

GENERAL TERMS AND CONDITIONS

Article 1. DEFINITION

- **Act of terrorism** means an act (which may include using force or violence) by any person or group, committed for political, religious, ideological, or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an act of terrorism. Act of terrorism also includes any act which is confirmed by the relevant government as an act of terrorism. Using nuclear, chemical, or biological substances or weapons will also be considered an act of terrorism.
- **Accident or accidental** means a sudden, unexpected event which happens during the period of insurance which must be the only cause of injury or damage to the insured, whichever applies.
- **Certificate of insurance/ policy** means the document which proves that you have insurance cover, listing among other things, details of everyone insured, the plan and the period of insurance covered under this policy.
- **Close Family Members** means 1st degree relatives (parents, full siblings, or children).
- **Common Carrier** means any public transport by road, rail, sea, or air with a licensed carrier operating a regular and/or charter passenger service.
- **Country of Residence** means the country where you are permanently residing or where you are temporarily residing for a period of more than three months at the date of issue of the insurance, and to where you will be repatriated if medically necessary.
- **Deductible** means the first amount of each claim, for each separate accident, payable by the insured. Excess/Deductible amounts are shown in the Table of Benefits. In the event that you make a claim under more than one Section of the insurance the deductible will be applied to each Section.
- **Family cover** means covering under the same policy:
 - One adult or two adults who are husbands, wives, or partners at the time of buying the policy up to 70 years; and
 - Covering any number of their children under 18 years of age.
- **Insurance Company** means the company with whom the insurance policy is held who will bear the risk/ expenses with the insured in case of an eligible claim occurrence as per policy's General conditions and Table of Benefits.
- **Insured / you/ your** means an individual named in the certificate of insurance who is insured under an insurance policy issued by the insurance company.
- **Medical Necessity** Means all acts that may be justified based on legal medical documents/ reports/ results and an attestation from a registered certified doctor. The servicing company through its medical team reserves all the right, to determine the implication of medical necessity depending on each case.
- **Natural disaster** means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon, or hurricane that has catastrophic consequences in terms of financial, environmental, or human losses. Bad weather conditions that cause little or no effect on financial, environmental, or human loss will not be considered as natural disaster.
- **Outpatient medical expense** means the medical expense (as stated in the Table of Benefits) needed to treat an injury or sickness, where the insured can get treatment from a medical practitioner, or a specialist and he does not need in hospital confinement.
- **Pre-Existing Condition** Any health condition or impairment medically existing, which has developed over time prior to enrollment whether known or unknow, treated or not. The preexisting medical condition definition also applies to injury or sickness of the family member.
- **Public transport** means any regularly scheduled aircraft, bus, ferry, hovercraft, hydrofoil, ship, train, tram, or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers.
- **Serious Medical Condition** means a condition, which in the opinion of the servicing company constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious Impairment to the Insured's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.
- **Servicing/ Assistance Company** means the company appointed to provide various emergency assistance services for the purpose of supplying the Benefits/Services/Covers of this policy on the Insurer's behalf if the claim is eligible.
- **Services** means the medical and travel assistance to be provided by The Servicing Company.
- **Valuables** means photographic, audio, video, computer, telecommunications, and electrical equipment; all discs, tapes, and cassettes; telescopes, binoculars, spectacles and sunglasses; antiques; sports equipment; watches; jewelry; furs; works of art and articles made of precious or semi-precious stones and precious metals.
- **Sports Activities** means any sport or sporting activity for amateurs (details in Sports activities section) upon extending coverage as per policy's Table of Benefits.

Article 2. GEOGRAPHICAL SCOPE OF SERVICES & COVERAGE

The geographical scope of services and coverage is limited only to outside the Usual Country of Residence; all treatments for a covered case are not covered in the insured's Usual Country of Residence. After the policy expires, all follow up treatments and investigations related to a covered case, are not covered during the insured's stay outside or inside his Usual Country of Residence.

The Services provided by the servicing company under this Agreement are rendered on a worldwide basis. The servicing company shall use its best endeavors to provide the Services, but any help and intervention depends upon, and is subject to local availability and has to remain within the scope of national and international law and regulations and intervention depends on the servicing company obtaining the necessary authorizations issued by the various authorities concerned.

The servicing company shall not be required to provide Services to the Insured/s, who in the sole opinion of the servicing company is located in areas which represent war risks, political or other conditions such as to make such Services impossible or reasonably impracticable.

Article 3. SCOPE OF SERVICES/COVERAGE

The servicing company shall make available operations coordinators answering in different languages for the Users by telephone at its fully-manned **non free call alarm center** available 24 hours a day, 7 days a week.

When the servicing company has the information immediately available, the servicing company shall provide the Services, as appropriate, to the Insured while the Insured is on the telephone. In all other cases, the servicing company will provide the information to the Insured by the quickest possible means.

The servicing company shall, subject to the terms and conditions as defined hereunder, provide the following Services to a Insured calling the servicing company.

If the claim is eligible, the client will be covered under usual, customary, necessary and reasonable costs for a maximum Aggregate limit as per Table of Benefits.

Article 4. SERVICES & BENEFITS

1. Emergency medical evacuation

The servicing company will arrange for the air and/or surface transportation, communication and all usual and customary ancillary services incurred in moving and transporting the Insured when in a Covered Medical Condition to the nearest hospital where appropriate medical care is available. The servicing company through its medical team reserves the right, to determine the location to which the Insured will be evacuated and the means or method by which such evacuation will be carried out. In making such arrangements, the servicing company may consider all relevant circumstances including, but not limited to the Insured's medical condition, the medical necessity for a special means of transportation, the need for medical escort (s), the degree of urgency, the Insured's fitness to travel, airport availability, weather conditions and travel distance in determining which transportation means will be needed.

Medical Evacuation will be subject to the Insurance Company prior approval and only when judged necessary on medical grounds.

2. Emergency medical repatriation

The servicing company will arrange for the return of the Insured to the Country of Residence by air and/or surface transportation following an in-hospital admission for a covered case. The servicing company through its medical team reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances including, but not limited to the Insured's medical condition, the medical necessity for a special means of transportation, the need for medical escort (s), the degree of urgency, the Insured's fitness to travel, airport availability, weather conditions and travel distance in determining which transportation means will be needed.

Medical repatriation will be subject to the Insurance Company prior approval and only when judged necessary on medical grounds.

3. Transportation of mortal remains

The servicing company will arrange for transporting the Insured's mortal remains from the place of death to the Home Country if requested by a family member or legal representative.

4. Medical expenses incurred during hospitalization

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

The Servicing Company will guarantee the direct payment of the medical expenses incurred during hospitalization, up to the maximum limit stated in the schedule of benefits for the treatment of an injury or sickness sustained by the insured while his policy is in effect considering that cases are:

- Not due to any preexisting condition.
- Within the scope of policy particular and general condition.
- Not excluded as per policy particular and general exclusions.
- As per the usual reasonable and customary charges.
- Covered under Regular/ Standard Admission Class.

a) Inpatient care

The Treatment of covered medical conditions that cannot be treated on an ambulatory basis, as defined hereinafter, and requires an uninterrupted hospital confinement initiated during the policy period.

b) Emergency care

An Emergency is a treatment which may not be delayed due to sudden covered sickness or accident, and which requires confinement to a hospital emergency room considering the admission is not due to any preexisting condition.

c) Outpatient care

Outpatient care means the medical expenses (as stated in the Table of Benefits) which is needed to treat an injury or sickness, where the insured can get treatment from a medical practitioner, or a specialist and he does not need to stay in hospital confinement.

d) Deductible (applicable for Emergency and Inpatient Care)

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

GEOGRAPHICAL COVERAGE	WORLDWIDE		
	SILVER	GOLD	PLATINUM
DEDUCTIBLE	AMOUNT		
1D - 70 years	NIL	\$100	\$300
71 years - 75 years	NIL	\$300	\$500
76 years - 80 years	\$1,500	\$2,000	\$3,000
81 years - 85 years (Silver Only)	\$3,000	N/A	N/A

5. Compassionate visit – Ticket and Accommodation

Upon request from the Insured, the servicing company will arrange for one economy class return airfare for a relative or a friend of the Insured to join the Insured who, when traveling alone, is hospitalized outside the Usual Country of Residence for a period in excess of 7 consecutive days, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

Compassionate visit due to COVID-19 (or any internationally and locally recognized epidemics, pandemics, and endemics) are strictly excluded from the scope of coverage.

The insurance company extends to reimburse for the additional accommodation expenses incurred to the insured’s relative for a period not exceeding 5 consecutive days, in such case the room type for the accommodation shall not be more than a standard room in a 3- or 4-star hotel depending on the insured location.

6. Return of minor children

If an Insured has minor children (not yet 18 years old, unmarried and in school) who are left unattended as a result of an Insured’s injury, illness or medical evacuation, the servicing company will arrange for transportation of such minor children to the Insured’s Usual Country of residence.

Limits of this cover: One economy class one-way airfare.

7. Convalescence expenses

Upon request from the Insured, the servicing company will arrange for the additional hotel accommodation for the Insured related to an incident requiring emergency medical evacuation, emergency medical repatriation or hospitalization, subject to The Insurance Company prior approval.

Limits of this cover: As per policy Table of Benefits.

8. Dental emergency due to accident

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

The Insurance Company shall extend the coverage to include dental injuries and emergencies that require immediate attention.

Travel dental coverage may include the following benefits for sound and natural teeth:

- Teeth ache due to loss of filling.
- Teeth inflammation.
- Teeth injuries.
- Sudden dental emergency resulting in unexpected pain.

- Broken teeth.
- Necessary prescription medications, anesthesia, and X-rays up to your travel insurance policy's dental coverage limit.

Coverage excludes the following:

- Dental treatment which can wait until your return home.
- Damage to braces and dentures, dental prostheses, crowns, or bridges, false teeth replacement.
- Teeth previously restored with a crown, inlay, or porcelain restoration or treated by endodontic, except amalgam or composite resin fillings.
- Any treatment which is related to or caused by a preexisting medical condition.
- Any dental expenses incurred after the insured return to the usual country of residence.
- Anything else that's listed in the Limits and Exclusions in the policy wording.

9. Sea & Mountain Rescue

The servicing company will arrange for transporting the Insured when in a serious medical condition to the nearest hospital where appropriate medical care is available. The servicing company Underwriters shall pay for the medically necessary expenses of such transportation and communications and all usual and customary ancillary charges incurred in such services arranged by The Servicing Company.

10. Loss of Passport

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

Exclusion Applicable:

- Any loss not reported to the local police, embassy, consulate, issuing authority, and/ or public common carrier within twenty-four (24) hours from the occurrence of the incident.
- Any fine or penalties incurred due to non-replacement or late replacement of the passport/Travel Documents by the insured.
- Passport/Travel Documents renewal.
- Loss or damage due to delay, confiscation or detention by customs or other authorities.
- Any unexplained loss or mysterious disappearance.
- Any loss not substantiated by a written confirmation from the police, local embassy, consulate, issuing authority and/ or public common carrier.
- The claim of both temporary and permanent version of the same passport/Travel Documents; In the event of such loss, the insured may claim either one (1) version.
- Loss or theft of your passport/Travel Documents left unattended at any times (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe, safety deposit box or left in your locked accommodation.

11. Luggage Loss

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

The Insurance Company will supplement the compensation in the event of the insured suffering a total loss of baggage that has been checked by an International Airline for an International flight. This includes compensation for the clothing and the personal effects which are stored in the personal baggage that is lost.

The minimum period of time that must elapse for the luggage to be considered been lost once and for all will be that stipulated by the carrier company, **with a minimum of 21 days.**

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

The Company shall not be responsible for:

- Partial loss or damage to checked baggage.
- Wear, tear and depreciation of the article.
- Claims for valuable or fragile articles in checked baggage.
- Claims arising from detention, delay or confiscation by customers or other officials.
- Claims on items for which the insured has already been reimbursed by the Airline or another party.
- Claims for loss of business goods or samples or equipment of any kind.
- Money, jewelry, debit and credit cards, any type of missing documents/ items is excluded from this guarantee.

12. Luggage Delay

In case the insured's registered luggage is temporarily lost during his trip and if not delivered **within the 4 hours** of his destination arrival and the insured had to buy essential items (clothes, toothbrush, etc...) the Insurance Company will reimburse the essential items limited to clothing and toiletries not exceeding US\$250 any one item, bought, upon presentation of the invoices.

A written formal document should be obtained from the aviation company confirming the number of hours in respect of luggage delay and the retrieved date.

Exclusion Applicable to This Section:

- Losses or deterioration due to delay.
- If legal authorities detained the luggage.
- Trip scheduled to an unstable country if war is declared or not.
- Delay occurring while the insured is in the return trip to the usual country of residence.

13. Flight/Trip Delay

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

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

The insurance company will indemnify the insured in case:

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

Exclusion Applicable to This Section:

Any loss resulting from:

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

14. Trip Cancellation

The Insurance Company shall indemnify the insured in respect of any irrecoverable (from any others sources) and unused travel fare, accommodation expenses and/or other pre-paid charges which have been paid in advance or contracted to be paid and for which the insured is legally liable, in the event, the insured has to necessarily and unavoidably cancel the insured trip before the commencement date of the insured trip as **a result of any of the following:**

- Death, sudden admission to the hospital of the insured person, or his close family members due to a non-preexisting condition which necessitates hospital stay for at least 2 nights.
- Accidental Injury that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Departure Date.
- The insured's redundancy for which a proper redundancy notice has been supplied by the insured's employer in respect of permanent employment, and which qualifies for payment under current legislation of the insured's Country of Residence.
- Witness summons, jury service, or compulsory quarantine of the insured (positive PCR result must be presented).

- Accidental and serious damage to the insured person's place of residence or business in the country of residence arising from fire, flood, or burglary within seventy-two (72) hours before the departure date of the planned insured trip which requires the insured person's presence in the country of residence on the departure date of the insured's trip for the purpose of police investigation.

15. Trip Curtailment

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

- Death, sudden admission to the hospital of the insured person, or his close family members (Parents, Spouse, Children, and siblings) due to a non-preexisting condition which necessitates hospital stay for at least 2 nights.
- Witness summons, jury service, or compulsory quarantine of the insured.
- Accidental and serious damage to the insured person's place of residence or business in the country of residence arising from fire, flood, or burglary within seventy-two (72) hours after the departure date of the planned insured trip which requires the insured person's presence in the country of residence after the departure date of the insured trip for the purpose of police investigation.

The following exclusions apply to Trip Curtailment and Trip Cancellation:

Any loss directly or indirectly arising from:

- Any circumstances leading to the cancellation or curtailment of the insured trip, which is existing, or announced before the insurance period.
- If the purpose of the insured trip is to obtain medical treatment or the insured trip is undertaken against the medical practitioner's recommendation.
- Any medical condition or other circumstances known to have existed before the insurance period.
- Government's regulations control or act, bankruptcy, liquidation, error, omission or default of any travel agency, tour operator, public common carrier and/or other provider of any service forming part of the booked itinerary.
- Failure to notify the travel agency, tour operator, public common carrier and/or other provider of any service forming part of the booked itinerary of the need to cancel or curtail the travel arrangement immediately when it is found necessary to do so.
- Any loss in relation to cancellations or curtailments to schedules that is not verified by the airline, travel agency or other relevant organizations.
- Any loss which will be paid or refunded by any existing insurance scheme, government program, public common carrier, travel agent or any other provider of transportation and/or accommodation.
- Any expenses incurred for services provided by another party for which the insured person is not liable to pay and/or any expenses already included in the cost of a scheduled insured trip.
- Any loss if the insured person refuses to follow the recommendation of a medical practitioner to return to the country of residence or refuses to continue the insured trip whilst the insured person's physical condition at the time of recommendation is fit for travel (applicable to curtailment of trip only.)
- The insured person's unwillingness to travel.
- The insured person not checking in on time unless due to adverse weather conditions at the country of residence.
- Compensation for frequent flyer points or similar loyalty schemes.
- Known or unknown pregnancy of the insured person.
- Failure to obtain the required passport, visa, or necessary travel documentation.
- Any loss not substantiated by a written medical report from the medical practitioner.
- Any loss not substantiated by a written confirmation or cancellation invoice from the Public common carrier and/or accommodation and lodging provider and/or unused travel ticket.
- Any loss not substantiated by a written confirmation from a suitable authority confirming the need to curtail the insured trip due to being summoned as a witness in a court of law, or the insured's place of dwelling being flooded or robbed.

16. Personal Accident (Accidental death in Common Carrier)

In case the insured opting for the personal Accident dies following covered accident in a common carrier, the sum insured specified in the application form as per applicable plans shall be paid to the beneficiary (ies) designated in the application or to the legal heirs.

Payment shall be effected as per legal jurisdiction.

Article 5. 24/7 ASSISTANCE

1. Telephone medical advice

The servicing company will arrange for the provision of medical advice to the Insured over the telephone.

2. Medical service provider referral

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

3. Arrangement of hospital admission

If the medical condition of the Insured is of such gravity as to require hospitalization, the servicing company will assist such Insured in the hospital admission.

4. Monitoring of medical condition during and after hospitalization

The servicing company will monitor the Insured's medical condition during and after hospitalization, subject to any and all obligations in respect of confidentiality and relevant authorization.

5. Medical translation service

The servicing company will arrange for the provision of medical translation to the Insured over the telephone. Where the servicing company uses an external service provider to provide the translation service, the quality of the translator cannot be guaranteed. The Servicing Company will however exercise reasonable care and diligence in selecting such service providers.

6. Delivery of essential medicine

The Assistance Company will take charge of delivering the medicines outside the country of residence prescribed urgently by a doctor for the insured during the trip and which cannot be found in the place where he/she had travelled to or to be replaced by medicines that have a similar composition. The Assistance Company will not be responsible for the medicine's expenses.

7. Inoculation and visa requirement information

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

8. Lost luggage assistance

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

9. Interpreter referral

Upon request from the Insured, the servicing company will provide the names, telephone numbers and, if possible and requested, hours of opening of interpreters' office in foreign countries. Although the servicing company shall make such referrals, it cannot guarantee the quality of the service provider and the final selection of a service provider shall be the decision of the Insured. The Servicing Company, however, will exercise care and diligence in selecting the service providers.

10. Emergency traveling service assistance

The servicing company shall assist the Insured in making reservations for air ticket or hotel accommodation on an emergency basis when traveling overseas.

11. Emergency interpreting assistance

The servicing company will arrange for the provision of interpreting assistance to the Insured over the telephone on an emergency basis.

12. Embassy referral

The servicing company shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

13. Emergency document delivery

The servicing company shall assist the Insured to arrange for emergency document(s) to be delivered to the Insured's friend, relative or business associate, upon the Insured's request to do so.

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

Article 6. ADDITIONAL BENEFITS

1. Sports/Adventure (up to 70 years old)

The following amateur sports/adventure are covered:

Aerobics	Archery	Athletics
Badminton	Ballooning (as a passenger) *	Baseball
Basketball	BMX (on-road, no tricks or jumps)	Bungee jumping (up to 2 jumps) *
Cycling	Dance	Elephant or Camel rides/trekking (1 day)
Canoeing/kayaking/white water rafting (inland, grades 1-5)	Fishing/Angling (inland or coastal waters within 10km)	Go karting*
Golf	Gym training	Gymnastics
Hiking/trekking/camping (up to 2000m)	Horse riding using protective head gear (excluding eventing, jumping or equestrian competitions)	Jet boating*
Light aircraft/helicopter/gliding (passenger only) *	Moped / Scooter biking**	Motor biking (on road, to 125cc) **
Netball	Paddle boarding/Stand-up Paddle boarding	Parasailing/parascending*
Rollerblading/In-line skating	Running (half marathon distance or less)	Pilates
Scuba diving (to 30 meters, qualified**; or unqualified with qualified instructor*)	Safari tours*	Sailing/boating/yachting (inland or coastal waters within 10km)
Sea Canoeing/kayaking (in coastal waters within 10km)	Snorkeling	Squash
Surfing	Tennis	Water polo
Water skiing (excluding jumps)	Windsurfing	Yoga
Zorbing	Ski	Football
Swimming		

* You must be with a professional, qualified and licensed guide or operator.

** You must have the appropriate certification or license to do this sport or activity.

Article 7. GENERAL EXCLUSIONS

The following treatment, items, conditions, activities and their related or consequential expenses are excluded unless the servicing company has given its prior written approval, and the Insured has paid the appropriate fees:

- Trips booked or commenced where the insured is travelling against medical advice or after receipt of a terminal prognosis or with the intention of obtaining medical treatment or convalescent care.
- Any circumstance which could reasonably have been foreseen as likely to give rise to a claim by the Insured Person at the time that the insurance was effected or the Trip was booked (whichever is the later).
- Travelling to seek medical treatment or waiting for an operation, post operation check-up or any other hospital treatment, or any medical investigations, tests, or test results.
- Sports or leisure activities where there is a significant risk of bodily injury (except for those as specified under sports activities section, and where any applicable additional premium has been paid) such as mountaineering normally requiring the use of ropes and guides, caving or potholing, rafting/kayaking/canoeing involving white water rapids in excess of grade 5, canyoning, scuba diving (if you are diving at a depth of more than 30 meters; or if you are not qualified for the dive undertaken or accompanied by a qualified instructor; or diving alone; or diving on or in wrecks; or cave or ice diving), motorsports or competitions, hunting on horseback, point-to-pointing and steeple-chasing, equestrian competitions, yachting or boating outside coastal waters (20km limit) and any other sports or leisure activity involving physical contact or where there is significant risk of bodily injury.
- Competitive races involving the use of vehicles or watercraft.
- Professional sports, competitions, or sports on sponsored basis (except for those as specified under sports activities section, and where any applicable additional premium has been paid).

- Losses arising from accidents on two wheeled motorized vehicles unless at the time of the accident the driver is duly qualified, is in possession of a current full driving license valid in the country where the vehicle is operated and, if you or your travel companion is the driver, a valid license for operating that class of vehicle in the driver's Country of Residence, and the driver and passenger are both wearing a safety crash helmet.
- Needless self-exposure to peril except in an attempt to save human life.
- The bankruptcy, negligence, default or insolvency of a travel agent, tour operator, Carrier, or accommodation provider.
- Errors or omissions in your booking arrangements, your failure to obtain appropriate visas and/or prevention of access by the government of a country into which you wish to enter.
- Any expenses incurred as a result of a Pre-Existing Condition, congenital and/or Chronic medical condition and any related treatment, repatriation, evacuation, or Emergency room expenses.
- More than one emergency evacuation and/or repatriation for any single medical condition of an Insured during the term of the Agreement, subject to a maximum of one year.
- Any costs or expenses not expressly covered by the servicing company Program and not approved in advance and in writing by the servicing company and/or not arranged by The Servicing Company. This exception shall not apply to emergency medical evacuation from remote or undeveloped areas when the servicing company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured.
- Any event occurring when the Insured is within the territory of his/her Usual Country of Residence.
- Any expenses for rest and recuperation following any prior accident, illness, or Pre-Existing Condition.
- Any expenses for medical evacuation or repatriation if the Insured is not suffering from a Serious Medical Condition, and/or in the opinion of the servicing company physician, the Insured can be adequately treated locally, or treatment can be reasonably delayed until the Insured returns to his/her Home Country or Usual Country of Residence.
- Any expenses for medical evacuation or repatriation where the Insured, in the opinion of the servicing company physician, can travel as an ordinary passenger without a medical escort.
- Any treatment or expenses related to childbirth, miscarriage or pregnancy.
- Any expenses incurred for emotional, mental or psychiatric illness and Panic Attacks.
- Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
- Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
- Any expenses related to the insured engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
- Any expenses related to the insured engaging in the commission of, or the attempt to commit, an unlawful act.
- Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
- Any expenses incurred as a result of the Insured engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution, or insurrection.
- Any hospital admission required for a diagnostic reason or for investigation.
- Any consultation for medical assessment or treatment not requiring hospitalization including medicines (pharmacy) and all outpatient medical treatment procedures.
- Any expenses in respect of the insured being more than 85 years old at the date of intervention.
- Any expense which is a direct result of nuclear reaction or radiation, regardless of any contributory causes, involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war.
- Teeth and gum treatment or surgery.
- Ambulance and any other Transportation expenses such as a Taxi and others.
- Any expenses or costs of all kinds of materials, prosthesis and/or orthosis replacing any functional or missing part of the human body.
- Cost of any walking or mobility aids and rehabilitation treatment.
- Work Related Accidents.
- Any medical expenses related to extraordinary natural phenomena such as landslides, volcanic eruptions and any other natural disasters.
- Pharmacy including OTC drugs, Vitamins, and other out-patient prescriptions.
- Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, and others).
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- All healthcare services & Treatments for In-Vitro Fertilization (IVF), embryo transport ovum and male sperm transport.
- Treatments and Services related to hepatitis and associated complications except hepatitis A.

- Medical services and associated expenses for organ and tissue transplants, irrespective of whether the insured is a donor or recipient.
- Internationally and locally recognized epidemics, pandemics, and endemics except COVID-19.
- Medical expenses related to motor vehicle accidents, pedestrian accidents, and any other type of traffic motor collision. Knowing that it should be covered under the involved car compulsory insurance.
- Any Investigational/Diagnostic Test not related directly to the main diagnosis.
- Any claim arising while the client holds supplementary, duplicate travel insurances.
- Any policy issued for the purpose of claim coverage.

General Conditions that apply to all Sections

- The insured must observe and fulfill all the terms and conditions of this insurance by completing anything to be done or complied with by him or anyone acting on your behalf.
- For In-Patient care, emergency repatriation or curtailment the Assistance Company must be notified within 48 hours of admission to hospital and, for curtailment, prior to departure back to the usual Country of Residence.
- That the insured uses Reciprocal Health Care Agreements where they are available. If in doubt he should contact the Assistance Company.
- The insured must immediately notify the insurance company in the event of any occurrence likely to give rise to a claim under this insurance in accordance with the instructions contained herein but in any event within 31 days of the end of his Trip.
- The insured provides at his own expense all certificates, information, and evidence required by the insurance company's appointed representatives or by the insurance company.
- That no person will admit liability or make any offer or promise of payment without by the insurance company's prior written consent.
- The insured acknowledge that the insurance company may at its own expense take action in the insured's name to recover compensation from a third party in respect of any payment made under this insurance and that any amount recovered shall belong to the insurance company.
- In the event of the insured's death, the insurance company shall have the right to have a postmortem carried out at its expense.
- The insured has read and accepted the cover provided by this insurance including its cover limits, terms, conditions, and exclusions. The insurance company will accept no liability arising from his failure to do so, or his failure to purchase this insurance with sufficient time prior to departure to do so.
- That the insured take all reasonable care to avoid or minimize any loss that might result in him making a claim under this insurance and he acts at all times as if this insurance were not in force.
- The insured may not transfer his interest in this insurance.
- The Law of the usual Country of Residence will apply if it is a legal requirement.
- In the event of a fraudulent claim being made by the insured or anyone acting on his behalf all cover under this insurance shall be forfeited.

Article 8. ELIGIBILITY

- The concerned Insured is eligible for the servicing company Program following calling The Servicing Company alarm center prior to hospital admission or Medical Assistance, cases shall be rejected if requested on reimbursement basis. In case insured applies for reimbursement, and after assessment of claim, The Insurance Company may ask for translated documents if not available and may accept on exceptional basis the claim, and will pay after Auditing the provided invoices, deducting the appropriate amount, and covering under Standard/ Regular Admission Class up to 75% of the approved amount (if the claim is eligible). The Insurance Company will reject any claim on reimbursement basis presented or followed up after 6 (six) months from the date of the incident mentioned in the claim.
- The maximum age of enrolment is 85 unless otherwise advised in writing by The Insurance Company.
- The Insured shall be eligible for Services when he/she travels outside the Usual Country of Residence.

Article 9. CANCELLATION

The contract can be cancelled:

- By the Insurance Company immediately, if any claim or declaration shall, in any way respect, be false or fraudulent means or devices are used by the insured or anyone acting on his/her behalf to assert rights to benefit. All benefit and premiums shall in such cases be forfeited.
- By the insured in case of cancellation of his/her trip abroad, provided the insured has notified the travel cover agent before the effective date specified in the application form or on the amendment, and has received confirmation of cancellation from the later.
- No refund is authorized if cancellation is required after the inception date.

Article 10. EXAMINATIONS

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

Article 11. ARBITRATION IN RESPECT OF MEDICAL OPINION

Any difference in respect of medical opinion in connection with the result of an accident or illness will be settled between two medical experts, one appointed by the insured and one appointed by the issuing company.

Any difference in opinion between the two medical experts shall be referred to the physicians who shall be appointed in writing by the two medical experts.

Article 12. COMPETENT JURISDICTION AND GOVERNING LAW

In case of dispute between the insured and the issuing company, parties are obliged to refer to the courts of the country of policy issuance if it is a legal requirement.

This contract shall be governed and construed in accordance with the laws of the country of policy issuance if it is a legal requirement.

CLAIM PROCEDURE

If you experience an incident during your trip that is covered by your travel insurance, take the necessary actions to address the situation. For medical emergencies, seek immediate medical attention.

- 1. Review your policy:** Start by thoroughly reviewing your travel insurance policy to understand what is covered, the limits, deductibles, and any specific requirements for making a claim. Make sure your claim falls within the scope of your coverage.
- 2. Call the assistance company:** As soon as you encounter an issue that might result in a claim, contact the assistance company. This could be due to medical treatment, trip cancellations, lost baggage, or any other covered incident. You will find the contact information for claims assistance below:

Zone	Phone Number
Europe & Turkey	00 90 212 800 6548
Worldwide	00 1 786 206 9925
South America	00 54 11 3989 3293
MENA (WhatsApp Chat available)	00 971 7 204 5090
MENA	00 971 7 204 5091
Lebanon	00 961 1 504 000
Lebanon (WhatsApp Chat available)	00 961 81 504 015

- 3. Gather evidence:** you'll need to gather supporting documentation to substantiate your claim. This may include medical reports, bills, invoices, proof of purchase, proof of travel (boarding passes, itineraries), and any other documents that demonstrate the circumstances of your claim.
- 4. Submit your claim:** Send all supporting documents to the assistance company. This can typically be done by mail or by phone. Be sure to keep copies of all the documents you send for your records.
- 5. Claims processing:**
 - a) In case the claim is on direct billing basis, we will contact the hospital directly to coordinate with them regarding the status, cost and coverage of your claim. Deductible might be applicable depending on your policy.
 - b) in case the claim is on reimbursement basis, we will review your claim and the supporting documents to determine its validity and the amount to be paid. This process can take some time, so be patient.
- 6. Resolution:** Once your claim is approved, COPE will coordinate with the insurance company where you will get reimbursed for the covered expenses in the same payment mode you settle the purchased policy with.

Policyholders are responsible for understanding the terms and conditions of their travel insurance policy, including covered incidents, exclusions, and claim limits. Claims must fall within the scope of the policy to be eligible for processing.

In case you wish to contact **Cope TS** claims, you may email us on: claims@cope-ts.com