PROCEDURE FOR CLAIMS

Dear Customer,

In case of a claim, the insured should contact our assistance service provider ISA on the following alarm center contact numbers prior to hospital admission or Medical Assistance.



Our Assistance Service Provider may ask for the following initial information in order to provide the assistance:

- 1. Full Name
- 2. Policy Number and Expiry Date
- 3. Reason for assistance
- 4. Place of Stay where assistance is required

However, 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 the claim on exceptional basis, 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)

Moreover, the insured is required to obtain and submit all original claim documents like FIR (Police Report), medical bills, payment receipts, medical reports, letters from airline, copy of the passport showing entry and exit stamp and further documents may be required for submission to Assistance Service Provider at the time of claim in order to meet settlement requirement.