

Travel Insurance

This is your Travel Insurance Policy. It tells you what is covered and what is not, as well as the conditions which apply and the basis on which all claims will be settled. This Policy and the Schedule form the contract of insurance. Please read them carefully, keep them in a safe place, and take them with you when you go on holiday.

Insuring Agreement: In consideration of payment of premium, we agree to provide insurance in accordance with the operative Sections of the Policy. The Schedule and any Endorsements are all part of the Policy. The information you have supplied forms part of the contract of insurance with us. Your Policy is evidence of that contract,

Cover Chosen: Your Schedule specifies the cover you have chosen.

Availability of Cover: This Policy is available only if you are a Citizen or have Resident Status in Pakistan.

Travel to a Danger Area: In your interest and for your safety, we advise caution if you are traveling to any dangerous area where there is known to be war or civil commotion or unrest. Unless specifically mentioned in the Schedule, your cover does not apply to countries where war has been declared or after it has been recognized as a war zone by the United Nations.

Conditions and Exclusions: Special Conditions apply to individual Sections of this Policy, while General Exclusions and General Conditions will apply to the whole of this Policy. Refer also to 'not covered' which applies to each Section of the Policy.

Geographical Coverage: Outside country of residence i.e. Pakistan.

Area 1: Provides cover worldwide except the usual Country of Residence, United States of America, Canada and Australia.

Area 2: Provides cover worldwide except the usual Country of Residence.

Schengen Area 3: Countries of the Schengen States

Period of Cover: As per purchased insurance programme up to a maximum of (62 or 92 consecutive) days abroad per trip.

Age Eligibility: This Policy is available to persons aged 65 or below. If Annual Multi-Trip Cover is selected, and you reach 66 during the Period of Insurance, Cover will continue until the next renewal date but not thereafter. Maximum age could be 75 years subject to loading (50% premium loading aged between 66 & 75 years).

Health: This Policy contains restrictions and conditions regarding pre-existing medical problems concerning the health of the people traveling and of other people not traveling upon whose health the booking or continuation of the Trip may depend. You are advised to read carefully the Conditions relating to Health.

Law and Jurisdiction: Your Policy will be governed by the Law and Jurisdiction of Competent Courts of Pakistan.

Policy Document: Please read this document carefully. We wish to remind you that Cover varies from Policy to Policy and from Insurer to Insurer.

Policy Limits: Most Sections of your Policy have limits on the amount we will pay under that Section. Some Sections also have specific inner limits, Please check your Policy to ensure that the cover is adequate for your needs.

Property Claims: These claims are settled based on the value of the property at the time of the loss and not the cost of buying new items. Your Policy details the claims procedure that must be followed for a claim to be accepted, in particular the requirement to obtain Police reports within 24 hours.

Contact for Queries: If you would like more information or require clarification on any of the Covers provided, please do not hesitate to contact us.

DEFINITIONS:

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this Policy.

We / Us / Our / Company / insurer Means Atlas Insurance Ltd.

Assistance Means the assistance company that must be contacted for any medical emergencies as detailed in the Policy. In this case it is Gulf Assist Ltd.

You / Your / insured Person Means the policyholder/each person traveling on a Trip whose name appears in the Policy Schedule.

Immediate / Close Family Member Mean the policyholder, Spouse, children (aged 15 years or less) dependent, Mother, Father, Sister, Brother and permanently residing with the insured Person.

Adventure Sports Means Winter, Summer and Water hazardous Sports, trekking and safari.

Winter Sports Means cross country skiing, ice skating (no speed skating), mono skiing, ski boarding, sledging, snowboarding or surfing, snow shoeing, snow skiing, snowmobiling as a passenger only etc.

Summer Sports Means skate boarding, trampolines, hot air ballooning, bungee jumping, walking high altitude, climbing, jungle trekking, parachuting, paragliding, sand dunning/surfing, target shooting etc.

Water Sports Means fishing sail boarding, sailing (inland or coastal waters only), surfing, water skiing, wind surfing, scuba diving, jet skiing, wind surfing, deep sea fishing, kayaking, parascending etc.

Notes

- A. Swimming or snorkeling for recreational purposes is considered. as a normal activity covered by the policy without additional premium and hence does not come under the definition of Water Sports.
- B. coastal waters are defined as within a 5 miles limit of a coastline.

Winter, Summer and Water hazardous Sports increase premium rates by 25%.

Baggage Means luggage, clothing, personal effects, Valuables and other articles which belong to you (or for which you are legally responsible) and are worn, used or carried by you during any Trip.

Curtailment/Curtail Means abandoning the Trip by immediate return to your Home or by attending a hospital abroad for a period in excess of 48 hours as an in-patient.

Home/Usual Country/Place of Residence Means your normal place of residence in the country of which you are a citizen or hold a valid resident status as of the date of your outward journey i.e. Pakistan

Illness Means any change in health diagnosed and confirmed by a legally recognized doctor during the life of the policy and which is not comprised in either of the two groups below:

1. Congenital disease: that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
2. Pre-existing disease: that the Insured suffered prior to the date of taking out the insurance.

Serious illness Means change in health that requires admission to hospital and which, in the opinion of the Company's medical team, which involves risk of death.

Injury Means medical problem caused by a sudden and severe external reason beyond the control of the Insured, within the validity period of this policy.

Serious injury Means an injury, which in the opinion of the Company's medical team, which involves risk of death.

Permanent Total Disablement Means disablement which is beyond reasonable hope of improvement having lasted for a continuous period of 1 year and prevents you from attending to any occupation or alternative remunerative work of any kind.

Medical Condition Means any disease, illness or injury.

Pre-existing Medical Condition Means an ongoing or recurring Medical Condition (or any medical complication directly attributable to that Condition) investigated by a Medical Practitioner (whether diagnosed or not) and/or a Medical Condition (other than a minor non recurring ailment) for which there has been a prescribed medication or treatment by a Medical Practitioner during the 12 Months immediately preceding the date of application for this Insurance.

Medical Practitioner Means a registered practicing member of the medical profession who is not related or known personally to you or any person with whom you are traveling.

Cover: Consequent upon an unforeseen event happening during the course of a journey outside the Usual Country of Residence. The Company will provide the Insured with the immediate material assistance as specified under the benefits set out in this Policy, provided that the event does not occur outside the Geographical Limits.

Covered Trip: A COVERED TRIP shall mean a trip undertaken by the Insured Person outside his usual country of residence. The Covered Trip commences when the Insured Person starts the direct journey from home to the exit point of his usual country of residence and ceases when the Insured Person first returns home. The maximum duration of anyone Covered Trip must not exceed 62 or 92 days.

Personal Money Means bank notes, currency notes and coins in current use, cheques, postal or money orders, prepaid coupons or vouchers, travel tickets, pre-booked event and entertainment tickets, phone cards and electronic money cards all held for private purposes.

Public Transport Means any publicly licensed aircraft, sea vessel, train or coach on which you are booked to travel.

Schedule Means the validation page attached to this Travel Policy setting out the names all those persons insured (YourYourf Insured Person), the Area of Travel, the Policy type, the Period of Insurance and any other Special Conditions and terms.

Unattended Means when you are not in full view of or in a position to prevent unauthorized interference with your property or vehicle.

Valuables Means antiques, Jewellery, gold, Silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including CDs, DVDs, tapes, films, cassettes, cartridges and headphones), mobile telephones, computer games and associated equipment, telescopes and binoculars.

IMPORTANT CONDITIONS RELATING TO HEALTH

It is a condition of this Policy that no Trip will be covered if at the time of taking out this Policy:

1. You or anyone upon whom the Trip plans depend has a Pre-Existing Medical Condition.
2. You or anyone upon whom the Trip plans depend has received a terminal prognosis.
3. You or anyone upon whom the Trip plans depend are on a waiting list for, or have knowledge of the need for, in-patient treatment at a hospital, clinic or nursing home.
4. You are traveling against the advice of a Medical Practitioner or would be traveling against the advice of a Medical Practitioner had you sought his/her advice.
5. You are traveling with the intention of obtaining medical advice outside of the Country of Residence.
6. You or anyone upon whom the Trip plans depend is expected to give birth before,

during or within two months of the Trip.

7. You are aware of any circumstances that could reasonably be expected to give rise to a claim on this Policy.

You must be able to comply with these conditions to have the full protection of this Policy. Otherwise, unless you have been given our prior written agreement, you will not be covered.

WHAT TO DO IN CASE OF A CLAIM:

Immediately after the occurrence of any event the consequence of which could result in a claim, you or any other person acting on your behalf should contact as soon as possible the Assistance Company (Gulf Assist) in order to receive indication on the procedure to follow. You should state your policy details.

A medical expert appointed by us will have free access to the Insured Person and his/her medical file to assess the validity of the **claim**.

In the event of a medical transfer or repatriation, the means of transportation will be ambulance, train or scheduled flight, Air ambulance transportation is limited to intra-continental transportations and to critical cases which cannot be accommodated by any of the above mentioned means of transportation.

In any case, we upon agreement with **the** treating physician, will choose the means of transportation to be used.

In any case of Illness or bodily Injury requiring hospitalization, the Insured Person or any person acting on his/her behalf must inform us within 48 hours from the time of occurrence.

When we take care of the repatriation of the Insured Person, the Insured Person shall return the ticket or the refund thereon to us.

As soon as a claim occurs, the Insured Person must make every endeavor to limit or stop its consequences.

If during an emergency, or due to any valid reason, Assistance Company nominated by us cannot be contacted for prior approval, the claim may still be considered subject otherwise to the policy terms and conditions. In all such cases, the expenses must be reasonable and customary and all documents (medical report, bills, etc) must be forwarded to our appointed Assistance Company for their approval and acceptance. No claim will be considered if our appointed assistance company has not been contacted within 30 days of the accident or illness.

Travel inconvenience that does not require immediate assistance:

1. Cancellation or Curtailment of your Trip
2. Personal Accident

3. Delayed Departure
4. Delayed Baggage
5. Loss of Baggage
6. Loss of Passport, Please refer to the related sections for more details on what to do in case of a claim.

PERSONAL ASSISTANCE PARTICULAR CONDITIONS

Whenever the Insured is travelling out of the Usual Country of Residence and up to a maximum of 60 consecutive days, but 90 consecutive days as per airline ticket or travel ticket, the Company and the Assistance Company will provide the following benefits:

1) Medical expenses and Hospitalization abroad.

In the event of illness or injury of the Insured occurring outside the Usual Country of Residence, The Company will meet the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor,

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

This cover is subject to a limit of (According to schedule) per Insured per year, and in the aggregate with a deductible of (According to the schedule) each and every claim.

Any miscellaneous service required by the insured not covered through this policy shall remain at his own charge.

2) Transport or Repatriation in case of illness or of injury of an Insured.

In the event of an accident or sudden illness, the Company will take charge the costs of transferring or repatriating the Insured to a properly equipped health Centre or to higher usual country of residence.

The Company, through its medical team, 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.

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical Centre and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer or repatriate the Insured, and on the most suitable means of transport to use. For minor or less serious illnesses or accidents, which in the opinion of the medical team do not require repatriation, transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

The Insured will not be transported from one hospital to the other without getting the

attending doctor to approve the medical report. This assistance is not a first-aid, it is secondary assistance.

3) Emergency Medical Evacuation

In the event of an accident or sudden illness, that is not pre-existing and which is acute, the 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.

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

4) Emergency Dental Care

If necessary, the Company will provide the Insured party with the dental assistance required abroad. **The maximum limit of the expenses for this benefit will be US\$600 with a deductible amount of US\$60.**

This coverage is restricted to the treatment of pain, infection and removal of the tooth affected.

5) Repatriation of Family Member

Should the insured be hospitalized for more than seven days or decease the Company will meet the following costs in respect of an immediate family member or, a person appointed by the insured and having the same country of residence as the member, considering this person was travelling alone with the insured:

Economy round trip air transport ticket or 1st Class rail ticket to the place of residence of the declared person.

6) Repatriation of Mortal Remain

In the event of the death of the Insured, the Company will make the arrangements necessary for the repatriation of his/her mortal remains, and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her

usual country of residence.

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

7) Return of Dependent Children

In the event of dependent children aged less than 17 years old being left unattended further to an insured accident or illness, the Assistance Company will arrange and pay for one way airplane economy transportation or 1st Class Rail ticket for them to their place of residence.

Qualified attendant will be provided without charge, if required.

8) Travel and Stay over of one immediate family member

Should the Insured be hospitalized for more than seven days, the Company will meet the following costs in respect of an immediate family member or a person appointed by the insured and having the same country of residence as the member, considering the insured was travelling alone:

1. Economy air transport ticket or 1st Class rail ticket to the place of hospitalization.
2. Accommodation expenses there, **up to a limit of US\$100 per day for a maximum of 10 days.**

9) Emergency return home following death of a close family member

Should a next of kin, parent (father or mother), member of the brotherhood, spouse or child of the insured decease during the period of the covered trip the Company will meet the following costs: Economy round trip air transport ticket or 1st Class rail ticket to the place of residence of the Insured person whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip.

The Insured shall furnish the evidence, documents or certificates of the event, which caused the journey to be cut short (death certificate).

10) Dispatch of Medication

The Company will arrange to send medicines to the insured, which are prescribed, as urgent by a doctor and which are not available in the place to which the Insured has travelled.

11) Relay of Urgent Messages

At the Insured's request, the Company will arrange to convey urgent or justified messages relating to matters which are covered under Sections (1) to (8) above.

12) Long Distance Medical Information Service

The medical information will be provided to the Insured by Company's doctor upon request from the insured. The service is not to be considered in any case as a diagnosis but it is a connection service.

13) Connection Services

Whilst travelling abroad, the insured person will be entitled to contact the assistance company in order to obtain miscellaneous services in the country where he is located and in particular rental car referral and reservation and legal and administrative information and referral.

Any miscellaneous service required by the insured not covered through this policy shall remain at his own charge.

LOSSE AND DELAYS

14) Loss of Passport

In case of loss of the Insured's passport, while abroad, the Company will take charge of the expenses of the replacements necessary for obtaining a new passport or equivalent consular document. In case of loss/theft of passport, you should report to police, local embassy, consulate/issuing authority within 24 hours of the discovery of loss / theft.

Note: Fines, penalties, punitive damages, renewal cost are not covered. This cover is subject to a limit provided by the referred plan.

15) Cancellation

In the event of the Insured Person's Covered Trip being necessarily cancelled or curtailed due to:

- i. the death, accidental bodily injury or illness of the Insured Person or the death, accidental bodily injury or illness of the Insured Person's immediate relative
- ii. the death, accidental bodily injury or illness of any person with whom the Insured Person had arranged to travel, reside or conduct business, or of the immediate relative
- iii. the Insured Person or any person with whom the Insured Person had arranged to travel, reside or conduct business being:
 - a- quarantined or called for witness or jury service
 - b- made redundant provided that such redundancy qualifies for payment under the applicable Usual country of residence legislation

- c- called for emergency duty as a member of the armed forces, the defence of civil administration, the police force or the fire, rescue, public utility or medical services
- d- required to be present at his home or place of business in the Usual country of residence following burglary or major damage
- iv. the cancellation of scheduled or chartered transport services (including connecting publicly licensed transportation) caused by accident, strike, industrial action, hijack, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche, adverse weather conditions or mechanical breakdown, provided that the event giving rise to such cancellation occurs, or is only announced, after the Covered Trip is booked or this Insurance is effected, whichever is later;
- v. Major damage rendering uninhabitable the accommodation in which the Insured Person had previously booked to reside during a Covered Trip.

We will pay you for any irrecoverable, unused travel and accommodation costs and other pre-paid charges, which you have paid or are contracted to pay.

Special Conditions

1. You must obtain a medical certificate from a Medical Practitioner and prior approval of our nominated Assistance Company to confirm the necessity to return Home prior to Curtailment of the Trip due to medical reasons.
2. If you fail to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately it is found necessary to cancel the Trip our liability shall be restricted to the cancellation charges that would have applied had failure not occurred.
3. If you cancel the Trip due to Bodily Injury or a Medical Condition you must provide a medical certificate from a Medical Practitioner stating that this necessarily and reasonably prevented you from traveling,
4. The Insured shall furnish the evidence, documents or certificates of the event, which caused the journey to be cancelled.

Exclusions Applicable For Trip Cancellation

Insurers shall not be liable for claims resulting from:

- a- childbirth, pregnancy or any medical complications resulting there from within 2 months of the estimated date of delivery
- b- any condition or set of circumstances known to an Insured Person at the time the Trip was booked or this Insurance was effected whichever is the latter, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the Insured Person's Covered Trip
- c- Lack or reasonable care taken over means of travel, route or departure time.

16) Delayed Departure

In the event that transport services on which the Insured Person has previously booked to travel are delayed by at least 8 hours due to any of the perils listed in Section 15 (iv),

Insurers will indemnify the Insured Person as follows:

In respect of the outward journey at commencement of the Covered Trip:

1. The cost of the additional expenses (transport and hotel accommodation, as well as maintenance incurred as a result of the delay.)
2. Such payment will be made on presentation of the relevant original invoice in the event of delay of more than 8 hours.

This cover is subject to a limit provided by the referred plan Conditions and Limitations Applicable for Delayed Departure

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 this Section shall be calculated from the actual time of departure of the conveyance on which the Insured Person was booked to travel, as specified in the booking confirmation.

COVERAGE FOR BAGGAGE

The guarantees relating to baggage and personal possessions that belong to the Insured persons are those listed in this article, and will be provided according to the conditions set out below.

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

17) Compensation for in-flight Loss of Baggage checked-in

The Company will supplement the compensation for which the carrier is liable up to a limit of referred 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 organizations.

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, with a minimum of 21 days.

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

18) Compensation for Delay in the Arrival of Luggage

In the event of a delay of more than 6 hours in delivering the baggage checked in, since the arrival of the flight on an IATA Member Airline, the 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.

19) Location and Forwarding of Baggage and Personal Effects.

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them.

In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence. In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

Exclusions Applicable To Coverage for Baggage

Insurers shall not be liable for:

1. Breakage of glass or china unless caused by an accident to the conveyance in which the Insured Person is travelling
2. Loss or damage caused by moth, vermin, electrical or mechanical breakdown. Machinery breakdown, gradual deterioration or wear and tear this does not apply to the loss of or damage to any item resulting from wear and tear to a clasp, setting or other fastening. carrier or container)
3. Loss of cash, bank or currency notes, checks, postal orders, credit cards, charge cards, travel cards, bankers cards, travelers checks, travel tickets, passports, driving licenses, green cards and petrol or other coupons
4. Claims resulting from confiscation, requisition, detention, destruction or damage by customs authorities or other such officials
5. Losses which are not reported to the Police or appropriate authorities within 24 hours of discovery or as soon as is reasonably practicable, and a Police or Property Irregularity report obtained
6. Breakage of sports equipment whilst in use or loss of or damage to pedal cycles or hired equipment
7. Loss of or damage to contact, corneal or micro-corneal lenses.
8. Valuables left Unattended at any time.

PERSONAL ACCIDENT BENEFITS

"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 US\$500,000 (five hundred thousand USD), regardless the number of Insured persons or policies involved.

20) 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 layclaim 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 willful causer of the accident. In such a case, any designation in favor 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.

21) 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

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Barre-Lieou syndrome	10
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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
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:

- a- 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.
- b- 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.
- c- The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.
- d- The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e- 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.
- f- Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- g- Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.

- h- 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 recognized 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 under the country Law of Civil Procedure.

Specific Exclusions for Personal Accident:

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. Events arising from terrorism, mutiny or crowd disturbances. As well as damage caused during the course of strikes.
 - c- Events or actions of the Armed Forces or Security Forces in peacetime.
 - d- 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.
 - e- Fall of sideral bodies and meteorites.
 - f- Those derived from radioactive nuclear energy.
 - g- Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defense or necessity.
 - h- Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.

- i- Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics.
 - j- Intoxication or poisoning from the consumption of foodstuff.
 - k- Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
 - l- Illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in the Definitions of these General Conditions.
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.
 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, 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 organized by sporting federations or similar organizations.
 - c- The use, as a passenger or crew, of means of air navigation not authorized 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/leveling 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.

LIABILITY CONDITIONS

1. In the event of any claim the liability of the 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 Company to notify the claim stating the Benefits required or email at the following:

E-mail: operationsAgulfassist.com

- c- Freely provide the Company with all relevant information.
- d- Make no admission of liability or offer promise or payment of any kind.

3. The Company is not liable in respect of any Benefit which would otherwise be payable under this Policy should there be another insurance in force covering the same benefits which predates this Policy
4. Gulf Assist B.S.C. (c) will not reimburse or consider reimbursing any expenses which were not previously approved. Previously approved expenses will have to include the claim number obtained from Gulf Assist prior to send the official receipts, and letter explaining the reason and circumstances of why the Services for which expenses are claimed were not obtained from Gulf Assist directly.

GENERAL EXCLUSIONS

1. 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
 - 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 outside European territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, 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 dangerous
 - k- Participation in competitions or tournaments organized by sporting federations or similar organizations.
 - l- Hazardous winter and/or summer sports such as skiing and/or similar sports.
 - m- Permanent resident and students outside of resident country.
 - n- The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters; and

- 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 inception date of the policy
- 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 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.
- w- Venereal sexually transmitted diseases.
- x- Ali pre-existing, congenital and/or Chronic Medical Conditions.
- y- 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 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 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, orthopedic 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:
 - i. Before this insurance comes into force
 - ii. With the intention of receiving medical treatment
 - iii. After the diagnosis of a terminal illness
 - iv. Without prior medical authorization, 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 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 equipments.
- m- Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial sport, 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 Company is exempt from liability when, as a result of force majeure (events that are outside the control of either parties such as natural catastrophe, disaster, war, riot, strike, terrorism, ionizing radiation etc and cannot be evaded through the exercise of due care), it is unable to put into effect any of the benefits specifically envisaged in this policy.

What is NOT Covered?

1. Any claim arising directly or indirectly from your failure to comply with the Important Conditions relating to Health mentioned in the preceding paragraphs of the policy.
2. Any claim arising directly or indirectly from Government Regulation or Act, delay or amendment of the itinerary, or failure in provision of any part of the Trip (including error, omission, financial failure or default) of or by the provider of any service forming part of the Trip as well as of the Travel Agent or Tour Operator through whom the Trip was booked.
3. Loss or damage due to delay, confiscation or detention by customs or other authorities.

4. Failure to obtain the required passport or visa.
5. Circumstances known to you prior to the booking of the Trip which could reasonably have been expected to give rise to cancellation or Curtailment of the Trip.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of your policy. If you do not comply, we may, at our option, cancel the policy or refuse to deal with your claim or reduce the amount of any claim payment

1) Duty of Disclosure:

It is a condition of this Insurance that you have disclosed all material facts to us. Your failure to do so may affect your rights under this Insurance. If you are in any doubt about what was material then you should declare it to us.

2) Compliance:

You must comply with all the terms, provisions, conditions and endorsements of this Insurance.

Failure to do so may result in a claim being declined or reduce the amount of any claim payment.

3) Claims:

You must notify us as soon as possible, but not later than 30 days of the end of the Trip.

You must also inform us if you are aware of any writ, summons or impending prosecution, every communication relating to a claim must be sent to us without delay. You or anyone acting on your behalf must not negotiate, admit or repudiate any claim without our written consent.

You or your legal representatives must supply, at your own expense, all information, evidence, details of other insurances (if any) and medical certificates as required by us. We reserve the right to require you to undergo an independent medical examination at our expense. We may also request and will pay for a Post Mortem examination.

You must retain any property which is damaged, and, if requested, send it to us at your own expense. If we pay a claim for the full value of the property and it is subsequently recovered or there is any salvage, then it will become our property. We may refuse to reimburse you for any expenses for which you cannot provide receipts or bills.

4) Dual Insurance:

If at the time of any incident which results in a claim under this Policy, there is another insurance covering the same loss, damage, expense or liability we will not pay more than our proportional share.

5) Reasonable Precautions:

You must take all reasonable steps to prevent and minimize accident, injury, loss or damage and at all times act as if uninsured.

6) Subrogation:

We are entitled to take over and conduct in your name the defense and settlement of any legal action. We may also take proceedings at our own expense and for our own benefit, but in your name, to recover any payment we have made under this Policy to anyone else,

7) Fraud:

You must not act in a fraudulent manner. If you or anyone acting for you Makes a claim under the Policy knowing the same to be false or fraudulently exaggerated in any respect or

- a- Makes a statement in support of a claim knowing the statement to be false in any respect or
- b- Submits a document in support of a claim knowing the document to be forged or false in any respect or
- c- Makes a claim in respect of any Bodily Injury, Illness, loss or damage caused by your willful actor with your connivance then we shall not pay the claim
- d- We shall not pay any other claim which has been or will be made under the Policy
- e- We may, at our option, declare the Policy void
- f- We shall be entitled to recover from you the amount of any claim already paid under the Policy
- g- We shall not make any return of premium
- h- We may inform the Police of the circumstances

8) Refund & Cancellation:

In case of visa refusal by the concerned embassy, premium will be refunded as per terms and conditions of the policy at the point of purchase on production of the original travel policy and evidence of premium payment.

Refund of premium would be 75% of the gross premium paid.

9) Change of Policy Details:

If it is minor alteration to your travel insurance policy, Please contact the point of purchase with your travel insurance policy reference and advise the required amendments which would be done as soon as possible.

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 24 hours 17 days a week.

General International Helpline 24/7

Gulf Assist B.S.C (c)

International: 00962 6500 8119
Ireland: 00353 9156 0621
Germany: 0049 1805 115 610
France: 0800918040 (local toll free)
Spain: 0034 915 811 821
USA: 001 5672 692 968
Fax: 00962 6562 7981
Email: travels@mapfre.com

By dialing Emergency number, he/she will be prompt to provide:

- Passport or Identity card number.
- Assistance card number.
- 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)

Spoken Languages:

English, Arabic, Spanish French & Persian

Note:

1. Family coverage includes the insured, spouse and 4 children (from 6 month to 18 years of age)
2. 50% of Accidental death and PTD limit for the spouse and 25% of the same for children
3. 50% loading in premium for persons aged between 66 to 75 years.
4. Excluding travel to Iraq and Afghanistan.
5. Premiums are inclusive of all taxes and stamp duty