

American Home Assurance Company (Dubai Br.)

Registered under UAE Federal Law No. 6 of 2007, Insurance Authority Registration No. 79

Commercial License No. 613392, dated 6th July 2008

The H Hotel – Complex, Trade Centre First, 27th Floor, P.O. Box 40569, Dubai, UAE

Tel: **+971 4 509 6111** | Fax: **+971 4 601 4018** | URL: www.aig.ae



Travel Guard Policy Wording

Claims

Call us on **+971 4 509 6111** or write to us at myclaim@aig.com within 30 days after the occurrence of any covered loss.

Assistance

Call our global assistance number on **+1 817 826 7276** and quote your travel policy number for assistance.

I. Introductory Clauses

Period of Coverage

This Policy's coverage will commence on the Inception Date appearing on the Travel Insurance Certificate.

This policy must be purchased before the Insured Person travels out of the United Arab Emirates.

This Policy will provide cover for Insured Journeys that are:

- A. Booked after; or
- B. Commenced after; the Inception Date appearing on the Travel Insurance Certificate.

Contract of Travel Insurance

No change in the Policy shall be valid until approved by an officer of the Company and unless such approval be endorsed hereon or attached hereto. No broker / corporation / agent / visa originator has authority to change the Policy or to waive any of the provisions of the Policy. It contains certain conditions and exclusions in each section and uniform provisions and exclusions applying to all the sections. The Insured Person must meet these conditions or the Company may not accept the Insured Person's claim.

Premium Payments

The Insured Person is liable for the premium; the premium is payable in advance and the Company shall not be liable for any claim arising under this Policy that occurs prior to receipt of the premium. The Company shall not be obliged to accept premium tendered to it or to any intermediary after such date, but may do so upon such terms as it in its sole discretion may determine. The Company reserves the right to ask for proof of payment of premium at any time. Such proof must be to the Company's satisfaction.

Maximum Amount Payable

1. No Insured Person shall be entitled to recover a benefit exceeding the sum for an Insured Event as reflected in the Table of Benefits in Section 2.2 of this Policy.
2. If two or more travel policies issued by the Company or any other member company of American Home Assurance Company (Dubai Br.), Inc. (AIG) apply to the same claim, the maximum amount payable by AIG or a member company under all such policies shall not exceed the limit of liability of whichever of such policies has the highest applicable limit of liability. Nothing contained herein shall be construed to increase the limit of liability of this Policy.

Cancellation

The Company may cancel the Policy at any time by written notice delivered to the Insured Person or mailed to the last address as shown by the records of the Company stating not less than seven (7) days thereafter such cancellation shall be effective. Such cancellation shall be without prejudice to any valid claim-originating prior thereto.

In the event the individual insurance offered to an Insured Person under the Policy for which the Premium has been paid in advance is cancelled by written notice delivered to the Company and by returning the original copy of the Policy (if applicable) prior to the Insured Journey commencements, 100% of the Premium shall be refunded, unless claim is incurred prior to the Insured Journey Commencement.

This Policy cannot be extended or cancelled following the commencement of the Insured Journey.

Termination

This Policy will terminate on the earliest of the following dates:

1. The date the Insured Person returns to the Country of Residence. For Annual Multiple Entry plan, cover will terminate upon Insured Person's return to the Country of Residence or upon completion of the 90 day limit on Insured Journey, whichever is earlier; or
2. The date that Period of Coverage gets over; or
3. The date that the Insured Person reaches the maximum age; or
4. The date the Insured person is no longer eligible within the classification of Insured Persons; or
5. The date the benefits are paid to the extent of the Sum Insured in respect of any Insured.

Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

Claims, Complaints, and Disputes

If you have a claim, complaint, or dispute about your Policy, please contact:

Customer Service Group
American Home Assurance Company (Dubai Br.)
The H Hotel – Complex, Trade Centre First, 27th Floor,
P.O. Box 40569, Dubai, UAE
Tel: +971 4 509 6111, Fax: +971 4 601 4018
E-mail: servicecenter-me@aig.com
Working Hours: Sunday to Thursday, from 08:00 to 17:00

Data Disclosure

By executing this application or by entering into this contract of Insurance, the Insured Person consents to the Company processing data relating to the Insured Person for providing insurance products and services, legal, administrative and management purposes and in particular to the processing of any sensitive personal data relating to the Insured Person.

The Insured Person consents to the Company making such information available to third parties including but not limited to any Group Company, those who provide products or services to the Insurer or any Group Company, and regulatory authorities, within and outside the Insured Person's country of domicile.

To review our privacy policy, go to: <http://www.aig.ae/>

II. Coverage provided under this policy

2.1 Insurance Plan

Travel Insurance Certificate states the “Insurance Plan” purchased. The “Insurance Plan” names are as follows:

1. Platinum Plan
2. Gold Plan
3. Silver Plan

2.2 Table of Benefits

2.2.1 Platinum Plan

Scope / Territory: 24 Hours / While on travel outside Country of Residence, but excluding Afghanistan, Iraq, Cuba, Iran, Sudan, Syria, Crimea region, and North Korea

Table of Benefits:

Insured Event	Sum Insured
Section 1 - Personal Accident Benefits	Principal Sum Insured: \$150,000
Accidental Death	100% of the Principal Sum Insured
Permanent Partial Disability	% of the Principal Sum Insured as per scale.
Permanent Total Disability	100% of the Principal Sum Insured
Section 2 - Medical and Related Benefits	
Emergency Medical Expenses (Accident & Sickness)	\$500,000
Deductible	\$100
Dental Expenses	Included in Emergency Medical Expenses and up to a maximum of \$1,000
Per Tooth	\$200
Emergency Medical Evacuation	Included in Emergency Medical Expenses
Repatriation of Remains	\$10,000
Section 3 - Travel Inconvenience Benefits	
Baggage / Personal Effects	\$2,500
Per Bag	\$1,250
Per Item	\$125
Personal Money	Included under Baggage / Personal Effects and up to \$1,000
Deductible	5% of claimed amount
Baggage Delay (<i>Pays for the actual expenses incurred due to delay – Refer to 4.3.C</i>)	\$50 per hour up to \$1,000
In Excess	4 Hours
Travel Delay (<i>Pays for the actual expenses incurred due to delay – Refer to 4.3.D</i>)	\$50 per hour up to \$1,000
In Excess	4 Hours
Personal Liability	\$1,000,000
Hijacking	\$250 per hours up to \$10,000
Emergency Family Travel	\$2,500
Legal Fees	\$5,000

Bail Bond	\$10,000
Loss of Passport	\$500
Trip Cancellation or Curtailment <i>(Pays for nonrefundable travel and accommodation expenses incurred – Refer to 4.3.K)</i>	\$5,000
Missed Departure <i>(Pays for the actual expenses incurred due to missing the departure – Refer to 4.3.L)</i>	\$1,000
Assistance Department	Covered
Section 4 - Secure Wallet (Children Excluded)	
Credit Card Fraud	\$1,000
Papers (excluding Passport)	\$100
Keys	\$100
Mugging	\$100
Section 5 - Additional Optional Coverage:	
Hazardous Sports Benefits	Amount noted for the applicable cover under above Section 1, Section 2, and Section 5 - Hazardous Sports Benefits
Terrorism Extension	Amount noted for the applicable cover under above Section 1 and Section 2 or \$100,000 whichever is less

- Family includes Insured Person, Spouse, and unlimited number of Children.
- Children are charged only 50% of the premium charged for adults. (Except for Family Plan)
- Children are covered for 10% of the Sum Insured for Family Plans and covered for \$10,000 under Accidental Death for all plans.

2.2.2 Gold Plan

Scope / Territory: 24 Hours / While on travel outside Country of Residence, but excluding Afghanistan, Iraq, Cuba, Iran, Sudan, Syria, Crimea region, and North Korea

Table of Benefits:

Insured Event	Sum Insured
Section 1 - Personal Accident Benefits	
Accidental Death	Principal Sum Insured \$25,000
Permanent Partial Disability	100% of the Principal Sum Insured
Permanent Total Disability	% of the Principal Sum Insured as per scale.
Permanent Total Disability	100% of the Principal Sum Insured
Section 2 - Medical and Related Benefits	
Emergency Medical Expenses (Accident & Sickness) Deductible	\$100,000 \$100
Dental Expenses Per Tooth	Included in Emergency Medical Expenses and up to a maximum of \$1,000 \$200
Emergency Medical Evacuation	Included in Emergency Medical Expenses
Repatriation of Remains	\$7,000
Section 3 - Travel Inconvenience Benefits	
Baggage / Personal Effects Per Bag Per Item	\$1,000 \$500 \$50
Personal Money Deductible	Included under Baggage / Personal Effects and up to \$500 5% of claimed amount
Baggage Delay (<i>Pays for the actual expenses incurred due to delay – Refer to 4.3.C</i>) In Excess	\$50 per hour up to \$500 4 Hours
Travel Delay (<i>Pays for the actual expenses incurred due to delay – Refer to 4.3.D</i>) In Excess	\$50 per hour up to \$500 4 Hours
Personal Liability	\$500,000
Loss of Passport	\$300
Trip Cancellation or Curtailment (<i>Pays for nonrefundable travel and accommodation expenses incurred – Refer to 4.3.K</i>)	\$2,500
Assistance Department	Covered
Section 4 - Secure Wallet (Children Excluded)	
Credit Card Fraud	\$500
Section 5 - Additional Optional Coverage	
Hazardous Sports Benefits	Amount noted for the applicable cover under above Section 1, Section 2, and Section 5 - Hazardous Sports Benefits
Terrorism Extension	Amount noted for the applicable cover under above Section 1 and Section 2 or \$100,000 whichever is less

- Family includes Insured Person, Spouse, and unlimited number of Children.
- Children are charged only 50% of the premium charged for adults. (Except for Family Plan)
- Children are covered for 10% of the Sum Insured for Family Plans and covered for \$10,000 under Accidental Death for all plans.

2.2.3 Silver Plan

Scope / Territory: 24 Hours / While on travel outside Country of Residence, but excluding Afghanistan, Iraq, Cuba, Iran, Sudan, Syria, Crimea region, and North Korea

Table of Benefits:

Insured Event	Sum Insured
Section 1 - Personal Accident Benefits	Principal Sum Insured \$25,000
Accidental Death (Common Carrier Only)	100% of the Principal Sum Insured
Section 2 - Medical and Related Benefits	
Emergency Medical Expenses (Accident & Sickness)	\$50,000
Deductible	\$100
Dental Expenses	Included in Emergency Medical Expenses and up to a maximum of \$1,000
Per Tooth	\$200
Emergency Medical Evacuation	Included in Emergency Medical Expenses
Repatriation of Remains	\$5,000
Section 3 - Travel Inconvenience Benefits	
Assistance Department	Covered
Section 4 - Additional Optional Coverage:	
Hazardous Sports Benefits	Amount noted for the applicable cover under above Section 1, Section 2, and Section 4 - Hazardous Sports Benefits
Elder Extension up to 75 years	Amount noted for the applicable cover above

- Family includes Insured Person, Spouse, and unlimited number of Children.
- Children are charged only 50% of the premium charged for adults. (Except for Family Plan)
- Children are covered for 10% of the Sum Insured for Family Plans and covered for \$10,000 under Accidental Death for all plans.

III. Definitions

In this Policy the following definitions apply:

Accident means a sudden unexpected and specific event caused solely and directly by violent, external and visible means which occurs at an identifiable time and place, resulting in Injury.

Accidental Death means a sudden, unexpected and specific event caused solely and directly by violent, external and visible means which occurs at an identifiable time and place, resulting in death.

AIDS mean an opportunistic infection or a malignant neoplasm. For the purpose of this definition, the term "Acquired Immune Deficiency Syndrome" shall have the meaning assigned to it by the World Health Organization "Acquired Immune Deficiency Syndrome" shall include H.I.V. (Human Immune Deficiency Virus), encephala (dementia) or H.I.V. wasting syndrome.

Beneficiary means the person or persons nominated by the Insured Person as stated on the Travel Insurance Certificate. If no Beneficiary is stated on the Travel Insurance Certificate, Beneficiary will be the legal heirs of the Insured Person and if "Family Plan" is selected, then the Beneficiary, in case of death of the Spouse or the child, is the Insured Person.

Children means the Insured Person's dependent children who are not in full-time employment and who are between the ages of 3 months and 18 years (or under the age of 23 years provided they are in full-time education), unmarried, not pregnant, without children, and primarily dependent on the Insured Person for support.

Common Carrier / Public Conveyance means any air, land, or water motorized conveyance operated in accordance with all locally applicable laws and regulations and under a valid license for the transportation of passengers for hire for which a ticket has been issued and in which the Insured is travelling only as a fare-paying passenger, including taxis and hired motor vehicles but excluding minibuses, non-standard motor vehicles and non-pressurized single engine piston aircraft. Common Carrier will not mean cruise ships at sea or any conveyance that is hired or used for a sport, gamesmanship, contest and/or recreational activity, regardless if such conveyance is licensed, such as, but not limited to, race cars, bob sleds, hunting vehicles, sightseeing helicopters, fishing boats, parasailing/paragliding and boat cruises.

Contact Sport means any sport in which physical contact between players is an accepted part of play.

Company / Insurer / We means American Home Assurance Company (Dubai Br.).

Country of Residence means the country in which the Insured Person is currently residing and holding a valid residency visa.

Day means a period of 24 consecutive hours including the day of admission but excluding the day of discharge.

Emergency Evacuation means: (a) the Insured Person's medical condition warrants immediate transportation from the place where he is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, his medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Excess / Deductible means the first amount, or period, of each and every loss payable by the Insured Person.

Expiry Date means the policy expiry date stated in the Travel Insurance Certificate.

Hazardous Sports means skiing, land-skiing, mono-skiing, cross-country skiing, heli-skiing, off-piste skiing (only when accompanied by an official guide), ice skating (no speed skating), snowboarding, ski boarding, sledging, tobogganing, fishing, sail boarding, sailing, surfing, water skiing, wind surfing.

Hospital means a place that:

- (a) holds a valid license (if required by law);
- (b) operates primarily for the care and treatment of sick or injured persons;
- (c) has a staff of one or more physicians available at all times;
- (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center.

Illness / Sickness means any fortuitous sickness or disease contracted, commencing or first manifesting itself during an Insured Journey.

Inception Date means the policy effective date stated in the Travel Insurance Certificate.

Injury means bodily injury caused solely and directly by violent, accidental, external and visible means occurring during the Insured Journey.

Insurance Plan means plans, as stated under Section 2.1, that are available to the Insured Person.

Insured Card means all Credit Cards held by the Insured Person (s) but not by those under 18 years of age.

Insured Event means an event stated in the Table of Benefits in Section 2.2.

Insured Journey means a journey commencing at the time when the Insured Person leaves his Country of Residence to travel outside the territorial limits of the Country of Residence in a direct, uninterrupted manner, including the return journey to his home address in his Country of Residence. The Insured Journey should start and end in the Insured Person's Country of Residence and within the time frame of the Period of Coverage.

Insured / Insured Person means the person aged between 3 months and 70 years with an optional extension to 75 years under "Silver Plan", whose name appears on the Travel Insurance Certificate, and who pays for the required premium.

For "Family Plan", Insured Person will mean the person whose name appears as the Insured Person on the Travel Insurance Certificate, Spouse, and Children whose names also appear on the Travel Insurance Certificate.

This Policy offers coverage only to individuals ordinarily resident in the United Arab Emirates and is null and void as to nonresidents of the United Arab Emirates.

Loss means the act or instance of losing and / or the disappearance of something cherished and / or a measurable reduction in some substance or process.

Medical Expenses means all Reasonable and Customary Charges for Illness or Injury on an Insured Journey resulting in hospitalization, surgical or other diagnostic or remedial treatment given or prescribed by a Medical Practitioner.

Medical Practitioner means a person registered with a current, legal license to practice medicine, but excludes an Insured Person or Insured Person's Relative.

Medical Treatment means a Medical Practitioner's medical advice, treatment, consultations and prescribed or repeat maintenance medication.

Medically Necessary means in the Company's opinion, the Physician's recommendation is:

- (a) Consistent with the symptoms, diagnosis and treatment of the Insured Person's condition;
- (b) Appropriate with regards to standards of good medical practice;
- (c) Its primary purpose is not for the convenience of the Insured Person.

Period of Coverage means the period chosen by the Insured Person as per the Travel Insurance Certificate.

Permanent Total Disablement means total and absolute disablement which entirely prevents the Insured Person from engaging in or giving attention to any occupation and which will in all probability be lasting and continuous for his lifetime.

Personal Effects mean spectacles, dentures, purses, wallets, cosmetics, mobile phone, and other personal effects normally worn or carried on the person.

Physician means a legally licensed practitioner acting within the scope of his license practicing medicine, and concerned with maintaining or restoring human health through the study, diagnosis, and treatment of disease and injury. The attending Physician may not be:

- (a) the Insured Person; nor
- (b) the Insured Person's Relative.

Policy means this document and Travel Insurance Certificate which is issued to the Insured Person.

Pre-Existing Medical Conditions means a condition for which medical care, treatment, or advice was recommended by or received from a Physician within a two (2) year period preceding the Inception Date, or a condition for which hospitalization or surgery was required within a five (5) year period preceding the Inception Date.

Professional Player means an Insured Person who earns in excess of 50% of his income from playing sport or who participates in a sport that remunerates him as a means of livelihood.

Reasonable and Customary Charges means the charges which: (a) are medically required for the treatment, supplies or medical service to treat an Insured Person's condition; (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and (c) do not exceed the charges for treatment that would have been made if no insurance existed.

Related Expenses means additional accommodation and traveling expenses, excluding telephone costs, meals and beverages of necessity incurred by any one person, who on the advice of a Medical Practitioner appointed by the Company remains with or escorts the Insured Person until completion of his Insured Journey or until he resumes the Insured Journey or returns to the Country of Residence, whichever occurs first.

Relative means a Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, half-brother, half-sister, aunt, uncle, niece, or nephew of the Insured Person.

Sum Insured means the maximum amount afforded to each benefit, according to the Table of Benefits in Section 2.2.

Ski Equipment means skis, poles, boots and bindings, snow boards, or ice skates.

Spouse means the Insured Person's legally married husband or wife between the ages of 18 years and 70 years with an optional extension to 75 years under "Silver Plan".

Table of Benefits means the benefit tables shown in Section 2.2.

Terrorist Act means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered Terrorism. Terrorism shall also include any act which is verified or recognized as an act of terrorism by the (relevant) government of the country where the act occurs.

Third Party means any person other than the Insured Person, Relative, common-law partner, or friend.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Travel Insurance Certificate means the certificate which shows the Inception Date of the Policy, Expiry Date of the Policy, Period of Coverage, and Table of Benefits.

War means war, whether declared or not, or any warlike activities (including use of military force) by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious, or other ends.

IV. Benefits

4.1 PERSONAL ACCIDENT BENEFITS (AD, PPD, PTD)

If an Insured Person sustains an Injury resulting in an Insured Event described in the PA Table of Benefits below, the Company will pay the Insured Person or his legal representative the compensation as stated in the Table of Benefits.

A. PA TABLE OF BENEFITS

Insured Event Compensation Stated as a Percentage of the Principal Sum Insured

Insured Event		
1. Accidental Death (AD)		
a.	As a result of an Accident 100%	
b.	Death as a direct result of exposure to the elements of nature as a direct result of an Accident 100%	
1. Accidental Death (Common Carrier) (AD)		
c.	As a result of an Accident 100%	
d.	Death as a direct result of exposure to the elements of nature as a direct result of an Accident 100%	
2. Permanent Total Disability (PTD)		
a.	As a result of an Accident 100%	
b.	Permanent Total Disablement as a direct result of exposure to the elements of nature as a direct result of an Accident 100%	
3. Permanent Partial Disability (PPD)		
	RIGHT	LEFT
For total loss of an upper member	70%	60%
For total loss of the hand or forearm	60%	50%
For total loss of a lower member above knee	60%	60%
For total loss of a lower member at the level of the knee or below	50%	50%
For total loss of a foot	40%	40%
For total deafness, both ears	40%	
For total loss of visual acuity of one eye	25%	
For total loss of visual acuity of both eyes	100%	
For total loss of speech	100%	

Total, irremediable functional loss of use of an organ or member shall be considered as total loss thereof. For reduced functional use, the stated percentage shall be reduced in proportion to the lost functional use.

In case of occurrence of more than one of the losses specified in the above schedule as a result of any one accident, the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss up to a maximum limit of 100% of the Principal Sum.

SPECIFIC CONDITIONS

1. The Company will not pay for any benefit in respect of:
 - a. Permanent Total Disablement except on submission of satisfactory proof to the Company that the disablement will in all probability continue for the remainder of an Insured Person's life;
 - b. More than 100% of the sum insured when more than one Injury arises from the same Accident;
 - c. More than one category for more than 100% of the Principal Sum Insured. The benefit payable will be the highest in the appropriate category.
2. If the Insured Person sustains Permanent Total Disablement and the claim in relation to that disability is admitted and accepted, the benefit will be paid and all cover under Section 4.1 in respect of such Insured Person shall cease.
3. The diagnosis and determination of Permanent Total Disablement or any Permanent Disability must be made and documented by a Medical Practitioner and must be continuous and permanent for at least 12 consecutive months from the onset of the disablement. However: a) for Permanent and Total Loss of Speech, the loss of the ability to speak must be continuous and permanent for at least 12 consecutive months and medical evidence must confirm Permanent and Total Loss of Speech and all psychiatric related causes must be excluded; and b) for Permanent and Incurable Paralysis, the loss of use must be continuous and permanent for at least 12 consecutive months from the onset of the paralysis.
4. If the Insured Person's existing ailment, infirmity or other abnormal physical or mental condition is aggravated by an Accident, the Benefit amount will be determined by the degree of the deterioration of the existing ailment after the Accident and the Benefit will be paid accordingly. The degree of ailment, infirmity or other abnormal physical or mental condition before the Accident will be determined by medical evidence.
5. If the consequences of an Accident are aggravated owing to an Insured Person's existing ailment, infirmity or other abnormal physical or mental condition, determination of the benefit will be based on the consequences the Accident would have had, had such defects not existed. The foregoing shall not apply, however, if such circumstances are a consequence of an earlier Accident to the Insured Person, for which benefit has been or will be paid under this Policy.
6. If an Insured Person dies of natural causes prior to the final disablement assessment relating to an Insured Event, the Company will pay what reasonably would have had to be paid for such Permanent Disability in accordance with Specific Condition 1(b) above.
7. Children are covered for 10% of the Insured Person Principal Sum Insured and up to a maximum of \$10,000 under Accidental Death and Accidental Death Common Carrier
8. Children are excluded from any benefit for occupational disability under Permanent Total Disablement.
9. Accidental Death (Common Carrier) must occur while the Insured Person is riding as a passenger in or on, boarding or alighting from, a Common Carrier.

SPECIFIC EXCLUSION

The Company will not be liable to pay any benefit under this section in respect of any Insured Person for any Insured Event caused by or arising directly or indirectly from any type of Illness, or bacterial infection, except that this exclusion shall not apply to medically acquired infections or blood poisoning, including pyogenic infections, which may result from an accidental cut or wound.

4.2 MEDICAL AND RELATED EXPENSES BENEFITS

A. EMERGENCY MEDICAL EXPENSES (ACCIDENT & SICKNESS)

If an Insured Person, whilst traveling on an Insured Journey, incurs Medical Expenses as a result of Illness or Injury, the Company will reimburse those expenses, subject to a Deductible, up to the amount as stated in the Table of Benefits.

For emergency dental treatment, the Company will reimburse Insured Person for Medical Expenses incurred to restore dental function or alleviate pain provided by a registered and legally qualified dentist. Where dentistry to restore dental function or alleviate pain is required as a result of Illness or Injury whilst on an International Journey, these expenses will form part of the benefit amount as stated in the Table of Benefits.

SPECIFIC EXCLUSIONS

The Company will not pay for any medical expenses:

- 1 incurred for continuing treatment, including any medication commenced prior to the commencement date of the Insured Journey, which the Insured Person has been advised to continue whilst on an Insured Journey; or
- 2 incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
- 3 for crowns of precious metal; or
- 4 any procedures for oral hygiene; or
- 5 for specialist Medical Treatment without referral from a Medical Practitioner; or
- 6 relating to contraceptive devices, prosthetic devices, or artificial aids; or
- 7 for preventative treatment, including but not limited to any vaccination and/or immunization; or
- 8 Incurred in the Country of Residence.

B. EMERGENCY MEDICAL EVACUATION

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Table of Benefits for Reasonable and Customary Charges for Covered Expenses incurred, if Injury or Sickness results in the Insured Person necessary Emergency Evacuation. An Emergency Evacuation must be ordered by the Assistance Service or a Physician who certifies that the severity or the nature of the Insured Person Injury or Sickness warrants his Evacuation.

Covered Expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with the Emergency Evacuation. All Transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting; and (c) arranged and authorized in advance by the Assist Service.

C. REPATRIATION OF REMAINS

The Company will reimburse the Beneficiary, subject to any Excess, up to the Sum Insured stated in the Table of Benefits for Covered Expenses reasonably incurred to return the Insured Person's body to his country of origin, if he dies during an Insured Journey.

Covered Expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

4.3 TRAVEL INCONVENIENCE BENEFITS

A. BAGGAGE / PERSONAL EFFECTS

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Table of Benefits for the replacement cost of the baggage and its contents due to theft, Loss, or damage:

1. By a Common Carrier while the Insured Person was a ticketed passenger on the Common Carrier during the trip.
2. During the Insured Person's trip and subject to the baggage and its contents being owned by and accompanying the Insured Person during the trip.

SPECIFIC CONDITIONS

1. The Sum Insured payable in respect of any one article shall not exceed the Sum Insured shown on the Table of Benefits;
2. The Company may make payment or, at its own discretion and as it may elect, reinstate or repair articles not older than one year;
3. The Company may at its own discretion elect to reinstate or repair more than one year old articles or make payment subject to due allowance of wear and tear and depreciation;
4. Loss or damage must occur:
 - i. while the baggage or Personal Effect is/are in a hotel or a Common Carrier and proof of such Loss must be obtained in writing from the hotel management or the Common Carrier management and such proof must be provided to the Company; or
 - ii. as a result of theft of the baggage or Personal Effects provided that such Loss is reported to the police having jurisdiction at the place of the Loss no more than twenty-four (24) hours from the time of the incident. Any claim must be accompanied by written report/documentation from such police;
5. The Insured Person must take every possible step to ensure that the baggage or Personal Effects are not left unattended.
6. Benefits for baggage and Personal Effects will be in excess of all other valid and collectible insurance. If, at the time of any Loss, there is another valid and collectible insurance in place, the Company will only be liable for the exceeding difference between its Sum Insured and the other insurance's Sum Insured subject to any applicable Excess.
7. Benefits for baggage and Personal Effects will be in Excess of any Sum Insured paid or payable by a Common Carrier or other third party responsible for the Loss.
8. Any Loss, theft, or damage must be documented by a police or other local authority report or documentation and shall be obtained by the Insured Person.
9. In case of Loss to a pair or set, the Company may elect to:
 - i. Repair or replace any part, to restore the pair or set to its value before the Loss; or
 - ii. Reimburse the difference between the cash value of the property before and after the Loss.
10. There is a per article maximum limit stated in the Table of Benefits including but not limited to: jewellery, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur, and cameras, including related camera and video camera.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. The following classes of property: animals, birds, fish, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, snow skis, household effects, antiques, computers (including software and accessories), contact or corneal lenses, artificial teeth or limbs, hearing aids, music instruments, perishables, consumables, money, securities, tickets or documents;
2. Loss or damage caused by wear and tear, gradual deterioration, moths, vermin;
3. Damage sustained due to any process to repair, clean or alter any property;
4. Loss of or damage to hired or leased equipment;
5. Loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by government authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulation, confiscation by order of any government of public authority or risk of contraband or illegal transportation or trade, radioactive contamination;
6. Loss or damage to laptop computers recoverable under another insurance or from another source;
7. Loss of Insured Person baggage left unattended in any vehicle or public place or as a result of the Insured Person failure to take due care and precautions for the safeguard and security of such property;
8. Loss of the Insured Person's baggage, souvenirs or articles sent in advance or mailed or shipped separately;
9. Loss of business goods or samples;
10. Loss of data recorded on tapes, cards, discs or otherwise;
11. Inherent vice or damage;
12. Transporting contraband or illegal trade;
13. Mysterious disappearance;
14. Pilferage or missing contents from baggage.

B. PERSONAL MONEY

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Travel Insurance Certificate for any Loss of cash belonging to the Insured Person arising out of robbery, burglary or theft, and that were in the Insured Person's care, custody, and control.

SPECIAL NOTIFICATION OF CLAIM

Such Loss must be reported within 24 (twenty four) hours after its discovery to the police having jurisdiction at the place of the Loss. Any claim must be accompanied by official written documentation from the police.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. Loss as a result of detention or confiscation by any lawfully constituted authority;
2. Loss not reported to the police within 24 (twenty four) hours after the discovery;
3. Loss recoverable under another insurance or from another source.
4. Loss in respect of shortage due to error, omission, exchange transaction or depreciation in value;

5. Mysterious disappearance.
6. Any amount claimed exceeding the actual amount of money lost

C. BAGGAGE DELAY

The Company will reimburse the Insured Person, following the Excess period and up to the amount stated in the Table of Benefits, for emergency replacement of clothing, medication, and toiletries if his baggage is delayed, misdirected, or temporarily misplaced by a carrier.

SPECIFIC CONDITIONS

1. Written proof of delay from the transport provider must be submitted with any claim and the Company's liability is subject to it receiving original receipts for the essential expenses incurred.
2. The baggage delay must exceed the Excess.
3. Confiscation or requisition by customs or other government authority cannot form the basis of a claim for loss or expenses.
4. Claims in respect of essential clothing or requisites purchased as a result of delayed baggage will only be considered if items have been purchased within 4 days after the actual arrival time at the intended destination.
5. If baggage appears to be delayed or lost at the destination airport, the Insured Person must formally notify the relevant carrier airline immediately. Evidence of notification should be provided

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. Purchases made after the baggage was returned.
2. Any expense incurred due to delay, confiscation, or detention by customs or other authority.

D. TRAVEL DELAY

The Company will reimburse the Insured Person, following the Excess period and up to the amount stated in the Table of Benefits, for meals and lodging expenses incurred due to unforeseen travel delay resulting from the below points, subject to receiving original receipts of the expenses incurred.

1. Loss or theft of travel documents (travel tickets, passports, and visas).
2. An accident or mechanical/electrical breakdown involving the transport in which he arranged to travel or was traveling for the purpose of reaching the Country of Residence and/or departure point from which he had intended commencing an onward journey.
3. Delay of a scheduled departure of a Public Conveyance due to: a) industrial dispute, strike or action; or b) adverse weather conditions including cyclones, tornados, floods, typhoons, blizzards, or natural disasters in the country to or through which he is traveling; or c) mechanical/electrical breakdown; or d) public transport services failure.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured:

1. where comparable alternative onward transportation has been made available to the Insured Person within the Excess after the scheduled departure time of a booked flight or within the Excess after an actual flight arrival (in the case of a connecting flight); or
2. where the Insured Person fails to check in according to the itinerary supplied, unless such failure was due to a strike or industrial action; or
3. where the delay is due to industrial dispute, strike or action which existed or for which advance notice had been given on or before the date on which the Insured Journey commenced; or

4. where the delay is due to the withdrawal from service temporarily or permanently of any Public Conveyance on the orders or recommendation of any port authority or the civil aviation authority or any similar body in any country in which advance notice had been given on or before the date on which the Insured Journey commenced; or
5. For carrier caused delays where the cost of expenses is recoverable from the carrier.
6. For Loss not reported to the police within 24 (twenty four) hours after the discovery of such Loss.

E. PERSONAL LIABILITY

The Company will reimburse for all damages, compensation, and legal expenses for which the Insured Person becomes legally liable up to the amount stated in the Table of Benefits under the plan opted for as a result of his actions causing:

1. Injury, including resultant death, of another person;
2. Loss of or damage to property.

SPECIFIC CONDITIONS

1. It is a condition of payment that the Insured Person not admits fault or liability to any other person without the Company's prior written consent.
2. No offer, promise, payment, or indemnity may be made by the Insured Person without the Company's prior written consent.
3. The Insured Person must give the Company written notice with full particulars of an event that may give rise to a claim within 30 days of the conclusion of an Insured Journey.
4. Every letter, writ, summons, and process must be forwarded to the Company as soon as possible.
5. The Company is entitled to take over the defense and settlement of claim in the name of the Insured Person for the Company's benefit. The Company shall have full discretion in the conduct of any proceedings and settlement of the claim.
6. The Company may at any time pay the Insured Person the amount for which a claim can be settled less any damages already paid. The Company will then be under no further liability other than for costs and expenses incurred prior to making such payment.
7. No indemnity will be provided for legal liability arising from Injury or loss as a result of any willful or malicious act of the Insured Person.

SPECIFIC EXCLUSIONS

The Company will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

1. Injury to the Insured Person or to any member of his family ordinarily residing with him; or
2. Injury to the Insured Person or his employees arising out of or in the course of employment; or
3. loss of or damage to property owned by or in control of the Insured Person or any member of his family ordinarily residing with him; or
4. the ownership, possession or use by or on behalf of the Insured Person of any caravan, mechanically propelled vehicle (other than golf carts and motorized wheelchairs), aircraft or other aerial device, hovercraft (other than hand-propelled or sailing craft in territorial waters) or animals; or
5. loss of or damage to property or Injury arising out of the Insured Person's profession, business or trade, or out of professional advice given by him; or
6. any contract unless such liability would have arisen in the absence of that contract; or
7. judgments which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within the country where the Policy has been issued or the country in which the event occurred giving rise to the Insured Person's liability; or

8. Any claim for fines, penalties, punitive, exemplary, aggravated or vindictive damages.

F. HIJACKING

The Company will reimburse the Insured Person, subject to any Excess and up to the Sum Insured stated in the Table of Benefits, for a distress allowance for every 24 hour period during which any common carrier in which the Insured Person are traveling has been hijacked, where as a direct consequence, the Insured Journey has been disrupted.

Hijacking - means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which The Insured Person are traveling as a passenger.

G. EMERGENCY FAMILY TRAVEL

If the Insured Person is hospitalized for more than 5 (five) days following a covered hospitalization during the Insured Person trip, the Company will reimburse the Insured Person, subject to any Excess and up to the Sum Insured stated in the Table of Benefits, for:

1. The cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from the Insured Person bedside if the Insured Person is alone during his trip.
2. The reimbursement of the Hotel room charge due to convalescence after the Insured Person Hospital discharge, which has been approved by the Assistance Service up to a daily amount and total maximum amount stated in the Table of Benefits.

These expenses must be authorized in advance by the Assistance Service. Benefits will not be provided for any expenses provided by another party at no cost to the Insured Person or already included in the cost of the trip.

H. LEGAL FEES

The Company will reimburse the Insured Person, up to the amount stated in the Table of Benefits, for the legal fees the Insured Person incurs as a result of false arrest or wrongful detention by any Government or Foreign Power.

I. BAIL BOND / KAFALA

The Company will reimburse the Insured Person, up to the amount stated in the Table of Benefits, for bail bond or kafala costs the Insured Person incurs as a result of false arrest or wrongful detention by any Government or Foreign Power.

J. LOSS OF PASSPORT

The Company will reimburse the Insured Person, up to the amount stated in the Table of Benefits, for costs limited to fees, penalties, and courier charges towards replacement of travel documents in lieu of lost passport under plan opted for and subject to letter intimating loss of passport acknowledged by appropriate authorities.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. Impounding of Passport by any authorities
2. If the loss is recoverable under other insurance or recoverable from other source.
3. Loss not reported to the police within 24 (twenty four) hours after the discovery of such Loss.

K. TRIP CANCELLATION OR CURTAILMENT

The Company will reimburse the Insured Person, up to the amount stated in the Table of Benefits, for travel and accommodation expenses that the Insured Person has paid or has agreed to pay under a contract and which the Insured Person cannot get back, if it is necessary and unavoidable for the Insured Person to cancel or cut short the Insured Journey as a result of the following:

1. The Insured Person dying, becoming ill or injured; or
2. The death, injury or illness of a Relative, close Business Associate or a person with whom the Insured Person has booked to travel or a Relative or friend living abroad with whom the Insured Person plans to stay; or
3. If the Insured Person is called for jury service (and the Insured Person requests to defer has been rejected), attending court as a witness (but not as an expert witness) or the Insured Person is put in compulsory quarantine; or
4. If the police or the Insurers of the Insured Person's home needs the Insured Person to stay after a fire, flood, or burglary at the Insured Person home within 48 hours before the date the Insured Person planned to leave; or
5. The extra cost for the Insured Person to return home following the death, serious injury, or serious illness of a Relative in the Insured's Person Country of Residence.

SPECIFIC CONDITIONS

Cover starts at the time the Insured Person books the Insured Journey or pays the insurance premium, whichever is later.

If the Insured Person has arranged an annual multi-trip Policy, cover starts at the time that the Insured Person booked the Insured Journey or the Inception Date shown on the Travel Insurance Certificate, whichever is later.

SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. The Insured Person not wanting to travel; or
2. Any extra costs resulting from the Insured Person not telling any provider, as soon as the Insured Person knew about cancelling the International Journey; or
3. Canceling or cutting short the Insured Journey because of a medical condition or any illness related to a medical condition that the Insured Person knew about or should have known about before the start of this insurance. This applies to the Insured Person, a Relative, close Business Associate or person the Insured Person is traveling with and any person the Insured Person was depending on for the Trip; or
4. The cost of the Insured Person original return trip if this has already been paid and the Insured Person need to cut short the Trip; or
5. If the Insured Person has to cut short the Insured Journey and do not return to the Country of Residence; or
6. Failure to obtain the required visa; or
7. Any costs incurred due to fluctuation in exchange rates; or
8. Any loss incurred where payment has been made using reward schemes; or

SPECIFIC DEFINITIONS

Business associate means any person who works at the Insured Person's place of business and who, if was away from work with the Insured Person at the same time for one or more days, would prevent the effective continuation of that business.

Relative means husband, wife, partner, grandparent, grandchild, parent, parent-in-law, brother, sister, son, and daughter.

L. MISSED DEPARTURE

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

SPECIFIC CONDITIONS

1. The Insured Person must allow enough time to arrive at his original departure point at or before the recommended time;
2. The Insured Person must get confirmation of the reason for the delay and how long it lasts from the appropriate authority.

SPECIFIC EXCLUSIONS

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

M. ASSISTANCE DEPARTMENT

The ASSISTANCE DEPARTMENT provides emergency assistance services, including medical, technical and general services as listed below. Insured Persons may contact the ASSISTANCE DEPARTMENT at **Phone number: +1 817 826 7276** twenty four (24) hours a day.

1. Medical Services:

- **Medical Reference:** The ASSISTANCE DEPARTMENT shall provide the Insured Person(s) with the name, address, telephone number, office hours and English language translation assistance for medical and health care professionals in any worldwide location reasonably requested by the Insured Person(s): physicians, hospitals, ambulance, and other emergency medical service (collectively, Medical Service Providers). Whenever the ASSISTANCE DEPARTMENT has sufficient information to do so, it shall refer the Insured Person(s) to two or more such Medical Service Providers, set appointments, translate if needed, and coordinate with the Insured Person(s)' primary medical insurer. The ASSISTANCE DEPARTMENT shall use its reasonable best efforts to ensure that its medical referrals are to Medical Service Providers who meet the professional standards of the country and city in which they are located. The ASSISTANCE DEPARTMENT will make its reasonable best efforts to pre-negotiate fees for services with Medical Service Providers, steer Insured Person(s) of AIG to Medical Service Providers in-network, and to arrange direct billing with its Medical Service Providers whenever possible for expenses incurred by the Insured Person(s) of AIG. The ASSISTANCE DEPARTMENT will use every effort to supply a qualified Medical

Reference within 24 hours of the initial request, however when this is not possible, the ASSISTANCE DEPARTMENT cannot be held responsible for circumstances beyond its control. In all instances, the ASSISTANCE DEPARTMENT will notify the Insured Person(s) of the status of the request within this time frame.

- Advance Payment of Medical Expenses: When it is deemed medically appropriate, the ASSISTANCE DEPARTMENT will advance up to the amount allowed in the Policies issued to the Insured Person(s) for the payment of medical expenses. Any determination by the ASSISTANCE DEPARTMENT to advance such amounts will be based on advise and approval from AIG. If there is no coverage, or if coverage is insufficient under the Period of Coverage, any uncovered expense associated with the Insured Person's medical expenses will be the sole responsibility of the Insured Person or of the person (s) acting on the Insured Person's behalf.
- Guarantee of Hospitalization Fee: When it is deemed medically appropriate, the ASSISTANCE DEPARTMENT will guarantee payment of hospitalization fees up to the amount allowed in the Period of Coverage for hospitalization benefits. Any determination by the ASSISTANCE DEPARTMENT to guarantee such amounts will be subject to approval of the same advance from AIG in accordance with this Policy. If there is coverage under the Policy issued to the Insured Person by the AIG, then the ASSISTANCE DEPARTMENT will pay up to the maximum amount available under the Policy for hospitalization fees. If there is no coverage, or if coverage is insufficient under the Policy, any uncovered expense associated with an Insured Person's hospitalization will be the sole responsibility of the Insured Person or of the person(s) acting on the Insured Person's behalf.
- Medical Evacuation: The ASSISTANCE DEPARTMENT shall arrange and coordinate the medical evacuation by means of air transportation, including but not limited to commercial air transportation with or without medical escort, air ambulance transport and /or, if appropriate, other forms of transportation of an Insured Person from a foreign hospital or health care facility to another foreign hospital or health care facility, or to a hospital or health care facility in the Insured Person's Country of Residence, when a physician designated by the ASSISTANCE DEPARTMENT to monitor the Insured Person's condition and treatment deems such an evacuation or transportation necessary in his/her professional judgment. The ASSISTANCE DEPARTMENT shall use its best efforts to ensure that all services so arranged are with Medical Service Providers that meet the professional standards of the country and city in which the evacuation will originate. The ASSISTANCE DEPARTMENT will pay reasonable costs on Insured Person's behalf up to the policy limits issued by AIG.
- Medical Case Monitoring: Following all medical referrals or other assistance to a Insured Person in connection with a medical emergency, the ASSISTANCE DEPARTMENT shall monitor the Insured Person's medical condition and treatment until the Insured Person is released from treatment or returns home.
- Repatriation of Remains: When ASSISTANCE DEPARTMENT is notified that an Insured Person has died while traveling, the ASSISTANCE DEPARTMENT will verify that insurance applicable to repatriation of remains is in force. Subject to any governmental regulations, the ASSISTANCE DEPARTMENT will also assist in making all necessary arrangements for the return of the Insured Person's remains to the place designated by the Insured Person's next-of-kin. The ASSISTANCE DEPARTMENT will pay on Insured Person's behalf

reasonable costs up to the policy limits issued by AIG. Any expense associated with the repatriation of the Insured Person's remains over the amount available through Insurance will be the sole responsibility of person(s) acting on the deceased Insured Person's behalf.

- Insurance/Claims Coordination: In a medical emergency, communication and filing issues between a Insured Person's insurance carriers and providers to settle billing medical expenses will be handled.

2. Technical Services:

- Lost/Stolen Luggage and Personal Effects: Insured Person whose luggage or personal effects are lost or stolen can expect help with local authorities and agencies. The ASSISTANCE DEPARTMENT shall coordinate with common carriers to locate and recover lost or stolen luggage which shall involve the use of all available tracking systems and establishing, on the Insured Person's behalf and, as appropriate, liaison with transportation carriers, airports, hotels, government authorities and others. The ASSISTANCE DEPARTMENT will also coordinate arrangements to assist the Insured Person with processing of insurance claims resulting from the lost luggage.
- Lost/Stolen Travel Documents/Tickets: In the event a traveler's personal travel documents are lost or stolen, Insured Person(s) can expect help with obtaining replacement and canceling original documents, including making alternate reservations and arranging for replacement airline/rail tickets when needed. The ASSISTANCE DEPARTMENT shall use its best effort to assist the Insured Person in locating lost documents (including, but not limited to lost passports and visas), and upon request, to replace such documents by identifying and contacting appropriate governmental authorities, gathering necessary information, and otherwise taking all reasonable steps necessary to facilitate the replacement of the lost documents in a prompt and timely manner.

3. General Services:

- Travel Documentation: Advice on procuring travel documents, passport/visa requirements, and customs entry/exit restrictions and regulations.
- Immunizations: Advice on the immunizations required for the trip, information on local medical advisories, epidemics, and available preventive measures.
- Currency and ATM Locations: Currency exchange rates are available, as well as information on local bank/government holidays.
- Global Weather: General climate and up-to-date weather forecasting for domestic and international destinations.
- Telephone Translation for medical emergencies: For travelers in an emergency medical situation who do not speak the local language, multilingual counselors are available 24 hours a day, seven days a week, for translations via telephone.

4.4 SECURE WALLET (Children Excluded)

A. CREDIT CARD FRAUD

In the event an Insured's Person's wallet is lost or stolen during the Period of Coverage, the company will refund the Insured Person's financial loss up to the limits stated in the Table of Benefits, if a lost or stolen Insured Card is used by a Third Party for fraudulent payment transactions or cash withdrawals. The coverage starts from the moment the first fraudulent transaction takes place and lasts for a maximum of 48 hours or until notification of the bank that the card is lost or stolen, whichever occurs first.

SPECIFIC EXCLUSIONS

No coverage is provided for:

- cash in a lost or stolen wallet;
- expired, cancelled or withdrawn credit cards;
- loss caused by the Insured Person, his spouse, children, relatives or friends whether intentionally or unintentionally; or
- loss occurring during time of War, civil commotion, insurrection, rebellion, revolution or terrorism or Acts of God, nuclear reaction or radiation; or
- loss occurring as a consequence of any riot or confiscation by the authorities.

SPECIFIC CLAIMS NOTIFICATION

As soon as he notices his card has been lost or stolen, the Insured Person shall:

- Notify the loss or theft of the card immediately to the bank in order to close the credit card and stop payment(s); and
- File a notification with the Police Authorities within 48 hours (or any other local usage or obligation).

The Insured Person should follow the uniform provisions detailing the address and process of filing and additionally provide:

- copy of the bank's letter acknowledging receipt of the Insured Person's request to stop payment on the card;
- copy of the police report specifying the theft, loss of the card and wallet and this within 48 hours of the theft/loss;
- latest credit card statement evidencing premium charge and fraudulent transactions made; and
- any other document or information necessary for the Company to judge the validity of the indemnity request and proceed to the proper indemnification according to this contract.

B. KEYS AND PAPERS

In the event an Insured Person's house keys, car keys, and official administrative papers are lost or stolen along with his Insured Cards during the Period of Coverage, the company will refund the costs sustained by the Insured Person to replace his keys – including locks – and/or his official administrative papers up to the limits stated in the Table of Benefits,

SPECIFIC EXCLUSIONS

No coverage is provided for:

- room keys to the house, pad locks, magnetic keys to the house and office keys.

- loss caused by the Insured Person, his spouse, children, relatives or friends whether intentionally or unintentionally; or
- loss occurring during time of War, civil commotion, insurrection, rebellion, revolution or terrorism or Acts of God, nuclear reaction or radiation; or
- loss occurring as a consequence of any riot or confiscation by the authorities.

SPECIFIC CLAIMS NOTIFICATION

As soon as he notices his Insured Card has been lost or stolen, the Insured Person shall:

- In case of theft, file a notification with the Police Authorities within 48 hours (or any other local usage or obligation) specifying the theft of the credit card as well,

The Insured Person should follow the uniform provisions detailing the address and process of filing and additionally provide:

- copy of the bank 's letter acknowledging receipt of the Insured Person's request to stop payment on the Insured Card;
- copy of the Police report in case of theft of the keys and / or papers together with the Insured Card;
- original locksmith bill to replace keys and locks; and
- copy of the replaced official administrative papers and the bills corresponding to the replacement costs.

C. MUGGING

In the event an Insured's Person is violently assaulted attacked while withdrawing funds from an automatic teller machine (ATM) or within two (2) hours thereafter, the Company will reimburse the amount of cash withdrawn and stolen.

SPECIFIC EXCLUSIONS

No coverage is provided for:

- an intentional act on the part of the Insured Person or on the part of one of his close relationship (spouse, child or parent);
- loss occurring during time of War, civil commotion, insurrection, rebellion, revolution or terrorism or Acts of God, nuclear reaction or radiation; or
- loss occurring as a consequence of any riot or confiscation by the authorities.

SPECIFIC CLAIMS NOTIFICATION

As soon as the theft occurs, the Insured Person must:

- File a complaint with the competent police authorities within 48 hours;

The Insured Person should follow the uniform provisions detailing the address and process of filing and additionally provide:

- original of the police report, stating among others the location, date and precise time of the assault as well as the amount of cash stolen;
- copy of the bank statement showing the date and amount withdrawn;
- withdrawal receipt stating the date and the debited cash as well as the time of withdrawal;
- original of the medical certificate or a witness testimony; and
- any other document the Insurer considers necessary for the validation of the claim and indemnity assessment.

4.5 ADDITIONAL OPTIONAL BENEFITS

A. HAZARDOUS SPORTS BENEFITS [Only applicable if specifically purchased]

In consideration of an additional premium, it is hereby understood and agreed that the Company will pay up to the limit shown on the Table of Benefits under Section 1 and Section 2 for covered accidents, which are caused by Hazardous Sports, to the extent that this hazard is not covered by the policy. The benefit will also include Winter Sports Inconvenience Benefits: Piste Closure, Avalanche Closure, Skis and Ski Equipment, Ski Hire and Unused Ski Packs. This benefit is not applicable for indoor winter sports.

1. WINTER SPORTS INCONVENIENCE TABLE OF BENEFITS

Cover	Value of cover up to	Excess where applicable
1) Piste Closure	\$150	
2) Avalanche Closure	\$150	
3) Skis and Ski Equipment	\$300	\$50
4) Ski Hire	\$500	
5) Unused Ski Packs	\$300	

2. PISTE CLOSURE

The Company will pay up to the overall limit shown on the above Winter Sports Inconvenience Table of Benefits if, as a result of not enough snow in the Insured Person pre-booked holiday resort, all lift systems are closed for more than 24 hours. The Company will pay for either:

- The cost of transport to the nearest resort up to \$20 for each full 24-hour period; or
- Up to \$20 for each full 12-hour period if the Insured Person is unable to ski and there is no other ski resort available.

SPECIFIC CONDITIONS

It is a condition of the cover provided under this section that:

- The Insured Person gets a written statement from the management of the resort confirming the reason for the closure and how long it lasted;
- The pre-booked holiday resort where the Insured Person is staying at least 1,000 metres above sea level; and
- If the Insured Person buys this insurance within 14 days of the date the Insured Person plan to leave and the Insured Person knows about any reason that could cause a claim under this section, the Company will not provide cover for the Insured Person.

3. AVALANCHE CLOSURE

The Company will pay up to the overall limit shown on the Winter Table of Benefits for reasonable extra travel and accommodation expenses that the Insured Person needs to pay if the Insured Person pre-booked outward or return journey is delayed for more than 12 hours from the scheduled arrival time because of an avalanche.

SPECIFIC CONDITIONS

It is a condition of the cover provided under this section that the Insured Person gets a written statement from the appropriate authority confirming the reason for the delay and how long it lasted.

4. SKI AND SKI EQUIPMENT

The Company will pay, up to the overall limit shown in Winter Table of Benefits, for loss, damage, or breakage of skis, snowboards, bindings, poles, and boots owned or hired by the Insured Person:

SPECIFIC EXCLUSIONS

- The first \$50 of each claim, for each Insured Person
- Articles lost from an unattended motor vehicle, trailer or caravan.
- Property the Insured Person leaves unattended in a public place.

5. SKI HIRE

The Company will pay \$25 for each full 24-hour period for the costs of hiring other Ski Equipment. The Company will pay up to the overall limit shown on the Table of Benefits if:

- The skis that the Insured Person owns are lost or delayed during the Insured Person's trip for over 12 hours; or
- The skis that the Insured Person owns are lost or damaged during the course of the Insured Person's trip.

SPECIFIC CONDITIONS

It is a condition of the cover provided under this section that the Company takes any payment made under this section from any claim under the Skis and Ski Equipment Cover of this Policy.

SPECIFIC EXCLUSIONS

- Any claim involving damage to the Insured Person's skis where the Insured Person do not bring them back to the United Arab Emirates so the Company can inspect them.
- Any theft or loss which the Insured Person do not report to the police within 24 hours of discovering it and get a written report.
- Any theft, delay, loss of or damage to personal belongings or baggage while it is transported unless the Insured Persons report this, at the time, to the carrier and get a property irregularity report.

6. UNUSED SKI PACK

The Company will pay up to the overall limit shown on the Table of Benefits for a proportion of the Insured Person's ski pack, unused due to the Insured Person being ill or injured while being on the holiday and the Insured Person is medically certified as being unable to use it. Ski pack consists of ski pass, ski hire and tuition fee.

B. TERRORISM EXTENSION

In consideration of an additional premium, it is hereby understood and agreed that **Uniform Exclusions V.2** is deleted in its entirety.

The Company will pay up to the limit shown on the Table of Benefits under Section 1 and Section 2, for covered accidents, which are caused by an act or Acts of Terrorism, to the extent that this hazard is not covered by the policy. This coverage is subject to the terms set forth below.

SPECIFIC CONDITIONS

1. The premiums and benefits for this option may be changed at any time by agreement between the Insured Person and the Company. This may be done as needed to reflect conditions, which in the opinion of the Insured Person or the Company, change the terrorism risk.
2. The Company reserves the right to change the rate for this optional benefit by seven (7) days written notice mailed to the Insured Person at the last address the Company has on record.

SPECIFIC EXCLUSIONS

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

C. ELDER EXTENSION

In consideration of an additional premium, it is hereby understood and agreed that Insured Person(s) are covered up to the date of their seventy-fifth (75th) birthday for all the coverage in the Silver Plan.

V. UNIFORM EXCLUSIONS

The Company will not cover loss, injury, damage or legal liability caused by, sustained, or arising directly or indirectly from:

1. War or warlike operation, invasion, act of foreign enemy, hostilities (whether War has been declared or not), civil war, rebellion, revolution, insurrection, mutiny, riot, civil commotion, conspiracy, military or usurped power, martial law, or state of siege; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, seizure, quarantine; or customs regulations; or nationalization by or under the order of any government or public or local authority; nor
2. Act of Terrorism; nor
3. intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; nor
4. use, release or escape of nuclear materials that directly or indirectly results in ionizing, radiation or contamination by radioactivity from any nuclear fuel or from nuclear weapons materials. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission; nor
5. release, dispersal, or application of pathogenic or poisonous biological or chemical materials; nor
6. being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization; nor
7. engaging in occupational activities underground or requiring the use of explosives; nor
8. willful or deliberate exposure to danger (except in an attempt to save human life); nor
9. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; nor
10. deliberate violation of criminal law; nor
11. traveling by air on a legally licensed aircraft and where the Insured Person is acting as pilot or part of the aircraft crew; nor
12. flying in any aircraft owned, leased or operated by or on behalf of an Insured Person or by any member of an Insured Person's Relatives; nor
13. mental disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation, and autism; nor
14. Elective, cosmetic, or plastic surgery, except as a result of an Accident; nor
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; nor
16. sexually transmitted diseases and the conditions commonly known as AIDS or HIV and/or any related illness or condition including derivatives or variations thereof, howsoever, acquired or caused; nor
17. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; nor
18. Bacterial infections except pyogenic infections which are caused by an accidental wound; nor
19. chronic fatigue syndrome or myalgic encephalomyelitis (M.E.) (anticardiolipin antibody positively) or the illness commonly referred to as yuppie flu; nor
20. The diagnosis and treatment of acne; nor
21. Deviated septum, including sub mucous resection and/or other surgical correction thereof; nor
22. Organ transplants that competent medical professionals consider experimental; nor
23. Well Child care including exams and immunizations; nor
24. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing; nor

25. a) An Insured Person being under the influence of alcohol with more than the legal limit of alcohol in his blood or breath; or
b) An Insured Person being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Medical Practitioner or unless prescribed by and taken in accordance with the directions of a Medical Practitioner; or
c) An Accident occurring whilst an Insured Person was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath; or
d) Alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind; nor
 26. a) Any Pre-existing Medical Condition; or
b) Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or sequelae 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 within 2 years prior to the commencement of the Insured Journey; nor
 27. congenital anomalies and conditions arising out of or resulting there from; nor
 28. hernia; nor
 29. an Insured Person traveling against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to the Insured Journey or when he is unfit to do so; nor
 30. participating in any sport as a Professional Player; nor
 31. any hazardous pursuits, sports, or activities which introduce or increase the possibility of a loss, including but not limited to engaging in skiing, motor cycling (where the engine capacity exceeds 200cc or the cycle is under control of an unlicensed driver), steeple-chasing, polo or horseback riding, hunting, bungee jumping, abseiling, white water rafting, hiking (unless accompanied by a recognized guide or on a clearly marked route), mountaineering requiring the use of ropes or equipment, scuba diving (unless licensed or accompanied by a qualified instructor), fighting (except in bona fide self defense), racing (other than on foot or under sail in inland waters), being a crew member on a ship or boat traveling from one country to another, speed or endurance racing or practice thereof (other than athletics), training for or engaging in contact sports where physical contact between players is an accepted part of play unless an Endorsement has been issued and additional premium charged and authorized by the Company and paid by the Insured Person. This remains at the discretion of the Company; nor
 32. consequential loss of any kind or financial loss and/or expense not otherwise specifically covered; nor
 33. default or insolvency of the carrier; nor
 34. the Insured Person's intention to emigrate, unless agreed previously in writing by the Company; nor
 35.
 - a) Planned or actual travel in, to, or through Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region.
 - b) Actual travel in, to, or through Afghanistan or Iraq.
 36. any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical, or biological weapons.
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VI. GENERAL CONDITIONS

6.1 Age limits

This Policy covers Insured Events which happen to an Insured Person who is 3 months to 70 years of age with an optional extension to 75 years under “Silver Plan”, at the date of such event on all Insurance Plans.

6.2 Airlines

The Company will have no liability to pay any benefit in relation to any Insured Event for which the Insured Person may be able to seek compensation from an airline. If the Insured Person proves that he has taken all reasonable and necessary steps to claim from the airline, the Company will pay a pro-rata portion of the benefits. The Company’s liability will be calculated by reducing the benefits by the amount for which the Company considers the airline to be liable.

6.3 Currency

All amounts are shown in United States Dollar. If expenses are incurred in a foreign currency the rate of exchange used will be the rate at the time of incurring the expense or suffering a loss.

6.4 Liability

The Company shall not be liable or responsible for:

- a) the negligence, wrongful acts and/or omissions of any legal and/or health care professional or any other person or persons or legal entity that provide direct or indirect service to the Insured Person;
- b) The failure of any agent or broker to explain adequately the terms, conditions, endorsements, terminations and exclusions of this Policy.

6.5 Language

The official version of this Policy is in English. Words in the singular include the plural and vice versa and words in the masculine gender include the feminine gender.

6.6 Marketing

Should any discrepancies arise between the Policy and any literature received by the Insured Person, the terms of this Policy including any endorsements and terminations will govern in all cases.

6.7 Misrepresentation

This Policy shall be considered void (at the discretion of the Company) in the event of misrepresentation, mis-description, or non-disclosure by or on behalf of the Insured Person of any information material to this Policy.

6.8 Other financial products and services

The Company will accept no liability whatsoever for any of the insurance or other financial products or services which are sold in conjunction with this Policy that are provided or underwritten by any other insurance or assurance companies and/or assistance companies and/or financial providers.

6.9 Other insurance

Except for Section 4.1 - Personal Accident Benefits, if the Insured Person is able to claim under any other policies (including statutory insurance and/or automatic credit card travel insurance) to be covered for the whole or any part of an Insured Event ("Other Claims"), the Company will only be liable to pay its pro rata portion of the claim submitted in terms of this Policy.

- If in the Company's discretion it decides to pay the claim in full, then it will not be obliged to make payment unless the Insured Person cedes to the Company all of their rights in respect of the Other Claims.
- If the Company has already paid benefits in terms of this Policy, all of the Insured Person's rights in respect of the Other Claims will be ceded automatically to the Company.
- Without limiting any provision of this Policy or any legal obligation, the Insured Person must cooperate fully with the Company in relation to the Other Claim or legal proceedings including: a) not doing anything to prejudice or limit the Company's rights; b) giving the Company whatever information and documents it may require; c) signing any document or affidavit that the Company may request to enable it to exercise its rights.

6.10 Third Party

This Policy is between the Company and the Insured Person only and all of its provisions and conditions are for the sole and exclusive benefit of those parties. Nothing in this Policy, expressed or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under this Policy or any of its provisions. Without limitation, no third party shall have any rights under this Policy or any right to receive Policy benefits. Receipt of Benefits paid will be a valid discharge of the Company's liability under this Policy.

This Policy cannot be ceded, assigned or in any way transferred to a third party. Benefits shall be payable only to the Insured Person or his legal representative.

6.11 Table of Benefits

The Table of Benefits referred to in this document is the Table of Benefits as listed in Section 2.2.

6.12 Country of Issuance Law

This Policy will be governed by the laws of the United Arab Emirates and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.

6.13 Subrogation

The Company has the right to commence or take over legal proceedings in the Insured Person's name for the defense or settlement of any claim, or to sue or prosecute any other party to recover monies payable by them at law. The Insured Person must co-operate with the Company and do nothing to hinder the Company's rights.

6.14 Economic Sanctions Exclusions

If, by virtue of any law or regulation which is applicable to an Insurer, its parent company or its ultimate controlling entity, at the inception of this Policy or at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches an applicable embargo or sanction, that Insurer shall provide no coverage and have no liability whatsoever nor provide any defense to the Insured or make any payment of defense costs or provide any form of security on behalf of the Insured, to the extent that it would be in breach of such embargo or sanction.

6.15 Consumer Notice Analysis

AIG is subject to compliance with US sanctions laws. For this reason, this policy does not cover any loss, injury, damage or liability, benefits, or services directly or indirectly arising from or relating to a planned or actual trip to or through Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region. In addition, this policy does not cover any loss, injury, damage or liability to residents of Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region. Lastly, this policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch lists as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.

VII. CLAIMS CONDITIONS

7.1 Compliance

The Insured Person must follow the Company's advice or instruction otherwise the Company may decline to pay the whole or any part of the claim.

7.2 Legal action

If the Company denies liability for any claim and the Insured Person does not institute legal action and serve summons on the Company (or initiate arbitration proceedings if the Company has agreed to submit to arbitration) within 36 months after such repudiation, all benefits of such claim shall be forfeited.

7.3 Notice of claim and proof of loss

The Insured Person must give the Company notice in writing:

- a) Within 60 days of an Accident which may give rise to a claim under this Policy. Any benefit related to death will only be payable if the Company receives written notification of the death within 30 days. The Company shall have the right to have a post mortem examination of the body conducted.
- b) Within 30 days of any other occurrence which may give rise to a claim under this Policy. The Insured Person must, at his own cost, provide whatever certificates, information and documented evidence ("Evidence") is required by the Company regarding the Insured Event.

7.4 Recoveries

All recoveries net of the Company's actual recovery costs will be distributed firstly to the Company for all amounts paid and any remainder will be paid to the Insured Person.

7.5 Fraudulent Claims

If the Insured Person or anyone acting on his behalf uses any fraudulent means or devices to obtain any benefit, then any amount payable in respect of such claim shall be forfeited, the Policy will be cancelled and no Premium will be refunded.

7.6 General

- The Insured Person shall submit to medical examination at the expense of the Company as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be the property of the Company and shall be deemed to be confidential information of the Company.
- Medical Treatment shall be sought and followed promptly on the occurrence of an Injury or Illness and the Company shall not be liable for that part of any claim which in the opinion of a Medical Practitioner arises from the unreasonable or willful neglect or failure of any Insured Person to seek and remain under the care of a qualified Medical Practitioner.
- All claims arising from criminal incidents are to be supported and accompanied by a certified police report.
- The due observance and fulfillment of the Policy insofar as it relates to anything being done or complied with by the Insured Person, shall be a condition precedent to liability to make any payment under this Policy.
- The Company shall have the right to access any current or prior medical records of the Insured Person in order to finalize and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given the Company written consent to access any of the Insured Person's current or prior medical records.
- No amount payable in terms of this Policy shall bear any interest.