



أميريكان هوم أشورانس كومپاني - فرع دبي

American Home Assurance Company (Dubai Br.)

One Sheikh Zayed Road, Trade Center First, Floor 27

The H Hotel Complex, PO Box 40569, Dubai, UAE

T +9714509 61111 F +97143522186

[www.aig.ae](http://www.aig.ae)

## Initial Disclosure Document

American Home Assurance Company (Dubai Branch)

The H Hotel Complex, 27th Floor, Trade Center First, PO Box 40569, Dubai, UAE

**Who Regulates Us:** American Home Assurance Company (Dubai Branch) with Commercial Registration No: 613392 is a general insurance company authorised by the United Arab Emirates Insurance Authority with License No: 079 to effect and carry out non-investment contracts of insurance.

**Which Services we provide to you:** American Home Assurance Company (Dubai Branch) is part of American International Group Inc. (US), a leading international insurance organization serving customers in more than 90 countries and jurisdictions. American Home Assurance Company (Dubai Branch) provides a range of general (non-investment) insurance products and services to businesses and retail clients. For more information about our Products and Services please visit: <https://www.aig.ae/>

**Online Sales Process:** During the online sales process we may ask some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice on how to proceed. If you have any doubts on the right plan, we highly recommend consulting your insurance advisor.

**Your Right to Complain:** We believe you deserve a courteous, fair and prompt service. If there is any occasion when our service does not meet your expectations please contact us using the appropriate contact details below, providing the Policy/Claim Number and the name of the Policyholder/Insured Person to help us deal to with your comments quickly.

### American Home Assurance Company (Dubai Branch)

PO Box 40569, Dubai, UAE

Attn: AIG Complaints Team,

Phone: 509 6111

Email: [servicecenter-me@aig.com](mailto:servicecenter-me@aig.com)

You will receive a written acknowledgment within two (2) working days from the date of complaint notification, explaining our complaints handling process. Within five (5) working days from the date of complaint acknowledgment our Complaints Team will provide either a final response or a notification for additional time required for further investigation of the complaint which would typically not exceed ten (10) working days. A final response or a written explanation on the complaint findings will be provided to you within three (3) weeks of the date of complaint acknowledgment.

If you are dissatisfied with the response to the complaint, you have the right to refer your complaint to the United Arab Emirates Insurance Authority online <https://ia.gov.ae/en/ia/contact-us> or by calling 800(IAUAE)42823 or 971 2499 0111



## Key Information Document

### Insurance Provider

This insurance Policy is underwritten by American Home Assurance Company (Dubai Br.), The H Hotel – Complex, Trade Center First, 27<sup>th</sup> Floor, Dubai, United Arab Emirates, Tel: +971 (4) 5096111 | Fax: +971 (4) 3522186 | [www.aig.ae](http://www.aig.ae)

**Type and Purpose of the Insurance:** The purpose of this critical illness policy is to provide cover for losses arising as a result of specified events that occur during the period of coverage. This Policy offers coverage only to individuals ordinarily resident in the United Arab Emirates.

**Significant Features, Conditions and Exclusions:** The cover provided is subject to certain conditions and exclusions. The table below sets out the significant features of the cover and the conditions and exclusions that apply. This document is not a policy wording. You are advised to read the Policy Wording which sets out all of the features, conditions and exclusions.

Significant Features	Conditions and Exclusions	Policy Wording Reference
<b>Critical Illness</b>	<p>Cover is provided, if you are diagnosed with one of the thirty-five (35) critical illnesses covered under this policy.</p> <p>Cover is in addition to any other income, pension, or insurance benefits that you may receive.</p> <p><b>Significant Conditions:</b></p> <ul style="list-style-type: none"><li>• Waiting period of 90 days applies from the first date of enrollment and 90 days starts from policy effective date appearing in the certificate of insurance.</li></ul> <p><b>Significant Exclusions:</b> Cover is not provided for:</p> <ul style="list-style-type: none"><li>• Critical Illness arising from or that can be linked to a pre-existing condition;</li><li>• Critical Illness diagnosis within the waiting period of this policy.</li></ul>	Pages 2, 'Critical Illness Benefits'

**Period of Insurance:** Cover for this insurance policy starts on the policy effective date and ends at the end of the period of coverage, unless terminated earlier under the "Termination" clause in the Policy Wording. The policy effective date and period of coverage of your insurance policy are set out on your certificate of insurance. Cover for this insurance policy is automatically renewable subject to premium payment.

**Cancellation:** If this cover is not suitable for you and you want to cancel your policy, you must contact the American Home Assurance Company (Dubai Br.) stating not less than fifteen (15) days of thereafter such cancellation shall be effective.

If you cancel this cover within the first fifteen (15) days of enrolment and if there is no claim, you will receive a full refund of the premium paid. No premium shall be refunded if there is a claim within this period.

If you cancel this cover after the first fifteen (15) days of enrolment, if you have an annual policy, and if there is no claim, you will receive a refund of the premium on a pro-rata basis for the balance of days remaining under the period of coverage. However, no such refund shall be made on monthly policies.

To obtain a refund, please phone **+971 (4) 5096111**, email [ServiceCenter-ME@AIG.com](mailto:ServiceCenter-ME@AIG.com), or write to American Home Assurance Company (Dubai Br.), The H Hotel – Complex, Trade Centre First, 27<sup>th</sup> Floor, P.O. Box 40569, Dubai, United Arab Emirates.

**Claim Notification:** You can make a claim by calling us on **+971 (4) 5096111**, writing to us at [myClaim@aig.com](mailto:myClaim@aig.com), or registering the claim on the claims portal through <https://www.aig.ae/aig-claims>.



## AIG CARE+ TERMS AND CONDITIONS

### 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 4 352 2186

This document together with the **Certificate of Insurance** and any endorsements that accompany it set out the **Policy** between the **Insured** and the **Insurer** and should be read as one document.

Various provisions in the **Policy** restrict or exclude cover. The **Named Insured** must read the entire **Policy** carefully to determine the **Named Insured's** rights and duties, and what is and is not covered.

All words starting with a capital letter in this document have a specific meaning. Please refer to "Definitions" and "Specific Definitions" sections in this document.

## 1. DEFINITIONS

**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.

**Certificate of Insurance** means the document which gives details such as, but not limited to, Your name and surname, Policy Effective Date, Period of Coverage, Policy no., premium, premium payment option, and benefit and cover limits.

**Child / Children** means the Insured's son or daughter, biological offspring, or stepchildren aged above 3 months and under eighteen (18) years of age (or under twenty three (23) years of age if a full time student), unmarried, and primarily dependent on the Insured for support and is/are named in the Certificate of Insurance.

**Company / We / Insurer** means 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.

**Country of Residence** means the United Arab Emirates in which You legally reside as a citizen or with a valid residency visa.

**Critical Illness** means illnesses listed in Section 2.1.1.

**Day** means a period of 24 consecutive hours.

**Illness / Sickness** means any fortuitous illness or disease contracted requiring treatment by a Physician.

**Injury** means bodily injury caused solely and directly by violent, accidental, external and visible means, requiring treatment by a Physician and resulting, directly and independently of all other causes, in loss covered by this Policy.

**Insured** means the person as defined in the Certificate of Insurance who is aged between 18 years and 64 years and who pays for the premium under this Policy.

**Insured Event** means an event covered by the coverage provided under this Policy.

**Irreversible** means a condition that cannot be reasonably improved upon by Medical Treatment and/or surgical procedures.

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

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

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

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

**Named Insured / You** means the Insured and/or Spouse and/or Child as defined in the Certificate of Insurance. You must be a resident of the United Arab Emirates.

**Physician / Consultant** 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 / Consultant may not be:**

- (a) You; nor
- (b) Your Relative.

**Policy** means this document, the Certificate of Insurance, any endorsements and/or attached papers that accompany it (if any) and the applications of the Insured.

**Policy Effective Date** means the date at which this Policy incepts as defined in the Certificate of Insurance.

**Period of Coverage** means the period for which this Policy is in force as defined in the Certificate of Insurance.

**Permanent** means expected to last throughout Your life with no prospect of improvement, irrespective of when Your insurance ends.

**Pre-existing Condition** means, within 5 years prior to the Policy Effective Date:

- (a) Any occurrence of one of the Critical Illnesses covered in this Policy; **or**
- (b) Any other medical condition (whether diagnosed or not) for which You received medication, advice, or treatment, or underwent surgery.

**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.

**Spouse** means the Insured's legally married husband or wife between the ages of 18 years and 64 years as defined in the Certificate of Insurance.

**Sum Insured** means the maximum amount payable under each benefit stated in the Table of Benefits.

**Table of Benefits** means the table that shows benefits and Sum Insured values offered under this Policy.

**Waiting Period** means the first 90 days of the Policy Effective Date, unless otherwise stated in the Certificate of Insurance.



## **2. BENEFITS**

The coverage stated hereunder is valid only in respect of the amount of indemnity specifically indicated in the Policy.

### **2.1 CRITICAL ILLNESS BENEFITS**

#### **2.1.1. Critical Illness Diagnosis**

If Named Insured is diagnosed with one of the following Critical Illnesses, the Company will pay Named Insured the Sum Insured shown in the Table of Benefits, **in addition to any other income, pension, or Sickness or insurance benefits that Named Insured may receive:**

1. Alzheimer's Disease
2. Angioplasty
3. Apallic Syndrome (Persistent Vegetative State)
4. Aplastic Anaemia
5. Bacterial Meningitis
6. Blindness (Total Loss of Sight)
7. Benign Brain Tumor
8. Cancer
9. Coma
10. Coronary Artery By-pass Surgery
11. Deafness (Total Loss of Hearing)
12. Encephalitis (Acute Viral Encephalitis)
13. End Stage Liver Failure
14. End Stage Lung Disease
15. Fulminant Hepatitis
16. Head Trauma
17. Heart Attack
18. Heart Valve Surgery
19. HIV infection
20. Kidney Failure (End Stage Renal Disease)
21. Major Burns
22. Major Organ / Bone Marrow Transplantation
23. Motor Neuron Disease
24. Multiple Sclerosis
25. Muscular Dystrophy
26. Parkinson's Disease
27. Poliomyelitis
28. Primary Pulmonary Hypertension
29. Progressive Scleroderma
30. Progressive Supranuclear Palsy
31. Stroke
32. Surgery to Aorta
33. Systemic Lupus Erythematosus
34. Total Loss of Speech
35. Total Paralysis (Loss of limb use)



**2.1.1.1 Specific Definitions and Specific Exclusions**

Number	Critical Illness	Specific Definitions	Specific Exclusions
1	Alzheimer's Disease	<p>A definite diagnosis of Alzheimer's disease evidenced by at least one of the following:</p> <ol style="list-style-type: none"> <li>1) Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning;</li> <li>2) Personality change;</li> <li>3) Gradual onset and continuing decline of cognitive functions;</li> <li>4) Typical neuropsychological and neuroimaging findings (e.g. CT scan);</li> <li>5) The disease must require constant supervision (24 hours daily) [before age 65];</li> <li>6) Shopping, using telephone, managing finances should be adversely affected.</li> </ol> <p>Diagnosis must be confirmed and evidences by a consultant neurologist.</p>	<p>1) Other forms of dementia due to brain or systemic disorders or psychiatric conditions; 2) Alcohol or drug related brain damage.</p>
2	Angioplasty	<p>The undergoing of balloon angioplasty, atherectomy, laser treatment or stent insertion on the advice of a consultant cardiologist to correct at least 70% narrowing or blockage of two or more coronary arteries as a single procedure. <b>The Sum Insured for this Critical Illness is limited to 20% of Critical Illness Sum Insured.</b></p>	
3	Apallic Syndrome (Persistent Vegetative State)	<p>Universal necrosis of the brain cortex with the brainstem remaining intact.</p> <p>Diagnosis must be confirmed by a consultant neurologist. This condition has to be medically documented for at least one (1) month.</p>	
4	Aplastic Anaemia	<p>Bone Marrow failure which results in permanent anaemia, neutropenia, and thrombocytopenia requiring treatment with at least one of the following:</p> <ol style="list-style-type: none"> <li>1) Blood product transfusion;</li> <li>2) Marrow stimulating agents;</li> <li>3) Immunosuppressive agents; or</li> <li>4) Bone marrow transplantation.</li> </ol> <p>Diagnosis must be based on bone marrow biopsy and confirmed by a consultant hematologist. Two (2) out of the following three (3) values should be present:</p> <ol style="list-style-type: none"> <li>1) Absolute neutrophil count less than 500/cubic millimeter;</li> <li>2) Absolute reticulocyte count less than 20,000/cubic millimeter; and</li> <li>3) Platelet count less than 20,000/cubic millimeter.</li> </ol>	<p>Other forms of anaemia.</p>
5	Bacterial Meningitis	<p>The unequivocal diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms or physical deficit.</p> <p>The neurological deficit must persist for at least one (1) month. This diagnosis must be confirmed by:</p>	<p>Other forms of meningitis, including viral meningitis.</p>



		<p>1) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture;  2) A consultant neurologist.</p>	
6	Blindness (Total Loss of Sight)	<p>Permanent and Irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.</p> <p>Diagnosis must be confirmed by a consultant ophthalmologist.</p>	<p>1) Deliberate injury to the life insured by a Policy owner;  2) Intentional self-inflicted injury.</p>
7	Benign Brain Tumor	<p>Means a non-malignant tumor or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.</p> <p>Diagnosis must be confirmed by a neurologist or neurosurgeon and supported by findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques. The requirement of permanent neurological deficit is waived in case of surgical removal of the tumor.</p>	<p>1) Cysts;  2) Granulomas;  3) Vascular Malformations;  4) Hematomas; and  5) Tumors of the pituitary gland or spinal cord.</p>
8	Cancer	<p>A malignant tumor characterised by the uncontrolled growth of malignant cells and invasion of tissue. Malignant tumor includes leukaemia, sarcoma and lymphoma <b>except cutaneous lymphoma (lymphoma confined to the skin).</b></p>	<p>All cancers which are histologically classified as any of the following:</p> <p>1) pre-malignant;  2) non-invasive;  3) cancer in situ;  4) having either borderline malignancy; or  5) having low malignant potential;  6) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;  7) Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A;  8) Cutaneous lymphoma (lymphoma confined to the skin);  9) Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).</p>
9	Coma	<p>A state of unconsciousness with no reaction to external stimuli or internal needs which:</p> <p>1) requires the use of life support systems for a continuous period of at least 96 hours; and  2) results in permanent neurological deficit with persisting clinical symptoms; and  3) is not an artificial (medically induced) coma for therapeutic reasons.</p>	<p>1. Coma secondary to alcohol, drug, or chemical abuse;  2. Coma is not an artificial (medically induced) coma for therapeutic reasons.</p>
10	Coronary Artery By-pass Surgery	<p>The undergoing of open-heart surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts.</p> <p>Must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered Medically Necessary by a consultant cardiologist.</p>	<p>Angioplasty (PTCA) and all other intra-arterial, catheter-based techniques, or laser procedures.</p>



11	Deafness (Total Loss of Hearing)	Permanent and Irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.	1) Deliberate injury to the life insured by a Policy owner; 2) Intentional self-inflicted injury.
12	Encephalitis (Acute Viral Encephalitis)	Inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in significant, Irreversible and permanent neurological deficit.  This diagnosis must be certified by a consultant neurologist.	Encephalitis caused by HIV, bacterial or protozoal infections, chronic fatigue syndrome, and myalgic encephalomyelitis.
13	End Stage Liver Failure	Permanent and Irreversible failure of liver function confirmed by a consultant hepatologist that has resulted in all of the following: 1) Permanent jaundice; 2) Ascites; and 3) Hepatic encephalopathy.	Liver disease secondary to alcohol or drug abuse.
14	End Stage Lung Disease	End stage lung disease, causing chronic respiratory (lung) failure.  This diagnosis must be confirmed by a respiratory Physician and be supported by evidence of all of the following: 1) FEV1 test results which are consistently less than 1 (one) liter measured on 3 (three) occasions, 1 (one) months apart; 2) Permanent supplementary oxygen therapy for hypoxemia; 3) Arterial blood gas analyses with partial oxygen pressures of 55 mm Hg or less (PaO2 ≤ 55 mm Hg).	
15	Fulminant Hepatitis	A sub-massive to massive necrosis of the liver caused by the hepatitis virus leading precipitously to liver failure.  The diagnosis must be supported by all of the following: 1) Rapid decreasing liver size; 2) Clinical evaluation; 3) Rapid deterioration of liver function tests; 4) Prothrombin time/international normalized ratio [PT/INR].	
16	Head Trauma	Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.  This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent and external means and independently of all other causes.	1) Spinal cord injury; 2) Deliberate injury to the life insured by a Policy owner; 3) Intentional self-inflicted injury.



17	Heart Attack	<p>Death of heart muscle due to inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:</p> <ol style="list-style-type: none"> <li>1) Typical clinical symptoms (for example characteristic chest pain);</li> <li>2) New characteristic electrocardiographic changes;</li> <li>3) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:               <ol style="list-style-type: none"> <li>(i) Troponin T greater than 1.0 ng/ml</li> <li>(ii) AccuTnl greater than 0.5 ng/ml or equivalent threshold with other Troponin I methods</li> </ol> </li> </ol> <p>The evidence must confirm acute myocardial infarction.</p>	Other acute coronary syndromes (including but not limited to angina).
18	Heart Valve Surgery	The undergoing of open-heart surgery, on the advice of a consultant cardiologist to replace or repair heart valve abnormalities.	Repair via valvotomy, endarterial, "keyhole" surgery or similar less invasive techniques.
19	HIV infection	<p>Infection by Human Immunodeficiency Virus resulting from:</p> <ol style="list-style-type: none"> <li>1) a blood transfusion given as part of Medical Treatment;</li> <li>2) a physical assault; or</li> <li>3) an incident occurring during the course of performing normal duties of employment from the Eligible Occupations after the start date and satisfying all of the following:               <ol style="list-style-type: none"> <li>(i) The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures;</li> <li>(ii) Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident;</li> <li>(iii) There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.</li> </ol> </li> </ol> <p>Eligible occupations: Medical practitioner, consultant, specialist or any other medically trained person employed in a medical facility, prison officer, dentist, member of fire, ambulance, or police services.</p>	HIV infection resulting from any other means, including sexual activity or drug abuse.
20	Kidney Failure (End Stage Renal Disease)	<p>End stage kidney disease, confirmed by a consultant nephrologist, presenting as chronic Irreversible failure of both kidneys to function.</p> <p>This must be evidenced by the undergoing of regular renal dialysis or undergoing a renal transplantation.</p>	Acute reversible kidney failure that only needs temporary renal dialysis for less than 3 months.
21	Major Burns	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue (third degree burns) and covering at least 20% of the body's surface area or covering 50% of the face's surface area.	<ol style="list-style-type: none"> <li>1) Deliberate injury to the life insured by a Policy owner;</li> <li>2) Intentional self-inflicted injury.</li> </ol>



22	Major Organ / Bone Marrow Transplantation	Major organ transplant, to replace a diseased or damaged organ, of bone marrow including human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list, solely for such a procedure.	<p>1) Stem cell transplants other than the defined;  2) Transplant of parts of organs, tissues or cells or any other organs.</p>
23	Motor Neuron Disease	<p>The definite diagnosis of motor neurone disease before age 65 by a consultant neurologist. There must be permanent clinical impairment of motor function with the definitive evidence of appropriate and relevant clinical examination findings (e.g. electromyography, electroneurography, nerve conduction velocity).</p> <p><b>This diagnosis must be confirmed by a consultant neurologist as progressive and resulting in permanent neurological deficit, with no reasonable chance of recovery.</b></p>	
24	Multiple Sclerosis	<p>Definite diagnosis of multiple sclerosis, which must be confirmed by a consultant neurologist and supported by all of the following criteria:</p> <ol style="list-style-type: none"> <li>1) Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 3 (three) months;</li> <li>2) Magnetic resonance imaging (MRI) showing at least 2 (two) lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis;</li> <li>3) Well documented history of at least 2 exacerbations and 2 remissions of said symptoms or neurological deficits.</li> </ol>	<p><b>Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV.</b></p>
25	Muscular Dystrophy	<p>The diagnosis of muscular dystrophy requiring confirmation by a consulting neurologist, and such will have to be based on a combination of three (3) out of four (4) of the following:</p> <ol style="list-style-type: none"> <li>1) Family history of other affected individuals;</li> <li>2) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;</li> <li>3) Characteristic electromyogram;</li> <li>4) Clinical suspicion confirmed by muscle biopsy which confirms the diagnosis of muscular dystrophy.</li> </ol>	
26	Parkinson's Disease	<p>The definite diagnosis of Parkinson's disease before age 65, by a consultant neurologist.</p> <p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist which is evidenced by at least two (2) out of the following clinical manifestations:</p> <ol style="list-style-type: none"> <li>1) Muscle rigidity;</li> <li>2) Tremor;</li> <li>3) Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).</li> </ol>	<p>1) Parkinson's disease secondary to drug, alcohol or chemical abuse;  2) Other parkinsonian syndromes.</p>



27	Poliomyelitis	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) Poliovirus is identified as the cause;</li> <li>2) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.</li> </ol> <p>Paralysis must be confirmed by a consulting neurologist.</p>	
28	Primary Pulmonary Hypertension	<p>The definite diagnosis of primary pulmonary hypertension by a consultant. This includes confirmation that the pulmonary arterial pressure exceeds 25 mm Hg (3300 Pa) at rest or 30 mm Hg (4000 Pa) with exercise and ECG signs of right heart hypertrophy (RV1 plus SV5 &gt; 1.05mV).</p>	<p>Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, diseases of the left side of the heart, congenital heart disease, drug or toxin-induced pulmonary hypertension.</p>
29	Progressive Scleroderma	<p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels, and visceral organs.</p> <p>This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs, or kidneys.</p>	<ol style="list-style-type: none"> <li>1) Localized scleroderma (linear scleroderma or morphea);</li> <li>2) Eosinophilic fasciitis; and</li> <li>3) CREST syndrome. CREST syndrome, also known as the limited cutaneous form of systemic sclerosis (lcSSc), is a multisystem connective tissue disorder. The acronym "CREST" refers to the five main features: calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, and telangiectasia.</li> </ol>
30	Progressive Supranuclear Palsy	<p>The definite diagnosis of PSP by a consultant neurologist. There must be permanent clinical impairment of motor function, rigidity of movement, and postural instability. <u>Note:</u> PSP is also known as Steele-Richardson-Olszewski syndrome.</p>	<p>Parkinson's disease and other parkinsonian syndromes.</p>
31	Stroke	<p>A cerebrovascular incident including infarction of the brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism, and cerebral thrombosis.</p> <p>Following conditions must be met:</p> <ol style="list-style-type: none"> <li>1) Onset of new neurological symptoms consistent with a stroke;</li> <li>2) Evidence of new objective permanent neurological damage deficits confirmed by a consultant neurologist at least 3 (three) months after the event; and</li> <li>3) Findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.</li> </ol>	<ol style="list-style-type: none"> <li>1) Transient Ischemic Attacks (TIAs);</li> <li>2) Brain damage due to an Injury, Infection, vasculitis, and inflammatory disease;</li> <li>3) Vascular disease affecting the eye or optic nerve; and</li> <li>4) Ischemic disorders of the vestibular system.</li> </ol>
32	Surgery to Aorta	<p>The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.</p>	<p>Surgery performed using only minimally invasive or intra-arterial techniques.</p>



33	Systemic Lupus Erythematosus	<p>A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following are also present:</p> <p>1) Severe kidney involvement with SLE as evidenced by permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min/1.73m<sup>2</sup> and abnormal urinalysis showing proteinuria or haematuria; <b>or</b></p> <p>2) Severe central nervous system (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the claimant's life:</p> <p>a) paralysis;  b) localised weakness;  c) dysarthria (difficulty with speech);  d) aphasia (inability to speak);  e) dysphagia (difficulty in swallowing);  f) difficulty in walking, lack of coordination;  g) severe dementia where the insured needs constant supervision;  h) permanent coma.</p>	<p>1) Seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system;  2) To avoid doubt, all other forms of SLE are specifically excluded from the cover provided by this Policy.</p>
34	Total Loss of Speech	Total permanent and Irreversible loss of the ability to speak as a result of physical injury or disease.	All psychiatric related causes.
35	Total Paralysis (Loss of limb use)	Total and Irreversible loss of muscle function to the whole of any 2 limbs.	<p>1) Intentional self-inflicted injury;  2) Any loss of function arising from a psychiatric or psychological disorder.</p>



### **3. SPECIFIC EXCLUSIONS**

Except as explicitly provided elsewhere in this Policy, the Company will not pay for any claim where:

1. Named Insured gets medical advice, has symptoms or tests, or receives any medication or treatment within the Waiting Period of this Policy, if such advice, symptoms, test or treatment lead to the diagnosis of Critical Illness;
2. Critical Illness diagnosis for which Named Insured is claiming is not the first diagnosis of that Critical Illness for the Named Insured;
3. Critical Illness is diagnosed after death.

Except as explicitly provided elsewhere in this Policy, the Company will not pay any claim for any Critical Illness caused by or arising from:

1. Or that can be linked to a Pre-existing Condition;
2. Contamination by any nuclear fuel or waste; or release, dispersal or application of pathogenic or poisonous biological or chemical materials.



## **4. OTHER PROVISIONS**

- 1. ENTIRE CONTRACT, CHANGES:** This Policy constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by the Insured and the Company, and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.
- 2. EFFECTIVE DATE:** This Policy takes effect on the Policy Effective Date as stated in the Certificate of Insurance. After taking effect, this Policy continues in effect until the expiry of the Period of Coverage as stated in the Certificate of Insurance. All periods of insurance shall begin and end at one-minute past midnight (00:01) at the address of the Named Insured(s).
- 3. FREE-LOOK PERIOD:** The Insured is entitled to a full refund of premium, if Policy is cancelled upon written request of the Insured within fifteen (15) days from the date of the first Policy Effective Date as stated in the Certificate of Insurance and if there is no claim. No premium shall be refunded if there is a claim within this period. The Company reserves the right to decline a second application from the same Insured, following the cancellation of the first application.
- 4. GRACE PERIOD:** A grace period of thirty-two (32) days will be granted for the payment of each failing due after the first premium, during which time the Policy shall be continued in force unless the Policy has been cancelled in accordance with "27. CANCELLATION". Insured shall be liable to the Company for the payment of the premium for the period the policy continues in force. If loss occurs within the Grace Period, any premium then due and unpaid will be deducted from settlement.
- 5. NOTICE OF CLAIM:** Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by this Policy or as soon thereafter as is reasonably possible. Written notice of claim, given by or on behalf of the Named Insured to the Company, or to any authorized official of the Company with information sufficient to identify the Named Insured, shall be deemed as notice to the Company. The Named Insured must, at his own cost, provide whatever certificates, information and documented evidence required by the Company regarding the Insured Event.
- 6. CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proof of loss.
- 7. TIME FOR FILING CLAIM FORMS:** Completed claim forms and written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, in no event will any claim be honoured if proof of loss is not received within eighteen (18) months from the date of loss.
- 8. TIME OF CLAIM PAYMENT:** Benefits payable under this Policy for any loss, other than loss for which this Policy provides any periodic payments, will be paid reasonably soon after receipt of due written proof of such loss. All accrued benefits for loss for which this Policy provides periodic payment will be paid as defined in the Policy. Any unpaid balance remaining upon cancellation of liability will be paid immediately upon receipt of due written proof.
- 9. TO WHOM BENEFITS ARE PAID:** Indemnity will be paid to the Named Insured. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.
- 10. EXAMINATION AND AUDIT:** The Company shall be permitted to examine the Insured's records relating to this Policy at any time while this Policy is in effect and within three (3) years after expiration of this Policy or until final adjustment and settlement of all claims hereunder, whichever is later.
- 11. LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished. If the Company denies liability for any claim and the Named Insured 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 thirty (36) months after such repudiation, all benefits of such claim shall be forfeited.
- 12. GOVERNING LAW / JURISDICTION:** This Policy is governed by the laws of the United Arab Emirates. Any dispute arising between the Named Insured and the Company is subject to the exclusive jurisdiction of the competent courts of the United Arab Emirates.
- 13. CHANGE IN CREDIT CARD NUMBER / BANK ACCOUNT NUMBER:** If, during the Period of Coverage, the credit card number or bank account number first authorized by the Insured for payment of the premium is changed for whatever reason, the Company shall continue to collect the premium from the changed credit card / account number unless advised otherwise in writing by the Insured.
- 14. CURRENCY:** If expenses are incurred in a foreign currency other than the one used in the Certificate of Insurance, the rate of exchange used will be the rate at the time of incurring the expense or suffering a loss.
- 15. LANGUAGE:** The official version of this Policy is in Arabic. In case of discrepancy between English and Arabic version, the Arabic version shall prevail.
- 16. MARKETING:** Should any discrepancies arise between this Policy and any literature received by the Named Insured; this Policy will govern in all cases.



**17. PREMIUM:** All premiums and applicable taxes are payable in advance by the Insured on or before the date they become due and subject to the terms under "**4. GRACE PERIOD**".

**18. CHANGE IN PREMIUM RATES:** Company may change the premium rates for the Policy, by advance written notice delivered to You or mailed to Your last address as shown on our records, no later than thirty (30) days prior to such anniversary.

**19. RENEWAL CONDITIONS:** This Policy may be renewed, with the consent of the Company from term to term, by advance payment of the premium at the Company's in force rate at renewal time, subject to "**27. CANCELLATION**".

**20. CHANGE IN CIRCUMSTANCES:** The Named Insured must notify the Company within thirty (30) days of any change in circumstance which will affect this insurance. The Company reserves the right to amend any of the terms or conditions of this insurance following at least thirty (30) days' notice to the Named Insured by the Company.

No change or modification to this Policy shall be effective except when made by written endorsement signed by the Company's authorized representative.

**21. REINSTATEMENT OF POLICY:** When a Policy is cancelled, Policy cannot be reinstated.

**22. THIRD PARTY:** This Policy is between the Company and the Insured 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.

**23. SUBROGATION:** The Company has the right to commence or take over legal proceedings in the Named Insured'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 Named Insured must co-operate with the Company and do nothing to hinder the Company's rights.

**24. FRAUDULENT CLAIMS:** If the Named Insured 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, this Policy will be cancelled, and no premium will be refunded.

**25. CLAIMS, COMPLAINTS, AND DISPUTES:**

If you have a claim or complaint 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 4 352 2186  
Claims Portal: <https://www.aig.ae/aig-claims>  
Complaints/Disputes: [servicecenter-me@aig.com](mailto:servicecenter-me@aig.com)

**26. DATA DISCLOSURE:** By executing this application or by entering into this contract of insurance, the Named Insured consents to the Company processing data relating to the Named Insured 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 Named Insured.

The Named Insured 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 Named Insured's country of domicile.

To review our privacy policy, go to:

<http://www.aig.ae>



**27. CANCELLATION:** The Company may cancel this Policy at any time by written notice delivered to the Named Insured or mailed to the last known address of the Insured as shown by the records of the Company stating not less than fifteen (15) days thereafter such cancellation shall be effective. Such cancellation shall be without prejudice to any valid claim arising prior to the date of cancellation.

In the event this Policy, for which annual premium has been paid in advance, is cancelled by the Insured or the Company, the unearned premium shall be refunded on a pro-rata basis for the balance of days remaining under the Period of Coverage, if there is no claim.

In the event this Policy, for which monthly premium is paid on a monthly basis, is cancelled by the Insured or the Company, no premium shall be refunded.

This clause must be read in conjunction with "**3. FREE-LOOK PERIOD**" and "**4. GRACE PERIOD**".

**28. TERMINATION:** Insurance of the Named Insured shall terminate immediately on the earliest of:

- The date Period of Coverage gets over;
- The date Named Insured is no longer eligible within the classification of Named Insured;
- The premium due date if the required premium is not paid by the Insured within the Grace Period;
- The date Named Insured attains the age of 65.

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

**29. SANCTIONS:** The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

**30. OTHER INSURANCE WITH THE COMPANY:** If a like policy or policies previously issued by the Company to the Named Insured be in force concurrently herewith, making the aggregate indemnity for the Principal Sum in excess of the Global Maximum of AED 1,000,000 (UAE Dirhams One Million), the excess insurance shall be void and all premiums paid for such excess shall be returned to the Name Insured or his estate.