of the Insured engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
- Any hospital admission required for a diagnostic reason or for investigation.
- Any consultation for medical assessment or treatment not requiring hospitalization including medicines (pharmacy) and all outpatient medical treatment procedures.
- Any expenses in respect of the insured being more than 86 years old at the date of intervention.
- Any expense which is a direct result of nuclear reaction or radiation, regardless of any contributory causes), involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war.
- Teeth and gum treatment or surgery.
- Ambulance and any other Transportation expenses such as a Taxi and others.
- Any expenses or cost of all kind of materials, prosthesis and/or orthesis replacing any functional or missing part of the human body.
- Cost of any walking or mobility aids and rehabilitation treatment.
- Work Related Accidents.
- Any medical expenses related to extraordinary natural phenomena such as landslides, volcanic eruptions and any other natural disasters.
- Pharmacy including OTC drugs, Vitamins and other out-patient prescriptions.
- Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes and others).
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- All healthcare services & Treatments for In-Vitro Fertilization (IVF), embryo transport ovum and male sperm transport.
- Treatments and Services related to hepatitis and associated complications except hepatitis A.
- Medical services and associated expenses for organ and tissue transplants, irrespective of whether the insured is a donor or recipient.
- Internationally and locally recognized epidemics, pandemics and endemics except COVID-19.
- Medical expenses related to motor vehicle accidents, pedestrian accidents and any other type of traffic motor collision. Knowing that it should be covered under the involved car compulsory insurance.

General Conditions that apply to all Sections

- The insured must observe and fulfill all the terms and conditions of this insurance by completing anything to be done or complied with by him or anyone acting on your behalf.
- For In-Patient care, emergency repatriation or curtailment the Assistance Company must be notified within 48 hours of admission to hospital and, for curtailment, prior to departure back to the usual Country of Residence.

General conditions are applicable as per Table of Benefits coverage and limits

- That the insured uses Reciprocal Health Care Agreements where they are available. If in doubt he should contact Assistance Company.
- the insured must immediately notify the insurance company in the event of any occurrence likely to give rise to a claim under this insurance in accordance with the instructions contained herein but in any event within 31 days of the end of his Trip.
- the insured provides at his own expense, all certificates, information and evidence required by the insurance company's appointed representatives or by the insurance company.
- That no person will admit liability or make any offer or promise of payment without by the insurance company's prior written consent.
- the insured acknowledge that the insurance company may at its own expense take action in the insured's name to recover compensation from a third party in respect of any payment made under this insurance and that any amount recovered shall belong to the insurance company.
- In the event of the insured's death, the insurance company shall have the right to have a post mortem carried out at its expense.
- the insured has read and accepted the cover provided by this insurance including its cover limits, terms, conditions and exclusions. the insurance company will accept no liability arising from his failure to do so, or his failure to purchase this insurance with sufficient time prior to departure to do so.
- That the insured take all reasonable care to avoid or minimize any loss that might result in him making a claim under this insurance and he acts at all times as if this insurance were not in force.
- the insured may not transfer his interest in this insurance.
- The Law of the usual Country of Residence will apply if it is a legal requirement. If it is not a legal requirement French Law will apply.
- In the event of a fraudulent claim being made by the insured or anyone acting on his behalf all cover under this insurance shall be forfeited.

ELIGIBILITY

- The concerned Insured is eligible for the servicing company Program following calling The Servicing Company alarm center prior to hospital admission or Medical Assistance, cases shall be rejected if requested on reimbursement basis. In case insured applies for reimbursement, and after assessment of claim, The Insurance Company may ask for translated documents if not available and may accept on exceptional basis the claim, and will pay after Auditing the provided invoices, deducting the appropriate amount and covering under Standard/ Regular Admission Class up to 75% of the approved amount (if the claim is eligible). The Insurance Company will reject any claim on reimbursement basis presented after 6 (six) months from the date of the incident mentioned in the claim, and after 2 (two) months from the date of return of the insured to the usual country of residence (for yearly policies)
- The maximum age of enrolment is 86 unless otherwise advised in writing by The Insurance Company.
- The Insured shall be eligible for Services when he/she travels outside the Usual Country of Residence.

CANCELLATION

The contract can be cancelled:

- By The Insurance Company immediately, if any claim or declaration shall, in any way respect, be false or fraudulent means or devices are used by the insured or anyone acting on his/her behalf to assert rights to benefit. All benefit and premium shall in such case be forfeited.
- By the insured in case of cancellation of his/her trip abroad, provided the insured has notified the travel cover agent before the effective date specified in the application form or on the amendment, and has received confirmation of cancellation from the later.
- No refund is authorized if cancellation is required after the inception date.

EXAMINATIONS

The servicing company shall have the right and opportunity through its medical representative to examine the Insured whenever and as often as may reasonably require.

ARBITRATION IN RESPECT OF MEDICAL OPINION

Any difference in respect of medical opinion in connection with the result of an accident or illness will be settled between two medical experts, one appointed by the insured and one appointed by the issuing company.

Any difference in opinion between the two medical experts shall be referred to the French syndicate of physicians who shall be appointed in writing by the two medical experts.

COMPETENT JURISDICTION AND GOVERNING LAW

In case of dispute between the insured and the issuing company, parties are obliged to refer to the courts of the country of policy issuance if it is a legal requirement. If it is not a legal requirement French Law will apply

This contract shall be governed and construed in accordance with the laws of the country of policy issuance if it is a legal requirement. If it is not a legal requirement French Law will apply.

Claims Procedure

In case of a claim, the user should contact the assistance company ISA on the following numbers:

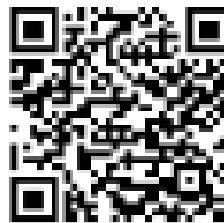
• Worldwide	+34 85 61 40 046
• UK	+44 1513 2500 56
• USA	+1 954 239 1266
• UAE	+971 4278 3514
• Thailand	+66 600 035 532
• Lebanon	+961 1 517 107
• ISA ASSIST APP:	a convenient tool designed to provide support and assistance to travelers since it allows easy access to emergency services and medical providers abroad, swift contact with the International Assistance Center and fast claims filing.

Scan The below QR Code to download the App

App Store



Google Play



Providing the following:

- 1- Company reference: **ISA**.
- 2- Full name.
- 3- Policy number and expiry date.
- 4- Reason for hospital admission.

In case diagnosis is covered as per policy terms and conditions, the assistance company will guarantee directly the payment for admission.

In case, for a good reason, the user could not contact the assistance company and in case of Direct claim the below documents are required:

- 1- Full detailed medical report, past medical history
- 2- Original Invoices from the Service providers.
- 3- Copy of the travel insurance policy.
- 4- Copy of the passport showing entry date to the foreign country.

All documents must be delivered to the travel agent in any country where ISA operates. All documents will be verified and, if the case is covered, the amount covered will be refunded under the terms of the document

Other Documents may be required if relevant to the Case.

In case you wish to contact ISA claims, you may email us on: claims@isa-assist.com

إجراءات المطالبة

في حال وقوع أي حادث، يجب على المؤمن الإتصال بشركة ISA المساعدة الطبية على الأرقام التالية:

• جميع انحاء العالم	+34 85 61 40 046
• المملكة المتحدة	+44 1513 2500 56
• الولايات المتحدة	+1 954 239 1266
• الإمارات المتحدة العربية	+971 4278 3514
• تايلندا	+66 600 035 532
• لبنان	+961 1 517 107
• تطبيق ISA ASSIST	أداة مريحة مصممة لتوفير الدعم والمساعدة للمسافرين لأنها تتيح سهولة الوصول إلى خدمات الطوارئ والخدمات الطبية في الخارج، والاتصال السريع بمركز المساعدة الدولية وتقديم المطالبات بسرعة.

• امسح رمز الاستجابة السريعة أدناه لتنزيل التطبيق

إبلاغهم بالحادث وتزويدهم بالمعلومات التالية:

- 1- الشركة المرجع: **ISA**.
- 2- الإسم الكامل.
- 3- رقم وثيقة التأمين.
- 4- معلومات عن الإصابة / الحالة الصحية.

إذا كانت الحالة مغطاة ضمن شروط التأمين، فسوف تقوم شركة المساعدة الطبية بضمان الدفع مباشرة للمستشفى.

في حال عدم قدرة المؤمن على الإتصال بشركة المساعدة الطبية لسبب وجيه، وفي حال المطالبة المباشرة الرجاء تزويدنا بالوثائق التالية:

1. تقرير طبي كامل ومفصل.
2. الفواتير الأصلية من المستشفى ووصل بالمبلغ المدفوع
3. نسخة عن وثيقة التأمين.
4. نسخة عن جواز السفر مبيناً تاريخ الدخول إلى البلد الأجنبي

ينبغي تسليم جميع الوثائق إلى وكيل السفر في اي من البلاد حيث تعمل ISA. وسوف يتم التحقق من جميع الوثائق، وإذا كانت الحالة مغطاة فسوف يتم استرداد المبلغ المغطى بحسب شروط الوثيقة.

من الممكن طلب وثائق أخرى بحسب صلتها بالمطالبة.

في حال كنت ترغب بالتواصل بمطالبات ISA، يمكنك على البريد الإلكتروني:

claims@isa-assist.com



DECLARATION:

I hereby declare the beneficiary (ies) of the travel certificate, that all declarations are true and after reviewing the conditions I agree and confirm its contents. Furthermore I confirm my (our) declaration that all preexisting cases are not covered by this certificate and coverage is valid only outside my (our) country of residence and my (our) certificate is not by any mean a prerogative to seek treatment abroad. I (we) agree that this certificate cannot be cancelled or amended after its inception.

إعلان:

أصرح بموجبه المستفيد (المستفيدين) من شهادة السفر أن جميع التصريحات صحيحة وبعد مراجعة الشروط التي أوافق عليها وأؤكد محتوياتها. وعلاوة على ذلك أؤكد بأن جميع الحالات السابقة غير مشمولة بهذه الشهادة والتغطية صالحة فقط خارج بلد إقامتي (بلدنا) وشهادتي (الخاصة بنا) ليست بأي شكل من الأشكال امتيازاً لطلب العلاج في الخارج. أنا (نحن) نوافق على أنه لا يمكن إلغاء هذه الشهادة أو تعديلها بعد إنشائها.

Name & Signature - الاسم والتوقيع -

Date - التاريخ:/...../.....