

WORLDWIDE TRAVEL INSURANCE POLICY TERMS AND CONDITIONS

PRELIMINARY

This insurance contract governs the general and the particular terms and conditions of the Worldwide Travel Insurance International Assistance program issued by the insurance company.

Whereas the person named in **Application Form** (hereinafter referred as “Insured”) by a signed application and declaration which shall be the basis of this Insurance Policy and is deemed to be incorporated herein has applied to EFU General Insurance Ltd. (hereinafter called the “Insurance Company”) for the insurance hereinafter contained and has paid the premium for such insurance in respect of incidents covered by this Insurance Policy while occurring during the Period of Insurance and outside the Insured’s Usual Country of Residence as stated in the Policy.

The Insurance Company hereby agrees to indemnify the Insured subject to the terms, conditions, provisions, limitations and exclusions of this Policy against any loss resulting from the incidents covered by this Policy while the Insured is traveling abroad including his/ her stay outside his/ her Usual Country of Residence and upto the extent of the limit and stay stated in the Insurance Certificate.

This Policy takes effect on the date stated in Application Form and Insurance Certificate and expires on the same date as stated therein.

This insurance policy is valid if purchased before commencing the Trip and the Trip has commenced from Pakistan during the Period of insurance unless otherwise specifically agreed by the Insurance Company.

This Policy shall cease immediately upon return of the Insured to his or her Usual Country of Residence or upon expiry of the Period of Insurance, whichever shall occur first. However, where the Period of Insurance is 92 days or more, the coverage shall cease immediately the moment Insured’s stay away his or her Usual Country of Residence at any one trip or destination exceeds 92 days. In case the Insured has selected more than 92 days and has accordingly paid the premium for the selected Tenure and Maximum Stay to the Insurance Company and the Insurance Company has specifically mentioned the higher Maximum Stay and Tenure Period in the Insurance Certificate then the stated higher Maximum Stay and Tenure Period will apply for which the Insured has paid the premium and agreed the terms and conditions.

In the event of an emergency leading to a claim the Insured should immediately contact EFU’s Assistance Service Provider for prompt assistance and claim processing. For convenience of the Insured, following contact details of the Insurance Company’s Assistance Service Provider have been incorporated herein.

24/7 NON-STOP INTERNATIONAL TRAVEL INSURANCE ASSISTANCE

In Case of claims, we would be happy to assist:

By Phone:
Worldwide: +457 8723479
UAE: +971 8000 651 21 26
UK: +44 1513250056
USA: +1 9542391266
Thailand: +66 600035532
Lebanon: +961 1517107

By Email:
claims@isa-assist.com
By WhatsApp: +961 3 190 210



Scan this Code
to reach us on
WhatsApp

WHAT THE INSURED SHOULD DO TO REGISTER THE CLAIM:

You are requested to contact EFU’s Assistance Service Provider on the contact details as mentioned above and provide following basic information.

- Company Reference i.e. EFU General Insurance Ltd.
- Complete Name of the Insured as stated in the Application Form and Insurance Certificate
- Passport Number of the Insured alongwith passport copy showing entry date to the foreign country and exit date from the Country of Residence
- Brief information about the incident suffered for which assistance is required
- Place of Stay alongwith the contact number, email ID and postal address

Insured is requested to extend full cooperation and support to EFU’s Assistance Service Provider in providing all the information required for processing the claim. You can also contact us through travelcare@efuinsurance.com

PROCEDURE FOR CLAIM:

In case of emergency, the Insured Customer, according to the terms and conditions of Worldwide Travel Insurance Policy, is required to contact the Assistance Service Provider of the Insurance Company on the contact details mentioned above for direct settlement of claims in the country

of visit or for direct processing of claims since this is a mandatory requirement for all travel insurance claims process. 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 and any other documents that may be required for submission by and to the Assistance Service Provider / Insurance Company at the time of claim in order to meet the claim processing and settlement requirement. The Insured will also be required to deliver all required claim documents by the Assistance Service Provider/ Insurance Company in original form to the Assistance Service Provider / Insurance Company on the postal address to be provided at the time of claim processing. The Insured is required to bear all expenses for delivering the claim documents to any country and to the postal address specified by the Assistance Service Provider / Insurance Company during claim related communication.

DEFINITIONS

- **Act of terrorism** means an act (which may include using force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an act of terrorism. Act of terrorism also includes any act which is confirmed by the relevant government as an act of terrorism. Using nuclear, chemical or biological substances or weapons will also be considered an act of terrorism.
- **Accident or accidental** means a sudden, unexpected event, which happens during the period of insurance, which must be the only cause of bodily injury or bodily damage to the insured, whichever applies.
- **Application Form** means the electronic/ paper form on the prescribed format of EFU General Insurance Ltd., which has been completed by the Insured by providing all the information, required to avail the benefits of this Insurance. Application Form also means the form through which all the required information has been provided by the Insured to the authorized representative of EFU General Insurance Ltd. in order to avail the benefits of this Insurance Policy.
- **Beneficiary** means the legal heirs of the Insured being such person or persons to whom the Insured has legally documented the right to receive the benefit of this Insurance, provided always that such person or persons are required to furnish to the Insurance Company all the relevant proofs and documents confirming the legal heirship of that person or persons.
- **Certificate of insurance/ policy** means the document which proves that you have insurance cover, listing among other things, details of everyone insured, the plan and the period of insurance covered under this policy.
- **Close Family Members** means 1st degree relatives (parents, full siblings, or children).
- **Common Carrier** means any public transport by road, rail, or sea with a licensed carrier operating a regular and/or charter passenger service.
- **Country of Residence** means the country where you are permanently residing or where you are temporarily residing for a period of more than three months at the date of issue of the insurance, and to where you will be repatriated if medically necessary.
- **Deductible** means the first amount of each claim, for each separate accident, payable by the each insured. In the event that you make a claim under more than one Section of the insurance the deductible will be applied to each Section. Deductible and its application is specifically elaborated in each insuring section and covered benefits.
- **Family cover** means covering under the same policy: two adults who are husbands, wives upto the age of 66 years at the time of buying the policy; and covering 4 of their children upto the age of 18 years.
- **Group discount** means Discount in the premium, which the Insurance Company shall advise to the Insured, due to the group size of 25 persons and more travelling together on the same trip and date.
- **Insurance Company** means the company (i.e. EFU General Insurance Ltd.) with whom the insurance policy is held who will bear the risk/ expenses with the insured in case of an eligible claim occurrence as per policy's Terms and Conditions and Table of Benefits.
- **Insured / you/ your** means an individual named in the certificate of insurance who is insured under an insurance policy issued by the insurance company.
- **Maximum Insured Age** means Coverage upto 85 years. Following schedule of overage premium loading shall apply on the premium amounts exclusive of currently applicable govt. taxes and levies.
For ages ranging from:

67 to 75	50% Premium Increase
76 to 80	75% Premium Increase
81 to 85	100% Premium Increase
- **Maximum Stay** means Maximum stay outside the country of residence. It will be 92 days per stay. However, if maximum stay of more than 92 days has been agreed by the Insurance Company and respective premium has been paid by the insured then such consecutive period will prevail.
- **Natural disaster** means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human loss will not be considered as natural disaster.
- **Outpatient medical expense** refers to the medical costs (as stated in the Table of Benefits) incurred for the treatment of an injury or illness where hospitalization is not required. The insured may receive treatment from a medical practitioner or specialist, including onsite emergency treatment, provided that hospital confinement is not necessary.
- **Pre-Existing Condition** Any condition that the insured suffered from prior to the issuance date of the insurance policy, regardless of the time period.
- **Public transport** means any regularly scheduled aircraft, bus, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers.
- **Serious Medical Condition** means a condition, which in the opinion of the servicing company constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious Impairment to the Insured's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.
- **Servicing/ Assistance Company/ Assistance Service Provider** 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/ Assistance Service Provider.
- **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.
- **Sum Insured** means the maximum aggregate payable for each insured under each section of this insurance as specified in the Table of Benefits.
- **One Way Trip/ Single Trip:** coverage detailed in the Policy for the period of insurance shown in the Travel Insurance Certificate or for up to seven (7) days following disembarkation flight from the Country of Issuance.

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 Insured will not be covered as well for all war related claims in all Sanctioned countries/ War Zones including Libya, Syria, Yemen, Iraq, Afghanistan, Sudan, Ukraine, Russia (and any additional country declared as a War Zone by the UN).
- The Services provided by the servicing company / Assistance Service Provider under this Insurance Agreement are rendered on a worldwide basis. The servicing company / Assistance Service Provider 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/ Assistance Service Provider 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/ Assistance Service Provider is located in areas, which represent war risks, political or other conditions such as to make such Services impossible or reasonably impracticable.

Geographical Coverage also means:

- Worldwide cover except for Usual Country of Residence i.e. Pakistan, USA, Canada, Australia and Japan
- Worldwide cover except for Usual Country of Residence i.e. Pakistan

SCOPE OF SERVICES/COVERAGE

- The servicing company/ Assistance Service Provider 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/ Assistance Service Provider has the information immediately available, the servicing company / Assistance Service Provider 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/ Assistance Service Provider shall, subject to the terms and conditions as defined hereunder, provide the following Services, stated herein, to the Insured calling the servicing company/ Assistance Service Provider.
- If claim is eligible, the Insured Customer will be covered under usual, customary, necessary and reasonable costs for a maximum Aggregate limit as per Table of Benefits.

Personal Accident Insurance

• **Accidental Death Common Carrier**

This insurance benefit covers the Accidental Death of the Insured due to an accident to the recognized/ authorized means of transport in which the Insured is traveling as a fare paying passenger whether on land or on sea including getting onto and alighting from such means of transport during the direct route from the departure or arrival point (home address or hotel abroad) to the travel terminal (station, airport or seaport).

The Insurance Company agrees to compensate the Insured's legal heirs upto the limit insured by this Policy.

In case of Family is insured then the coverage of break-up is as follows: Insured shall be covered upto 100% of the limit insured, Spouse upto 50% of the limit insured and children upto 25% of the limit insured but in no case the Insurance Company's liability shall exceed the sum insured by this Policy.

The payment in respect of this benefit shall be in Pak Rupees and in Pakistan upon furnishing of satisfactory proofs i.e.

- Death Certificate of the Insured
- Medical Certificate Medical Certificate of the Insured identify the cause of loss and complete diagnosis of the Insured
- Legal Heirship Certificate from the court of law of competent jurisdiction
- Postmortem report if required
- Copy of CNIC of the deceased
- Copy of CNIC of deceased's legal heir
- A copy of letter/ intimation sent to the relevant authority i.e. FIR (if applicable).

The above list is not exhaustive and the Insurance Company may ask for additional information in order to assess the claim.

EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT INSURANCE (COMMON CARRIER):

This Insuring Agreement shall not cover the losses arising out of and in anyways related to:

- Death due to or resulting from internal self-injury, suicide or attempted suicide (whether felonious or not) and murder, dog bite and snake bite.
- Death due to or resulting from happening of intoxication, insanity, fighting or unlawful act on part of the Insured or surgical or medical treatment.

- c. Death sustained by the Insured whilst flying either as fare paying passenger or non-fare paying passenger in an aircraft/aero-plane and while the Insured is in flight.
- d. Death directly or indirectly, due to or resulting from war, invasion, act of foreign enemy, hostility (whether war be declared or not), civil war, rebellion, insurrection, revolution, military or usurped power, riot, strike, civil commotion, sabotage, terrorism and interrelated acts.
- e. Death resulting from services on duty with armed forces.
- f. Death due to the involvement in various sports such as Football, Polo, Motorcycling, Hunting, Steeple-chasing, mountaineering (involving use of ropes or guides) racing of any kind, winter sports and hang-gliding or any other kind of sports.

Medical Expenses

• **Emergency medical evacuation**

The servicing company / Assistance Service Provider on behalf of the Insurance 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/ Assistance Service Provider on behalf of the Insurance 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/ Assistance Service Provider 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.

Refer to the general exclusions for details on the applicable exclusions.

• **Emergency medical repatriation**

The servicing company/ Assistance Service Provider on behalf of the Insurance 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/ Assistance Service provider on behalf of the Insurance 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/ Assistance Service Provider is aware at the relevant time, subject to the Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

Refer to the general exclusions for details on the applicable exclusions.

• **Transportation of mortal remains**

The servicing company / Assistance Service Provider on behalf of the Insurance 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.

Refer to the general exclusions for details on the applicable exclusions.

• **Emergency Medical expenses incurred during hospitalization**

In the event of sudden illness or injury of the adherent / Insured occurring outside the usual country of residence, insured has to call the assistance party/ Assistance Service Provider prior to his admission.

The Servicing Company/ Assistance Service Provider on behalf of the Insurance 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 terms and 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. Prescribed medicines

Prescribed medicines mean the medicines advised by the treating doctor in an official prescription, only applicable after hospital admission excluding chronic medicines and drugs over the counter; prescription and receipt, both to be provided.

This service is included within the medical expenses benefit up to a sublimit mentioned in the table of benefit

d. Deductible (applicable for Emergency and Inpatient Care)

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

Deductible	Amount
Upto 70 years of Age	Nil
Over 70 years of age	15% of each claim

Refer to the general exclusions for details on the applicable exclusions.

• **Compassionate visit – Ticket and Accommodation**

Upon request from the Insured, the servicing company / Assistance Service Provider on behalf of the Insurance 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 Assistance Service Provider on behalf of the insurance company may extend 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.

Refer to the general exclusions for details on the applicable exclusions.

• **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/ Assistance Service Provider on behalf of the Insurance 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 and subject to the sum covered whichever is lower.

Refer to the general exclusions for details on the applicable exclusions.

• **Dental emergency due to accident**

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

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

Deductible	Amount
Upto 70 years of Age	Nil
Over 70 years of age	15% of each claim

Additionally, coverage shall extend to dental injuries and emergencies requiring immediate attention, provided they affect sound and natural teeth. Covered treatments include:

- Toothache due to loss of filling
- Dental inflammation requiring urgent treatment
- Teeth injuries resulting from an accident
- Sudden dental emergencies causing unexpected pain
- Broken teeth requiring immediate intervention
- Necessary prescription medications, anesthesia, and X-rays, used during the surgical intervention, up to the policy's dental, coverage limit

Deductibles for medical dental emergencies due to sudden, unexpected pain (not related to a pre-existing condition):

- **\$75** deductible for coverage up to **\$400**
- **\$100** deductible for coverage up to **\$600**
- **\$125** deductible for coverage up to **\$800**
- **\$150** deductible for coverage up to **\$1,000**
- **\$200** deductible for coverage up to **\$1,200**

Coverage Excludes:

- Dental treatment that can reasonably be postponed until the insured returns home.
- Damage to **braces, dentures, dental prostheses, crowns, or bridges**, including false teeth replacement.
- Treatment of **previously restored teeth (e.g., crowns, inlays, or porcelain restorations)**, except in cases of **amalgam or composite resin fillings**.
- Any dental treatment **related to or caused by a pre-existing condition**
- Any dental expenses incurred **after the insured returns to their country of residence**.
- Coverage is subject to the **general policy exclusions** listed in the Limits and Exclusions section of the policy wording.

• **Hijacking – Optional Benefit**

The insurance Company shall cover the insured's loss of unused, pre-paid accommodation, transport, tour and tuition expenses for which there is no possibility of a refund according to the conditions of the provider, if the insured decides to end the trip should his means of transport be subject to a Hijack during a planned Trip. It is a condition of this cover that the insured must provide a written statement from the appropriate authority confirming the Hijack and how long it lasted alongwith any other documents and evidences the Insurance Company and/ or Assistance Service Provider may require to assess the claim.

Travel Expenses

• **Loss of Passport**

The Insurance Company will reimburse the insured for the replacement cost of the country of residence' passport (of citizenship country) following the accidental and unintentional loss or damage during the insured's trip.

Exclusion Applicable:

- Any loss not reported to the local police, embassy, consulate, issuing authority, and/ or public common carrier within twenty four (24) hours from the occurrence of the incident.
- Any fine or penalties incurred due to non-replacement or late replacement of the Passport/Travel Documents by the insured.
- Passport/Travel Documents renewal.

- Loss or damage due to delay, confiscation or detention by customs or other authorities.
- Any unexplained loss or mysterious disappearing.
- Any loss not substantiated by a written confirmation from the police, local embassy, consulate, issuing authority and/ or public common carrier.
- The claim of both temporary and permanent version of the same passport; In the event of such loss, the insured may claim either one (1) version.
- Loss or theft of to your Passport/Travel Documents left unattended at any times (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe, safety deposit box or left in your locked accommodation.

• **Luggage Loss**

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

The Insurance Company will supplement the compensation after the compensation from airline is received for the differential amount (i.e. difference of airline compensation and sum covered in this insurance policy, 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.
- 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 insurance coverage.

• **Luggage Delay – Optional Benefit**

In case the insured's registered luggage is temporarily lost during his trip and if not delivered within the 6 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 bought, but not exceeding the sum covered as mentioned in the Table of Benefits herein and not exceeding US\$250 any one item, bought, upon presentation of the invoices. The cover for essential items limited to clothing and toiletries bought will be effective if purchased after 6 hours of delay of luggage.

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.
- Delay occurring while the insured is in the return trip to the usual country of residence.

• **Personal Money**

- The insurance company will pay for cash, bank notes, currency notes, postal orders or money orders stolen from the insured himself during his journey abroad.
- This must be related to theft or burglary reported to the police within 24 hours of when the incident occurs and the insurance company will need a written statement from such authority, such as a police report.

Deductible	Amount
1D - 85 years	\$50

Exclusion Applicable to This Section (In addition to the General Exclusions):

- Valuables left Unattended at any time (including in a motor vehicle or in the custody of carriers) Baggage contained in or stolen from an unattended motor vehicle.
- Loss due to delay, confiscation or detention by customs or other authority.
- Depreciation in value or shortages due to error or omission. - Unset precious stones, contact or corneal lenses, hearing aids and dental or medical fittings, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles
- Cracking, scratching, breakage of or damage to china glass, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft or accident to the vessel, aircraft or vehicle in which they are being carried
- Breakage of sports equipment or damage to sports clothing whilst in use
- Business goods, samples, tools of trade, motor accessories and other items used in connection with your employment or occupation
- Wear and tear, depreciation, deterioration or loss or damage by atmospheric or climatic conditions by moth, vermin, by any process of cleaning, repairing or restoring, mechanical or electrical breakdown or derangement.

• Flight/Trip Delay

The insurance company will compensate for the reasonable additional meal, transfer and accommodation expenses should your scheduled carrier be delayed for at least 4 hours, due to:

- Unforeseen strike, industrial action, riot, civil unrest,
- Unforeseen major social event,
- Adverse weather conditions, natural disaster
- Traffic flow congestion
- Mechanical or technical "hazard" of the common carrier

The insurance company will indemnify the insured in case:

- The insured has registered as per the itinerary already provided,
- The insured has got an official written confirmation from the common carrier in respect of numbers of hours of the delayed trip and the reason for this delay,
- The insured has to abide by the travel agency General Conditions

Exclusion Applicable to This Section:

Any loss resulting from:

- The insured's failure to check-in on time.
- Failure to obtain written confirmation from the Carrier or their agents stating the period of and reasons for the delay.
- Any event or occurrence that commenced or was announced before you arranged this insurance or booked your Trip, whichever is the later.
- Any costs that you can claim from the Carrier or other sources.
- Transport services being withdrawn as the result of a recommendation or instruction from a government authority unless directly resulting from a natural disaster.
- Delay already communicated by the airport controllers or publicly announced at the time the insured has made the reservation.
- Scheduled strike or social uprising.
- Delay occurring while the insured is still in the usual country of residence.
- Flight Delay is not applicable for Single Trip/ One Way Trip.

• 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 in writing 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.

• Trip Curtailment

The Insurance Company shall indemnify the insured, in the event, the insured has to necessarily and unavoidably cut his insured trip short as **a result of any of the following:**

- Death, sudden admission to the hospital of the insured person, or his close family members (Parents, Spouse, Children and siblings) due to a non-preexisting condition which necessitates hospital stay for at least 2 nights.
- 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 after the departure date of the planned insured trip which requires the insured person's presence in the country of residence after the departure date of the insured trip for the purpose of police investigation.

The following exclusions apply to Trip Curtailment and 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 Liability – Optional Benefit

The Insurance Company will indemnify the insured up to the limit specified in the table of benefits if any against all sums the insured became legally liable to pay as compensation during the period of insurance for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

- Loss of or damage to property that does not belong to and is neither in the charge of or under the control of any Insured Person, a Close relative, anyone in the insured's household other than any temporary holiday accommodation but in respect of the insured's occupation (not ownership) only occurring during the Period of Insurance; or
- Injury to a person who is not a member of your family or travelling party.

Exclusions to personal liability:

The insurance company will not pay for liability:

- Arising out of the insured's trade, business or profession;
- For injury to an employee arising out of, or in the course of, their employment by the insured;
- Arising out of an unlawful, willful or malicious act by the insured;
- Arising out of the insured's ownership, possession or use (including as a passenger) of a mechanically propelled vehicle or any aircraft or watercraft;
- Arising out of the insured's passing on an illness or disease to another person;
- Arising out of the insured's participation in snow sports and activities.

Medical & Travel Assistance

The Assistance Service Provider and the Insurance Company shall only be responsible for arrangement the below mentioned assistance however, the Assistance Service Provider and the Insurance Company shall not be responsible for any expenses or costs incurred in arranging the assistance / referrals which should be borne by the Insured him/herself.

• Telephone medical advice

The servicing company/ Assistance Service Provider on behalf of the Insurance Company will arrange for the provision of medical advice to the Insured over the telephone.

• Medical service provider referral

The servicing company / Assistance Service Provider on behalf of the Insurance Company shall provide to the Insured, upon request, the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The servicing company / Assistance Service Provider on behalf of the Insurance Company shall not be responsible for providing medical diagnosis or treatment. Although the servicing company / Assistance Service Provider on behalf of the Insurance Company shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured. The servicing company / Assistance Service Provider on behalf of the Insurance Company, however, will exercise reasonable care and diligence in selecting the Medical Service Providers.

• Arrangement of hospital admission

If the medical condition of the Insured is of such gravity as to require hospitalization, the servicing company / Assistance Service Provider on behalf of the Insurance Company will assist such Insured in the hospital admission.

• Monitoring of medical condition during and after hospitalization

The servicing company / Assistance Service Provider on behalf of the Insurance 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 Service Company / Assistance Service Provider on behalf of the Insurance 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 Service Company/ Assistance Service Provider on behalf of the Insurance Company will not be responsible for the medicine's expenses.

- **Inoculation and visa requirement information**

Upon request from the Insured, the servicing company / Assistance Service Provider on behalf of the Insurance Company shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas).

- **Lost luggage assistance**

Upon request from the Insured, the servicing company / Assistance Service Provider on behalf of the Insurance Company will assist the Insured who has lost his/her luggage while traveling outside the Usual Country of Residence by referring the Insured to the appropriate authorities.

- **Legal Referral / Arrangement of appointment with lawyers**

Upon request from the Insured, the servicing company / Assistance Service Provider on behalf of the Insurance Company will provide the names, telephone numbers and, if possible and requested, hours of opening of the lawyers in foreign countries. Although the servicing company shall make such referrals, it cannot guarantee the quality of the service provider and the final selection of a service provider shall be the decision of the Insured. The Servicing Company/ / Assistance Service Provider on behalf of the Insurance Company, however, will exercise care and diligence in selecting the service providers. The Service Company/ Assistance Service Provider on behalf of the Insurance Company will not be responsible for the lawyers' fees or any expenses related to arranging the appointment.

- **Emergency traveling service assistance**

The servicing company // Assistance Service Provider on behalf of the Insurance 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 / Assistance Service Provider on behalf of the Insurance Company will arrange for the provision of interpreting assistance to the Insured over the telephone on an emergency basis.

- **Embassy referral**

The servicing company / Assistance Service Provider on behalf of the Insurance Company shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

- **Emergency document delivery including documents/ passport**

The servicing company / Assistance Service Provider on behalf of the Insurance Company shall assist the Insured to arrange for emergency document(s) to be delivered to the Insured's friend, relative or business associate, upon the Insured's request to do so.

The above assistance Services are purely on referral or arrangement basis. The servicing company / Assistance Service Provider on behalf of the Insurance Company shall not be responsible for any third-party expenses, which shall be solely the Insured's responsibility.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The following treatment, items, conditions, activities and their related or consequential expenses are excluded unless the servicing company / Assistance Service Provider on behalf of the Insurance 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 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 or any kind of participation in any sports related activities whether hazardous or not. 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, Skiing and/or similar sports.
- Competitive races involving the use of vehicles or watercraft.
- Participation in competitions or tournaments organized by sporting federations or similar organizations, Professional sports, competitions or sports on sponsored basis
- Losses arising from accidents on two wheeled motorized vehicles or non-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, pregnancy, child birth or any complication related to pregnancy and child birth 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 insurance policy, subject to a maximum of one year.
- Any costs or expenses not expressly covered by the Assistance Service Provider on behalf of the Insurance Company and not approved in advance and in writing by the Assistance Service Provider on behalf of the Insurance Company and/or not arranged by the Assistance Service Provider on behalf of the Insurance Company. This exception shall not apply to emergency medical evacuation from remote or undeveloped areas when the servicing company / Assistance Service Provider on behalf of the Insurance 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/ Assistance Service Provider on behalf of the Insurance 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 / Assistance Service Provider's 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. The consequences of the actions of the Insured in a state of derangement or under psychiatric treatment are not covered either including any related expenses.
- 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. The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligence or reckless actions.
- 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. Events arising from strike, riot, civil commotion, terrorism or any interrelated acts, mutiny or crowd disturbances. Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
- 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 85 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. Expenses arising from radioactive nuclear materials and energy.
- 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 orthosis 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. This exclusion also applies to any expenses incurred or occurrences of any losses directly or indirectly related to extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, a tropical cyclonic storm, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological seismic or geological phenomenon or any other kind of natural disaster.
- 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 or any type of two wheeled vehicles (such as electric scooter, etc....) accidents, pedestrian accidents and any other type of traffic motor collision. Knowing that it should be covered under the involved car or the related vehicle compulsory insurance.
- Events or actions of the Armed Forces or Security Forces in peace time.
Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defense or necessity.
- Illness or injuries existing prior to the claim or taking out this Policy whether known or not known to the Insured.
- Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests.
- The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
- The accidents deemed legally to be work or labor accidents, consequence of a risk inherent to the work performed by the Insured.
- The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of the Assistance

Service Provider, except in the case of extreme emergency and/ or urgent necessity. In such event, the Insured must furnish to the Insurance Company the relevant proofs to the satisfaction of the Insurance Company for it to review the extent of emergency presented.

- Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the Policy or trip.
- Death as result of suicide and the injuries or after-effects brought about by attempted suicide.
- Those derived from illnesses 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.
- Those derived from renunciation of or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Assistance Service Provider and agreed by its medical service
- Rehabilitation treatments.
- Prostheses, orthopedic material or orthoses and osteosynthesis material, as well as spectacles.
- Those derived from pregnancy and childbirth, or for a complication thereof or voluntary termination of pregnancy.
- Those derived from baggage that is not sufficiently well packaged or identified, as well as fragile baggage or perishable products.
- Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - Before this insurance comes into force.
 - With the intention of receiving medical treatment.
 - After the diagnosis of a terminal illness.
 - Without prior medical authorization, after the Insured had been under treatment or medical supervision during the twelve (12) months prior to the start of the trip.
- Expenses that arise once the Insured reaches his/her Usual Country of Residence including those expenses incurred beyond the scope of the coverage of this Policy.
- The Assistance Service Provider and the Insurance Company is exempt from the liability when, as a result of force majeure, any or all of the Benefits specifically envisaged in this Policy cannot put into effect by the Insurance Company and the Assistance Service Provider.
- Internationally and locally recognized epidemics and pandemics.
- Mental Health diseases.
- Venereal sexually transmitted diseases.
- Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Assistance Service Provider, can reasonably be related thereto, if the Insured has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the protected journey.
- The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of the Assistance Service Provider, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the vouchers and original copies of the invoices including any other document required by the Assistance Service Provider to substantiate the claim.
- Assistance or medical services, which are not medically necessary.
- Services that do not require continuous administration by specialized medical personnel.
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies.
- Medical Services that are not performed by authorized healthcare service providers, apart from medical services rendered in a medical emergency.
- Prosthetic devices and consumed medical equipment.
- Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- 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.
- Services rendered by any medical provider relative of a patient for example the Insured member's family, including and not limited to spouse, brother, sister, parent or child.
- All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
- Treatments and services related to viral hepatitis and associated complications.
- Air or terrestrial medical evacuation except for emergency cases or unauthorized transportation services.
- Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured is a donor or recipient.
- Any test or treatment not prescribed by a doctor.
- Diagnosis and treatment services for complications of excluded and critical pre-existing illnesses.
- Medical expenses incurred while using transportation services other than flights such as buses, cruise ships, boats, trains, or any other public transportation.
- Any Investigational/Diagnostic Test not related directly to the main diagnosis.
- Any claim arising while the client holds supplementary, duplicate travel insurances.
- Any policy issued for the purpose of claim coverage.

GENERAL CONDITIONS APPLICABLE 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 Service Provider and the Insurance Company must be notified within 48 hours of admission to hospital and, for curtailment, prior to departure back to the usual Country of Residence.
- That the insured uses Reciprocal Health Care Agreements where they are available. If in doubt he should contact the Assistance Service Provider.
- 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 or the Assistance Service Provider.
- 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 then the laws of Islamic Republic of Pakistan 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.
- In the event of any claim, the liability of the Assistance Service Provider and the Insurance Company shall be conditional on the insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
- In the event of a claim under this Policy the Insured should;
 - a. Take all reasonable precautions to minimize the loss.
 - b. As soon as possible contact the Assistance Provider to notify the claim stating the assistance required. The contact details of the Assistance Service Provider are mentioned herein.
 - c. Provide freely all the required documents and information to the Assistance Service Provider in order to assess the lodged claim.
 - d. Make no admission of liability of offer promise or payment of any kind without the consent of the Assistance Service Provider.
- The Assistance Service Provider and Insurance Company shall not be shall not be liable in respect of any claim which would otherwise be covered through any other similar policy or indemnity available to the Insured.
- The Assistance Service Provider and the Insurance Company retains the right for denying any claim which in the opinion of the Assistance Service Provider or the Insurance Company is outside the scope of Policy Coverage by way of either being excluded or not specifically covered by this Policy.
- The Assistance Service Provider and the Insurance Company shall not be liable to pay any compensation in the form of reimbursement or reconsidering the reimbursement for the claims which was previously disapproved or any part of it.
- The Insured is under the obligation to contact the Assistance Service Provider before obtaining any self-assistance. The Assistance Service Provider will allocate a Claim Reference Number which should be quoted in every correspondence with the Assistance Service Provider in respect of a particular claim. If the Insured contacts the Assistance Service Provider for the claim compensation after availing the self-assistance then the Insured is under the obligation to satisfy both the Assistance Service Provider and the Insurance Company with the physical proofs proving that why it was necessary for the Insured to first avail the self-assistance rather than contacting the Assistance Service Provider. The Assistance Service Provider and the Insurance Company may deny the claim if the proofs furnished are not found satisfactory.
- This Policy is subject to the laws of Islamic Republic of Pakistan with the jurisdiction of courts in Karachi.
- It is agreed that the Insurance Company and the Assistance Service Provider upon payment of any loss hereunder shall become subrogated to all rights and remedies of the Insured in respect of such loss and the Insured will cooperate with the Insurance Company and the Assistance Service Provider as required in the enforcement of any of the said rights or remedies. Such enforcement shall be at the Insurance Company's and Assistance Service Provider's own expense.
- If at the time of happening of any loss covered by this Policy there shall be subsisting any other Insurance of any nature whatsoever covering the same benefits insured herein, whether effected by the Insured or not, then the Insurance Company and the Assistance Service Provider shall not be liable to pay or contribute more than its ratable proportion.
- All the differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed in writing by each of the parties within one calendar month after having been required in writing to do so by either of the parties or in case the Arbitrators

do not agree of any, Umpire to be appointed in writing by the Arbitrators before entering upon the reference. The Umpire will sit with the Arbitrators and preside at their meetings and the making of an Award shall be a condition precedent to any right of action against the Insurance Company and the Assistance Service Provider. In case the Insurance Company and the Assistance Service Provider shall disclaim liability to the Insured for any claim hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to an Arbitration under the provisions herein contained then the claim for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

ELIGIBILITY

The concerned Insured is eligible for the services by calling the alarm center on provided contact details prior to hospital admission or Medical Assistance; cases shall be rejected if requested on reimbursement basis.

- The insured is entitled to a 100% reimbursement only if they were unable to contact ISA Assist due to force majeure (e.g., life threatening medical emergencies) or any other reason beyond their control, or if ISA Assist was unable to provide the required service.
- If the insured intentionally chooses to seek medical treatment at a hospital of their choice or fails to contact ISA Assist before receiving treatment, reimbursement will be limited to 75% of eligible expenses, provided the case meets the policy's coverage criteria.
- Send an explanation letter of the circumstances of why the services or benefits for which expenses are being claimed were not requested or obtained from ISA Assist directly.
- Send the official documents such as copy of the policy, copy of the passport & entry stamp, copy of the flight tickets, detailed medical report, detailed invoices, detailed receipts, results of lab tests/radiology..., police report, airline report of delay/cancellation/luggage loss..., or any other documents requested by the servicing company.

After assessment of claim, ISA Assist may accept on exceptional basis the claim, and will consider reimbursing any expenses after auditing the provided invoices, deducting the appropriate amount and covering under Standard/ Regular Admission Class up to 75% (partial reimbursement) or 100% (full reimbursement) of the approved amount (if the claim is eligible). The amounts (if any) reimbursed, will not exceed under any circumstances the amounts the Assistance Company would have paid to provide the services directly if it was contacted in due time and manner by the insured at the time the claim occurred. - The Insurance Company will not be able to interfere nor provide a Guarantee of Payment (GOP) for any claim on reimbursement basis where the insured had paid a deposit or settled the invoices partially or totally after him being discharged from the hospital and having left the country of claim occurrence.

- The Insurance Company will reject any claim on reimbursement basis presented or followed up after 2 (two) months from the date of the incident mentioned in the claim.
- After submitting the claim, in case the insurer requested additional or missing documents, a grace period of 1 month from the initial date of claim submission will be granted to the insured to provide them; otherwise, the claim will be automatically declined.
- The maximum age of enrolment is 85 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 and only when the policy is issued before his/her departure from the same.

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 Insurance Company 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.

In case the Insured wishes to cancel the Policy then, the Insured must return the original Policy and also furnish the relevant proofs and satisfactory reasoning in writing including the complete passport copy with all the pages when applying for the cancellation of the Policy. The Policy cannot be canceled if:

- The Visa has been issued to the Insured or
- The Insured has undertaken a trip before the Period of Insurance as stated in the Travel Insurance Certificate issued to the Insured.

In case of cancellation, premium shall be refunded after deducting PKR 500 plus taxes as Cancellation Service Charges and any government tax that is not refundable.

The user may request cancellation in the case of a visa refusal, provided that a refusal letter from the relevant embassy is submitted for review.

POLICY EXTENSION AND RENEWAL

Policy extensions or renewals will not be granted if the user has already departed from their country of residence.

The request for extension along with the reason of extension should be made at least 1 week before the policy expiry date and please note that extension will be granted only once subject to no claims declared and undeclared at the time of approval.

The extension/ renewal of policy will not be allowed in the following cases:

- Purchasing any Travel Insurance plan while outside of country of residence.
- Renewing any Travel Insurance plan while outside of country of residence.

- Travelling to seek immigration or asylum abroad.
- Extending any Travel insurance plan if travel insurance is expired
- Extending any Travel insurance more than once.
- Extending any Travel insurance for insureds older than 65 years old

EXAMINATIONS

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

In case of reimbursement claims, the servicing company shall have the right to examine and audit the final invoices and cover fees as per the standard prices in the country of claim.

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 relevant 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 then laws of Islamic Republic of Pakistan 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 then laws of Islamic Republic of Pakistan will apply.

TABLE OF BENEFITS AND COVERS

S.No.	Summary of Policy Coverage	Currency	Basic	Standard	Gold	Platinum
1	Personal Accident (Accidental Death Common Carrier)	PKR	100,000	200,000	300,000	400,000
2	Emergency Medical Expenses incurred during hospitalization	USD	15,000	35,000	70,000	100,000
	Prescribed medicines included within the medical expenses incurred during hospitalization benefit up to a sublimit	USD	100	100	150	150
3	Emergency Medical Evacuation	USD	100,000	125,000	500,000	1,000,000
4	Emergency Medical Repatriation	USD	100,000	125,000	500,000	1,000,000
5	Transportation of Mortal Remains	USD	100,000	125,000	500,000	1,000,000
6	Compassionate Visit Ticket & Accommodation	USD	400	600	1,000	1,200
7	Return of Minor Children / Escort of Minor Child	USD	200	400	800	1,000
8	Dental Emergency due to Accident	USD	400	600	1,000	1,200
	Deductibles for medical dental emergencies (Refer to Policy Terms)	USD	75	100	150	200
9	Loss of Passport	USD	100	200	400	500
10	Luggage Loss per Kg upto 40 Kg	USD	10/ kg with the max. upto 400	15/ kg with the max. upto 600	25/ kg with the max. upto 1,000	30/ kg with the max. upto 1,200
11	Personal Money	USD	250	500	500	500
12	Flight Delay over 4 hours	USD	300	400	600	700
13	Trip Cancellation per flight	USD	250	500	1,000	1,200
14	Trip Curtailment upto the cost of return economy ticket limited to	USD	250	500	1,000	1,200
15	Luggage Delay over 6 hours (Optional Benefit)	USD	150	250	750	1,000
16	Hijacking (Optional Benefit)	USD	5,000	5,000	5,000	5,000
17	Personal Liability covering material and bodily damage (Optional Benefit)	USD	30,000	30,000	30,000	30,000
18	Telephone Medical Advice	Free Service				
19	Medical Service provider referral					
20	Arrangement of hospital admission					
21	Monitoring of medical condition during and after hospitalization					
22	Medical translation service					
23	Delivery of essential medicine					
24	Inoculation and visa requirement information/ embassy referral					
25	Lost Luggage / Passport Assistance					
26	Legal referral/ arrangement of appointment with lawyers					
27	Emergency traveling service assistance					
28	Emergency Interpreting assistance/ interpreter referral					
29	Emergency document delivery					
30	Documents/ Passport Loss					

Important Notes:

- Family means Husband and Wife upto the age of 66 years and Four Children upto the age of 18 years.
- All tenures are single as well as multi-trip.
- Deductible Free Policy up to 70 years of age and 15% Deductible / excess to apply for each and every claim against the coverage of Emergency Medical Expenses during Hospitalization and Dental Emergency and deductible of USD 50 will apply for each and every claim against the coverage of Personal Money
- Optional Covers:
 - Luggage delay, Personal Liability and Hijacking can be opted with 10% additional premium.
 - Covid-19 cover for Emergency Medical Expenses for Sickness and Hospitalization Abroad can be opted at additional premium upto the sums mentioned in the Policy terms and conditions.

Covid-19 terms and conditions to apply.
- The premiums mentioned are upto 66 years. For ages ranging from:
 - 67 to 75 years 50% increase in premium
 - 76 to 80 years 75% increase in premium
 - 81 to 85 years 100% increase in premium
- Group Discounts
25 persons or more traveling together in a group on the same trip and date can avail special discounts.