

CLAIMS PROCEDURE

Fidelity Assurance & Reinsurance CO. SAL has assigned M/S COPE TS as its Servicing Provider and Assistance Company. COPE TS operates on a 24/7 basis. In the event of a claim, the Insured/Beneficiary may contact them either by Phone or via email as per the following Contact Information:

Zone	Phone Number
Europe, Turkey & MENA	00 90 212 800 6548
MENA	00 971 7 204 5091
MENA - (WhatsApp Chat available)	00 971 7 204 5090
Worldwide	00 1 786 206 9925
MENA & Worldwide	00 971 56 522 7288
South America	00 54 11 3989 3293
Lebanon (Nextcare)	00 961 1 504 000
Lebanon (Nextcare) - (WhatsApp Chat Only)	00 961 81 504 015
Lebanon (La Medicafe)	00 961 3 865 724

E-mail Address: claims@cope-ts.com

Inbound Travel Policies Hospital Network:

For Inbound Travel Policies with Lebanon as a destination, the following Hospitals are excluded from the Network:

- American University of Beirut Medical Center (AUH)
- Bellevue Medical Center (BMC)
- Clemenceau Medical Center (CMC)
- University Medical Center - Rizk Hospital (LAU)

Reimbursement Claims Processing:

- The Insured/Beneficiary is responsible for gathering all supporting documentation that substantiate the claim as per the list of documentation provided below.
- All supporting documents should be sent as soft copies to the Assistance Company on the email address mentioned above while keeping original copies of all the documents sent as the Insurance Company reserves the right to claim them whenever deemed necessary.
- The time frame to submit documents for reimbursement should not exceed the period of three months as of claim's occurrence date.
- It is to note that Reimbursement Claims are settled at 75% of the Total Invoice amount paid by the client.

CLAIMS DOCUMENTATION

CLAIM NATURE	REQUIRED DOCUMENTS
Medical Claims	Copy of policy
	Copy of passport and entry stamp
	Detailed medical report (translated if needed)
	Detailed hospital invoices (translated if needed)
	Receipts
Luggage delay	Copy of policy
	Copy of passport and entry stamp
	Copy of ticket
	Luggage tag
	Formal document from airline describing the delayed luggage and the time of delay
	Formal document from airline that luggage was retrieved and the retrieved date
Luggage loss	Receipts of essential items purchased during the loss date.
	Copy of policy
	Copy of passport and entry stamp
	Copy of ticket
	Luggage tag
	Formal document from airline describing the lost luggage, the loss date and that luggage was not retrieved after 21 days
Formal document from airline if compensation was made	

Loss of Travel Documents	Copy of policy
	Copy of passport and entry stamp
	Police report within 48 hours after the loss
	Formal document issued to replace the lost one
	Receipt of the substituting document
Quarantine Expenses/ Change in Ticket	Copy of policy
	Copy of passport and entry stamp
	Positive PCR result
	2 negative PCR results before departure and upon arrival (if available)
	Detailed invoices and receipts for hotel accommodation/ house rental and meals
	Copy of cancelled ticket and receipt of new ticket
Loss of Credit Card	Copy of policy
	Copy of passport and entry stamp
	Police report within 48 hours after the loss describing the accident
	Formal letter from the bank
Trip Cancellation	Copy of policy
	Copy of passport
	Old and new tickets
	Formal/ Medical Document mentioning the reason for cancelling the trip
	Receipts of pre-paid charges including ticket, hotel accommodation and others
Flight Delay	Copy of policy
	Copy of passport
	Old and new tickets
	Formal document from airline mentioning the hours and the reason for delay
	Receipts of meals, accommodation, essentials, and others during the delay time
Trip Curtailment	Copy of policy
	Copy of passport and entry stamp
	Old and new tickets
	Formal/ Medical Document mentioning the reason for cutting the trip
	Receipts of pre-paid charges including ticket, hotel accommodation and others
Other type of claims	Follow the policy's general conditions

1. SCHEDULE OF BENEFITS

A. MEDICAL SERVICES AND BENEFITS

PLATINUM PLAN

Medical expenses incurred during hospitalization including COVID-19	\$300,000
Emergency medical evacuation and repatriation	Actual cost up to the limit under ME
Repatriation of mortal remains	Actual cost up to the limit under ME
Quarantine expenses due to COVID-19 (up to 14 days)	\$80
Compassionate visit Ticket and Accommodation (Up to 5 consecutive days)	\$1,000
Return of minor children/ escort of minor child (One way - Economy Class Ticket)	Actual cost
Dental emergency	\$750
Sea and mountain rescue Expenses	\$25,000

B. TRAVEL ASSISTANCE SERVICES

PLATINUM PLAN

Loss of travel documents (Passport, Driving License, ID)	\$300
Loss of credit card	\$1,000
Luggage Loss (Up to 40 kg)	\$30 with a maximum of \$1,200
Luggage delay (over 4 hours)	\$500
Flight delay (over 4 hours)	\$200
Trip cancellation per flight (up to 70 years old)	\$5,000
Trip curtailment (up to 70 years old)	\$1,000
Legal assistance	\$5,000
Advance of bail bond	\$10,000
Personal Liability/Material Damage & Bodily Injury	\$25,000

C. PERSONAL ACCIDENT

PLATINUM PLAN

Death/Total Permanent Disability/Partial Permanent Disability	\$25,000
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D. MEDICAL AND TRAVEL ASSISTANCE (24/7)	PLATINUM PLAN
Telephone Medical Advice	FREE SERVICE
Medical Service Provider Referral	
Arrangement of Hospital Admission	
Monitoring of Medical Condition during and after hospitalization	
Medical Translation Service	
Delivery of Essential Medicine	
Inoculation and Visa requirement information	
Lost Luggage assistance	
Interpreter Referral	
Emergency Traveling Service Assistance	
Emergency Interpreter Assistance	
Embassy Referral	
Emergency Document Delivery	

2. DEDUCTIBLE

APPLICABLE FOR MEDICAL EXPENSES

Up to 70 Years Old	NIL
71 Years - 75 Years	250
76 Years - 79 Years	1,000
80 Years - 81 Years	1,500
82 Years - 85 Years	2,000
86 Years	3,000

3. SPECIAL CLAUSE

Covid-19 Coverage - Special Condition	Medical Expenses due to Covid-19 are granted if the Beneficiary got infected at least 72 hours after arrival to destination.
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4. AREA OF COVERAGE

- 1- Worldwide including USA, Canada, Australia & Japan
- 2- Worldwide excluding USA, Canada, Australia & Japan

GENERAL TERMS AND CONDITIONS

SERVICES & BENEFITS

1. Emergency medical evacuation

The assistance 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 assistance 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 Assistance 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.

2. Emergency medical repatriation

The assistance 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 assistance 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 assistance company is aware at the relevant time, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

3. Transportation of mortal remains

The assistance 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:

- 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.
- Not due to any preexisting condition as expressly stipulated hereunder:

A Known or Unknown pre-existing Condition means any illness, disease, injury, complication, or related condition that existed prior to the policy effective date, whether or not medical treatment or advice was previously sought.

Example of Excluded Conditions include **but are not limited to**:

Complications arising from previous surgeries, Stroke, Heart attack, Ischemic Heart Disease, Hypertension and all related complications, Cancer, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease, Liver Disease, Diabetes and all related complications, and any other Chronic, recurring or long term illness.

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

Emergency care is covered under travel insurance when it is required immediately to prevent serious health risks or death.

Once the emergency is under control, any follow-up or non-urgent treatment (even if related to the same issue) is considered outpatient care and is not covered unless specified in your policy..

c. Outpatient care

Outpatient treatment is not covered by travel insurance.

However, if you need emergency care due to a sudden illness or accident, the treatment you receive in the emergency room (ER) may be covered - if it is required immediately to eliminate any life-threatening condition.

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.

5. 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.

6. Quarantine Expenses due to Covid-19

If the insured, after a positive PCR test, was sent to compulsory quarantine while the policy is in force, an amount of cash will be provided to the insured as stated in the schedule of benefits for each complete 24 hours of quarantine up to a maximum of 14 days upon providing the extra paid invoices for accommodation and meals for reimbursement.

The amount is paid on top of any of the insured's existing medical benefits.

No benefits will be paid once the insured has left the quarantine outside his usual country of residence and if the treatment of the illness is not a direct or indirect consequence of Covid-19 disease.

7. 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.

8. 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.**

9. 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 emergencies 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 is listed in the Limits and Exclusions in the policy wording.

10. Sea & Mountain Rescue

The assistance company will arrange for transporting the Insured when in a serious medical condition to the nearest hospital where appropriate medical care is available. The assistance 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 Assistance Company.

11. Loss of 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 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.

12. Loss of Credit Card

Coverage granted for the transactions that are made fraudulently by a third party using your credit or debit card after it has been stolen during the journey. The Insurance Company will only cover the expenses incurred due to fraudulent activity with the card(s) during the 24 hours prior to notification to the police and card issuers of the loss or theft.

Special exclusions for this section:

- For an amount that can be recovered by someone or somewhere else.
- Where you did not report the card as lost or stolen to the police and your credit / debit card company as soon as you discovered it or within 24 hours, whichever is sooner.
- For cash contained in the lost or stolen wallet.
- For cards that have expired, been cancelled, or withdrawn.
- For any transaction made by another person insured, relative or travelling companion.
- Stolen cards which have been left unattended in a public place or in an unlocked vehicle.
- For any person insured under the age of 16 years.

13. Luggage Loss (up to 40 KG)

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.

14. 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.

15. 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.

16. Trip Cancellation (up to 70 years old)

The Insurance Company shall indemnify the insured in respect of any irrecoverable (from any other 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.

17. Trip Curtailment (up to 70 years old)

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.

18. Legal Consultancy expenses

In case of a legal debate, the insurance company will offer legal assistance advice to the insured.

The insured is covered up to the amount stated in the Schedule for legal costs and expenses incurred by him or his legal representative in pursuit of a claim for compensation and/or damages from a third party who causes his injury or death during the Trip, provided that the insurance company has complete control of the proceedings and of the selection, appointment, and control of all legal advisers.

Exclusion Applicable to This Section:

- Any costs or expenses incurred by the insured for any claim brought against a tour operator, travel agent, Carrier, the servicing company, or the insurance company.
- Any costs or expenses incurred before the granting of the insurance company's support which it will not unreasonably withhold. The insurance company reserves the right to withdraw at any stage and shall not then be liable for any further expenses.
- Any incident reported to the insurance company more than 180 days after the event occurs which gives rise to such claim.
- Any claim where the insurance company considers the prospects of success in achieving a reasonable settlement are insufficient and/or where the insurance company considers the laws, practices and/or financial regulations of the country where the incident occurred or where the claim is brought will preclude the insurance company from obtaining a satisfactory settlement.

19. Advance of Bail Bond

This cover consists of providing the bail bond required by judicial authorities to guarantee provisional release from custody on an Insured Person following a contravention or infringement without willful intent of current statutory and administrative provisions of the visited country up to the limit established in the particular conditions, the necessary amount to be made available as an advance.

The insured shall refund to the insurance company the amount of the bail bond that has been advanced as follows:

- As soon as it is returned in the event of cancellation of the proceeding or acquittal.
- Within 15 days of the court decision which becomes enforceable if a sentence is passed.
- In all cases, within three months from the date of payment.
- Business Samples: We will pay up to the amount shown in the benefit table in total for your business samples that are damaged, stolen, lost, or destroyed on your journey.

20. Personal Liability

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

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

Exclusions to personal liability:

The insurance company will not pay for liability:

- Arising out of the insured's trade, business, or profession.
- For injury to an employee arising out of, or in the course of, their employment by the insured.
- Arising out of an unlawful, willful, or malicious act by the insured.
- Arising out of the insured's ownership, possession, or use (including as a passenger) of a mechanically propelled vehicle or any aircraft or watercraft.
- Arising out of the insured's passing on an illness or disease to another person.
- Arising out of the insured's participation in snow sports and activities, except those activities the insured has purchased that option for an additional premium, and it is noted on the Certificate of Insurance.

21. Personal Accident Benefit

The insured is covered for the full amount stated in the Schedule if during the Trip he sustains accidental bodily injury, caused solely and directly by accidental external violent and visible means, and such bodily injury within 12 months of the accident is the sole and direct cause of the insured's:

- Death; or
- Loss of sight – meaning the complete and permanent loss of sight in one or both eyes; or
- Loss of limb(s) – meaning the loss of a hand or foot by permanent physical severance at or above the wrist or ankle or total and permanent loss of use of a hand or foot; or
- Permanent total disablement – meaning disablement which entirely prevents you from engaging in, or attending to, any occupation whatsoever for at least 12 months after the date of the accident causing the disablement and at the expiry of that period being beyond hope of improvement.

Special Condition: If an Insured Person is under 16 years of age at the date of issue of the Schedule, the amount payable in respect of death will be limited to 80% of the amount stated in the Schedule.

24/7 ASSISTANCE

1. Telephone medical advice

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

2. Medical service provider referral

The assistance 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 assistance 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 assistance company will assist such Insured in the hospital admission.

4. Monitoring of medical condition during and after hospitalization

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

10. Emergency traveling service assistance

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

12. Embassy referral

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

13. Emergency document delivery

The assistance 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 arranged basis. The assistance company shall not be responsible for any third-party expenses, which shall be solely the Insured's responsibility.

ADDITIONAL BENEFITS

Sports/Adventure

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	Elephant or Camel rides/trekking (1 day)	Canoeing/kayaking/white water rafting (inland, grades 5-1)
Fishing/Angling (inland or coastal waters within 10km)	Go karting*	Golf
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)
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)	Snorkelling	Squash
Surfing	Tennis	Water polo
Water skiing (excluding jumps)	Windsurfing	Yoga
Zorbing Swimming	Ski	Football

*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.

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 circumstances 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 known or unknown 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 assistance company Program and not approved in advance and in writing by the assistance company and/or not arranged by The assistance 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 assistance 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 assistance 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 86 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.

ELIGIBILITY

- The concerned Insured is eligible for the Assistance company Program following calling The Assistance 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 86 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.

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.

EXAMINATIONS

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

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.

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.

PREMIUM PAYMENT CLAUSE

It is hereby declared and agreed that the policy premium is in Fresh USD Currency. It should be settled in full fresh USD, within a period of 30 days from Policy issuance date, unless an alternative premium installment schedule is agreed upon, superseding the payment facility. In its turn Fidelity shall settle covered claims in Fresh USD in accordance with this policy's terms and conditions.

SANCTION LIMITATION CLAUSE

This policy is subject to sanction screening. If any sanction detection is being identified, then, the Company shall hold the right to cancel the insurance coverage and refrain from paying any liable claims linked to it.

The Company shall not provide cover, neither be liable to pay any claim, nor provide any benefit hereunder should the insured(s) and/or beneficiary(ies) and/or any third party that has or may have a benefit in the risk insured or any claim related to it be listed on any sanctions list or to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions / United Nations Security Council or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America, Federal Republic of Germany, Switzerland and / or any other applicable national sanction laws or regulations.