

Article I. OBJECT OF THE AGREEMENT

Risks derived from medical and travel assistance policies issued by the Reinsured/Cedant to the extent of the amounts, Limits and exclusions contained in the Annexes hereafter enclosed, which will form an integral part of this agreement.

The Schedule of Benefits is attached in Annex 1.

A copy of the Reinsured/Cedant policy conditions is attached Annex 1, and the Reinsured/Cedant Company undertakes to communicate to the Reinsurer about any changes in the policy wording, which may affect the risks assumed by the Reinsurer.

Article II. PARTICIPATION OF THE REINSURER

The Reinsured/Cedant undertakes to cede to the Reinsurer, who is obliged to accept the below percentages of the medical and travel assistance policies Risks assumed by the Reinsured/Cedant which retain the rest of the percentage:

(100) % (Hundred percent) of the medical and travel assistance policies Risks assumed by the Reinsured/Cedant which retain (0) % (Zero percent).

The Reinsured/Cedant is obliged to cede to the Reinsurer the Net Reinsurance Premiums (Or Gross minus commission) in accordance with the conditions of this agreement.

The Reinsured/Cedant shall undertake to pay to the Reinsurer the Net Reinsurance Premiums of reference and bear its quote of share of Claims as per the above percentages.

Article III. CESSION CONDITIONS & REINSURER'S LIABILITY

The responsibility of the Reinsurer commences and expires with each Risk, at the same time and under the same conditions as those applying to the Reinsured/Cedant.

The cession will be in effect in accordance with the General & Specific Policy Conditions of the policies issued by the Reinsured/Cedant.

Any amendment in the Policy Conditions, must be previously accepted in writing by the Reinsurer via **CTS**. Otherwise, all claims arising from any modifications that the **Reinsurer/CTS** has not previously approved will be automatically rejected.

Article IV. THE REINSURER'S OBLIGATIONS

For the duration of this agreement, it is agreed that the Reinsurer's will provide through the Assistance Company and the Intermediary the Services to the Beneficiaries as provided herein and to the highest international standards commensurate with the reputation and standing of Reinsured/Cedant and the level of Service which Beneficiaries may reasonably expect.

a) Claims:

This shall include the following:

1. Provide the Services, supervise, handle and pay Claims worldwide in accordance with Article (II) and the General & Specific Policy Conditions.
2. Attend to the requests of the Beneficiary for issues related to the periods of cover even past the eventual expiry date of the same.
3. Undertake all necessary payments and recoveries.

b) Services Provision:

1. Put at the disposal of the Reinsured/Cedant's Insureds the necessary structure and organization to provide the Services mentioned in the General & Specific Policy Conditions of the medical and travel assistance policies issued by the Reinsured/Cedant, maintaining the same within the operational conditions and parameters of efficiency laid down by the Reinsured/Cedant.
2. Contract the Services of the Assistance Company and maintain 24 hours 7 days a week Call-Center in a fully operational manner guaranteeing the Services during the term of this Agreement.
3. Put in place the necessary agreements with suppliers and providers of Services such as hospitals as well as what is actually required to maintain the management of an assistance company at the maximum level of efficiency.

c) subcontracting:

The Assistance Company shall provide the Services under the terms of this Agreement directly or by means of subcontracting with other companies to provide the Services on its behalf.

In any event, the Assistance Company shall at all times remain responsible for rendering the Services in accordance with this Agreement and shall be directly liable to Reinsured/Cedant with regard to any breach of its obligations under this Agreement.

The Assistance Company will ensure that each Service Provider has suitable equipment and personnel to enable it to perform the Services as required by Reinsured/Cedant or Reinsured/Cedant Clients.

The Assistance Company shall make reasonable alternative arrangements with another subcontracting company or entity with reasonable additional cost to Reinsured/Cedant to provide the Services in any area covered by the objected Service Provider.

d) Logs & records:

Maintaining (during the term of this Agreement and for 3 months after the expiration of the last Policy covered under this Agreement) logs and records of each request for Services showing the time and nature of the request for the Services, time and description of action taken, and noting the final disposition of the matter.

Article V. THE REINSURED/CEDANT'S OBLIGATIONS

a) Communications.

1. Inform the Reinsurer/CTS of any modifications or changes in the General & Specific Policy Conditions that may affect the Risks assumed by the Reinsurer/CTS or alter the conditions, quantity, quality, or kind of Services that is required by Reinsured/Cedant to be provided by the Reinsurer/CTS.

Any alterations which may from time to time become necessary to this Agreement will be made by Addendum embodying such alterations as may be agreed upon and will be regarded as part of this Agreement and equally binding.

2. Make known to each Beneficiary the Benefits and provide them with a summary of the Service, Limits, conditions, and exclusions applicable to the Services.

b) Payments to the Reinsurer.

Pay the amounts owed to the Reinsurer/CTS as detailed in this Agreement on monthly basis.

c) Data Base & Documentation.

1. Data base:

The Reinsured/Cedant undertakes to furnish, electronically and/or any other communication tool, **CTS**, with its lists of in force policies issued, in order to maintain an up-to date listing of Insureds to whom Services are owed under the present agreement following to the integration held between the parties.

The Assistance Company will not be liable for the delays and quality of Services requested from those Insureds whose details are not found in the Data Base of in force policies.

Note:

The Assistance Company will provide the formats and instructions on how to send the database, including the web issuing facilitated by the Assistance Company.

2. Documentation:

The Reinsured/Cedant agree to provide, at the request of the Assistance Company, any documents in respect of any risk reinsured hereunder.

Notwithstanding the above, for all facultative offers, the proposal will be sent to the Reinsurer through the Assistance Company who will advise terms of acceptance before the risk is assumed by the Reinsured/Cedant.

a) Inspection of Books:

For as long as either Party remains under any liability hereunder, Reinsured/Cedant shall upon request by the Assistance Company, make available for inspection at any reasonable time by such representatives, as may be authorized by the Assistance Company for that purpose, all information and documentation relating to the business reinsured hereunder in Reinsured/Cedant possession or under its control, and the said representatives may arrange for copies to be made of any of the records containing such information as they may require.

b) Declaration

All Policies issued on CTS online portal by the Reinsured/Cedant and/or its sub users, shall be recorded immediately by CTS.

In Case Policies are issued manually, The Reinsured/Cedant shall send to CTS a recapitulative statement of the total number of Insured covered under each certificate, specifying their names, date of birth, zone of destination, the policy duration, as well as a certified statement of the total net premium written during the previous month and the share due to CTS.

All manual declarations should be delivered to CTS before the 3rd of each calendar month.

Such list shall be sent by e-mail to:

Email: falreiz@cope-ts.com

Article VI. CLAIMS AND ASSISTANCE SERVICES PAYMENTS

The Reinsurer will bear the percentages mentioned in **ARTICLE (II)** of the cost of the travel assistance policies Claims and the Reinsured/Cedant will bear the remaining percentage.

All justified benefits covered by this Agreement are considered part of claims settlement to the extent that they arise from a legitimate claim.

Event limit of **USD 500,000.-**

The Reinsurer will have the benefit of any eventual reimbursement of the guaranteed benefits in accordance with the General Policy Conditions.

In case of any judicial process arising from the travel assistance policy and promoted by an Insured of such policy and against the Reinsured/Cedant and/or the Reinsurer, both parties will share the legal expenses of such judicial process at the same percentage of the cession.

The judicial process must be coordinated by the Reinsurer through external legal advisors and will maintain fully informed at any time to the Reinsured/Cedant of the evolution of the process. The party who knows the existence on any judicial process must immediately inform the other party with all the existing information.

Claims will be settled on the following basis:

1. Reimbursement to Members:

An approved Claim Form will be sent from **CTS** to the Reinsured/Cedant to settle the claim to the member and reimburse directly from the Cedant accounts as mentioned in Article (II).

2. Direct Billing Arrangements with Providers:

Payment to Providers will be arranged by **CTS**. A debit note will be sent to the Reinsured/Cedant to pay the due amount to **CTS** on quarterly basis.

CTS will settle the claim directly to the provider on behalf of the Reinsured/Cedant.

Article VII.CURRENCY

All transactions in relation to this Agreement shall strictly be conducted in US Dollars.

Payment in US Dollars is of essence to this Agreement and the compensation and settlement of claims have been determined on that basis. Hence, all fees, expenses and claims shall be settled in US Dollars strictly, notwithstanding any laws or regulations that refer otherwise.

Article VIII. ACCOUNTS AND REINSURANCE PREMIUMS PAYMENT

The Reinsured will prepare and submit to the Reinsurer through **CTS**, the Reinsurance accounts setting out details of all items due under this Agreement within 30 (thirty) days of the close of each calendar quarter.

Should any discrepancies be revealed in the account, they will be investigated, and any necessary adjustments will be reflected in the next account.

Banking account details will be provided by **CTS**.

Important note:

No commissions, taxes, stamp duties or proportion of any procurement or other expenses will be paid by the Reinsurer to any of the Reinsured/Cedant.

Article IX. MINIMUM AND DEPOSIT

The Reinsured/Cedant under this agreement is not obliged to pay any lump sum as a minimum and deposit which stands as an advance reservation/ payment for Equivalent policies.

Article X. MODIFICATIONS, ERRORS, OR OMISSIONS

Any modification to this agreement and/or to the policy conditions (whether by addendum or correspondence), must be previously accepted in writing by the parties and shall be binding and shall be deemed to form a part of this agreement.

If any omission or error occurs, such omission or error will not affect the validity of this agreement and upon discovery the mistake will be rectified.

Article XI. GOOD FAITH

This Agreement is entered into in good faith and for the common benefit of all Parties who undertake to promote as far as is possible each other's interests.

Accordingly, neither Party shall be prejudiced, nor This Agreement invalidated by errors or omissions committed in good faith, but such errors or omissions shall be rectified as far as is possible as soon as is practicable following discovery.

Article XII. DURATION OF THE CONTRACT

This Agreement enters effect on **01/02/2024** for a duration of **one year** hereof and shall be automatically renewed unless one of the Parties notifies the other of its willingness not to renew.

The contract will remain in force until such time as one party gives to the other party **3 months** prior notice of cancellation.

It is understood that Provisional Notice of Cancellation is automatically tendered three months prior to inception by both the Reinsured and Reinsurers, unless otherwise advised by either party. A formal documentation will be issued by either party.

Article XIII. RENEWAL OF THE CONTRACT

All renewal information – statistics (claims and L/R) for current year + previous years / since inception as well as gross, cession and net profiles and bordereaux will be provided to leader Reinsurer, 4 weeks prior to renewal discussions.

Article XIV. CANCELLATION OF THE AGREEMENT FOR OTHER REASONS

Without prejudice to the previous clause, either party may cancel the agreement by registered letter sent **thirty days** in advance of the effective date of cancellation, if any of the following should happen with respect to the other party:

1. Failure to comply with this agreement in spirit or in deed for reasons not attributable to either party.
2. Insolvency, bankruptcy and suspension of payments, liquidation, loss or suspension of authorization to operate, or ensuing incapacity to pay its debts.
3. Total or partial loss of Paid-up Capital.
4. Merger with another company, so that effective control passes to the other entity.
5. Failure to comply with the obligations set out in this agreement.

6. Should the Government of the country of either party introduce any legal or statutory provision having the effect of prohibiting or rendering unlawful any of the provisions of this Agreement.

In such cases, the following form of cancellation will apply:

Each cession is cancelled on the date of cancellation of the agreement, and the portion of the net reinsurance premium corresponding to the unexpired period of Risk is rebated with the reinsurance accounts being made up to that date.

In all cases, the Claims outstanding on the date of cancellation of the agreement will be supervised and paid by the Reinsurer up to their final settlement as per Article (II).

Article XV. CONFIDENTIALITY

The parties hereby agree to respect and protect the confidentiality of this agreement including any and all information received pursuant to or in connection with this agreement, and neither are the parties to use it for any other purpose other than of this agreement, and not to reveal it to third parties without the written consent of the other party.

The Travel Assistance Scheme will have special protection under this clause. This obligation shall exist notwithstanding the termination of this contract.

Article XVI. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the Law of the country in which the original policy is issued which is Kuwait.

Article XVII. ARBITRATION

All matters of difference arising between the parties in relation to the interpretation and execution of this agreement will be resolved by the Arbitration Procedure established by the Legislation in force in the country of domicile of the Reinsured/Cedant.

Three arbitrators shall be designated from among the management of insurance and reinsurance companies.

Each one of the parties will nominate one arbitrator and both by mutual agreement will designate a third with a casting vote within a period of 15 days (fifteen), counting from the date of nomination of the first two arbitrators.

If one party is summoned by the other in order that it makes its designation of an arbitrator, and one month has elapsed without a designation being made, or the parties fail to agree on the designation of the third arbitrator, the other party may have recourse to a local judge to seek the judicial formalization to the commitment.

Arbitration will take place at the offices of the Reinsured/Cedant. The arbitrators will freely determine the Arbitration Procedure and will also determine the sharing of the costs of the Arbitration.

A decision must be reached within a period not exceeding **two months** from the date of the nomination of the last of the arbitrators.

Insofar as it falls outside of the terms of reference of the arbitrators, specifically in relation to the reclamation of settled payments resulting from this agreement, the parties will be subject to the

jurisdiction and competence of the “courts” at the domicile of The Reinsured/Cedant renouncing any local exemption.

Article XVIII. NOTICES TO THE REGISTERED OFFICE

Except as otherwise provided herein, any notice, invoice, report or other communication or request required hereunder shall be deemed to have been sufficiently given when deposited, prepaid, registered or certified mail or hand delivered, addressed to the recipient at its address set forth herein or to such other address as may be furnished in writing by the recipient.

Such notice shall also be dispatched by email, but such additional delivery is solely for the convenience of the Parties and not in lieu of the requirements stated above.

Article XIX. SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall 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 that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Article XX. SPECIAL CANCELLATION CLAUSE

Either party shall have the right to terminate this Agreement immediately by giving the other party notice:

1. If the performance of the whole or any part of this Agreement is prohibited or rendered impossible *de jure* or *de facto* in particular and without prejudice to the generality of the preceding words in consequence of any law or regulation which is or shall be in force in any country or territory or if any law or regulation shall prevent directly or indirectly the remittance of any payments due to or from either party,
2. If the other party has become insolvent or unable to pay its debts or has lost the whole or any part of its paid-up capital or has had any authority to transact any class of insurance the subject matter of this Agreement withdrawn, suspended or made conditional,
3. If there is any material change in the ownership or control of the other party,
4. if the country or territory in which the other party resides or has its head office or is incorporated shall be involved in armed hostilities with any other country whether war be declared or not or is partly or wholly occupied by another power or be in a state of civil war,
5. If the other party shall have failed to comply with any of the terms and conditions of this Agreement.

All notices of termination served in accordance with any of the provisions of this Article shall be by telex or any other means of instantaneous communication that provides a permanent record of such communication and shall be deemed to be served upon dispatch or where communications between the parties are interrupted upon attempted dispatch.

All notices of termination served in accordance with any of the provisions of this Article shall be addressed to the party concerned at its head office or at any other address previously designated by the party.

The Reinsurer shall remain liable for losses occurring or commencing up to and including the date of termination. Thereafter the liability of the Reinsurer shall cease outright other than so far as

outstanding claims are concerned. Liability for loss occurrences in progress at the date of termination is dealt with in accordance with the Extended Expiration Clause.

Article XXI. ESTIMATED PREMIUM INCOME

The estimated premium income that falls under this agreement for the year 2023 – 2024 is **USD xxx.**

Article XXII. RATES REVIEW

The company reserves the right to review rates on a quarterly basis if the LR exceed 50%.

Article XXIII. TERMINATION FOR FRAUD

This Agreement may be terminated immediately in the event of any act of fraud. Fraud shall be defined for purposes of this Agreement as a sale or delivery of Product to any person or entity without the knowledge or consent of the company. Fraud shall also include the falsifying the date or circumstances of any accident to get coverage, rate evasion and missing production.

PRODUCTS AND GENERAL TERMS

WORLDWIDE PLANS	SILVER	GOLD	PLATINUM
MEDICAL SERVICES & BENEFITS	LIMITS UP TO		
Emergency Medical expenses incurred during hospitalization	\$35,000	\$50,000	\$100,000
Emergency medical evacuation	\$10,000	\$20,000	\$1,000,000

Emergency medical repatriation	\$10,000	\$20,000	\$1,000,000
Transportation of mortal remains	\$10,000	\$20,000	\$1,000,000
Compassionate visit Ticket and Accommodation	\$1,000	\$2,000	\$3,500
Return of minor children/ Escort of minor child	\$1,500	\$2,000	\$5,000
Convalescence expenses	\$1,000	\$1,500	\$2,000
Dental emergency	\$300	\$600	\$1,000
Sea & Mountain Rescue	NA	NA	\$50,000
Loss of Passport or ID	\$100	\$150	\$200
Luggage Loss	\$200	\$750	\$1,500
Luggage Delay (over 4 hours)	\$100	\$300	\$750
Trip Cancellation per flight	\$200	\$750	\$2,000
Trip Curtailment - up to the Cost of Return Economy Ticket limited to	\$50	\$100	\$500
PERSONAL ACCIDENT - Death due to accident in common carrier	NA	NA	\$100,000
MEDICAL & TRAVEL ASSISTANCE		24H/7	

Family Cover: 2 Adults up to the age of 70 and 6 of their children under 18

WORLDWIDE PLANS	SILVER	GOLD	PLATINUM
PREMIUM CONDITION	RATE		
1D - 18 years	Standard ÷ 2		
19 years -70 years	Standard		
71 years -80 years	Standard x 2		
81 -85 (SILVER ONLY)	Standard x 3		

AGE	DEDUCTIBLE		
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	\$3,000	N/A	N/A
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ADDITIONAL BENEFITS	RATE
Waive Deductible (up to age of 70 years)	Standard rates x 1.15
Include Normal Sports Activities (up to the age of 70 years)	Standard rates x 1.5
*Maximum stay outside country of residence	92 days / stay

Article I. 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: Two adults who are husbands, wives or partners at the time of buying the policy; and covering 6 of their children under 18.
- **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.
- **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 overtime 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 amateur (details in Sports activities section) upon extending coverage as per policy's Table of Benefits.
- **Sum Insured** means the maximum aggregate payable for each insured under each section of this insurance as specified in the Table of Benefits.

Article II. 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 III. 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 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 IV. SERVICES & BENEFITS

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 or repatriation 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 degree of urgency, the Insured's fitness to travel, airport availability, weather conditions and travel distance in determining whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail or land vehicle.

Emergency medical repatriation

The servicing company will arrange for the return of the Insured to the Home Country or Usual Country of Residence by air and/or surface transportation following an in-hospital admission for a covered case.

The servicing company through its medical team reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the servicing company is aware at the relevant time, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

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.

Medical expenses incurred during hospitalization

In the event of sudden illness or injury of the adherent occurring outside the usual country of residence, 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.

Age	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	\$3,000	N/A	N/A

The deductible may be waived with the addition of an extra premium for users up to 70 years only and cannot be waived under any circumstances for above this age.

e) Medical expenses due to Covid-19

This policy will cover the user for reasonable usual and customary (UCR) medical costs and expenses under Regular/ Standard Admission Class which may be incurred consequent to the user's becoming infected with COVID-19 disease, while this policy is in force, but only in respect of In-hospital confinement provided that:

- For the purpose of this clause, COVID-19 disease shall be defined as a general and widespread sudden outbreak of an acute and severe infectious disease caused by Corona Virus as per the World Health Organization.
- Usual, reasonable and customary (UCR) is defined as treatment consistent with generally accepted standards of medical practice, procedures, and surgeries in destination country, in accordance with the Ministry of Health and the National Social Security guidelines for normal, usual & customary procedure and/or standard health sector practice.
- In Hospital confinement refers to any treatment that cannot be undergone under the Out of-Hospital services and is recommended by a recognized treating physician. Such confinement must be medically indicated by the treating Physician to diagnose or treat COVID-19 disease covered under this Policy.
- ICU/Severe: these cases need admission to ICU with intubation and respirator, and the average length of stay is 25 days.
- Step Down/Moderate Cases: these cases need admission to intensive care with isolation, but no intubation and no respirator. Usually, it needs 14 days average length of stay.
- Ward/ Mild cases: if admitted to hospital, needs isolation with an average length of stay of 2 days for any new policies issued by the Insurance Company for the new Policyholder and/or Insured

The "medical expenses" benefits provided under our plan can be claimed if COVID-19 is suspected or detected. In this particular context, "experimental" treatments, meaning medically-prescribed treatments being tested by doctors to treat this disease, will of course be covered as no cure has yet been found.

The cover is granted:

- If the person got infected by corona virus during his stay at the stated country, after presenting a positive PCR result.
- If the destination airport requires a mandatory PCR on arrival, then the person should present a negative PCR in order to be covered. If the PCR test is not mandatory, 72 hours waiting period is required.

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.

Return of minor children

If an Insured has minor children (not yet 18 years old, unmarried and in school) who are left unattended as a result of a Insured's injury, illness or medical evacuation, the servicing company 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.

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.

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.

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.

Loss of Passport / Travel Documents

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

Luggage Loss

The 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 on loss of business goods or samples or equipment of any kind.
- Money, jewelry, debit and credit cards, any type of missing documents/ items is excluded from this guarantee.

Luggage Delay

In case the insured's registered luggage is temporarily lost during his trip and if not delivered within the 12 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.

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.

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.

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 V. 24/7 Assistance

Telephone medical advice

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

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.

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.

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.

Medical translation service

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

Delivery of essential medicine

The 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.

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).

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.

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.

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.

Emergency interpreting assistance

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

Embassy referral

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

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 VI. ADDITIONAL BENEFITS

Sports/Adventure

The following amateur sports/adventure activities 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 VII.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 cost of all kind of materials, prosthesis and/or orthesis 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 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 post mortem carried out at its expense.
- The insured has read and accepted the cover provided by this insurance including its cover limits, terms, conditions and exclusions. the insurance company will accept no liability arising from his failure to do so, or his failure to purchase this insurance with sufficient time prior to departure to do so.
- That the insured take all reasonable care to avoid or minimize any loss that might result in him making a claim under this insurance and he acts at all times as if this insurance were not in force.
- The insured may not transfer his interest in this insurance.
- The Law of the usual Country of Residence will apply if it is a legal requirement.
- 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 VIII. 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 IX. CANCELLATION

The contract can be cancelled:

- By the Insurance Company immediately, if any claim or declaration shall, in any way respect, be false or fraudulent means or devices are used by the insured or anyone acting on his/her behalf to assert rights to benefit. All benefit and premium shall in such case be forfeited.
- By the insured in case of cancellation of his/her trip abroad, provided the insured has notified the 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 X. 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 XI. 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 syndicate of physicians who shall be appointed in writing by the two medical experts.

Article XII. 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.