## TABLE OF BENEFITS

<table>
<thead>
<tr>
<th>TRAVEL INSURANCE FOR VISA SIGNATURE CARDHOLDERS - UAE</th>
<th>Maximum Benefit Amount / Limit of Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Personal Accident Benefits (Common Carrier)</strong></td>
<td></td>
</tr>
<tr>
<td>Personal Accident</td>
<td>Adult:</td>
</tr>
<tr>
<td></td>
<td>International Trips: USD 500,000</td>
</tr>
<tr>
<td></td>
<td>Domestic Trips: USD 50,000</td>
</tr>
<tr>
<td></td>
<td>Children:</td>
</tr>
<tr>
<td></td>
<td>USD 5,000</td>
</tr>
<tr>
<td>Accidental Death</td>
<td>100% of the Benefit Amount</td>
</tr>
<tr>
<td>Permanent Partial Disability due to Accident</td>
<td>% of the Benefit Amount as per scale</td>
</tr>
<tr>
<td>Permanent Total Disability due to Accident</td>
<td>100% of the Benefit Amount</td>
</tr>
<tr>
<td><strong>B. Medical and Related Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Expenses</td>
<td>USD 150,000</td>
</tr>
<tr>
<td>Dental Expenses USD 10,000</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>USD 100 Domestic Trips USD Nil International Trips</td>
</tr>
<tr>
<td>Emergency Repatriation Expenses</td>
<td>USD 500,000</td>
</tr>
<tr>
<td>Hospital Benefit</td>
<td>USD 50 per day up to USD 1,500</td>
</tr>
<tr>
<td>Return of Mortal Remains / Burial Expenses</td>
<td>USD 5,000</td>
</tr>
<tr>
<td><strong>C. Travel Inconvenience Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Trip Cancellation/Curtailment</td>
<td>USD 5,000</td>
</tr>
<tr>
<td>Personal Property</td>
<td>USD 1,000</td>
</tr>
<tr>
<td><strong>Single Article Limit</strong></td>
<td>USD 150</td>
</tr>
<tr>
<td><strong>Valuables Limit in Total</strong></td>
<td>USD 150</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>USD 50</td>
</tr>
<tr>
<td>Trip Delay</td>
<td>USD 42 per hour up to USD 1,000</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>4 Hours</td>
</tr>
<tr>
<td>Baggage Delay</td>
<td>USD 42 per hour up to USD 500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>4 Hours</td>
</tr>
<tr>
<td>Hijack</td>
<td>USD 25 per day up to USD 500</td>
</tr>
<tr>
<td>Emergency Family Repatriation</td>
<td>Economy Return Flight</td>
</tr>
<tr>
<td>Emergency Child Repatriation</td>
<td>Economy Flight</td>
</tr>
</tbody>
</table>

Each Benefit Amount or Limit of Liability contained within the Table of Benefits is in United States Dollars (USD). Payment of claims will be made in local currency where required by law.
EMERGENCY ASSISTANCE

In case of an emergency, call:
24 Hours Assistance Department
+971 (4) 253 6024 (Arabic, French, English)

For information on how to submit a claim, please refer to How to Make a Claim

International SOS Services

International SOS will provide various medical and travel assistance Services to the Cardholder. Those Services provided directly by International SOS are covered under this Policy. Where a third party, such as a Physician or courier, is utilised the provision of such Services is at the expense of the Cardholder, unless such costs are covered under the terms of this Policy.

Telephone assistance
If contacted International SOS will provide medical advice to the Cardholder by telephone, including information on inoculation requirements for travel. International SOS will also provide information on travel visas. It must be noted that any such advice is inevitably limited by the circumstances and International SOS cannot be held liable for errors

Service Provider referral
If contacted, International SOS will provide to the Cardholder contact details for medical or legal service providers, including physicians, dentists, lawyers, legal practitioners, interpreters, hospitals and other relevant persons or institutions. In such cases, whilst International SOS exercises care and diligence in selecting the providers, it does not provide the actual advice and is not responsible for the advice given or the outcome thereof. Further, unless the cost of the provision of the actual Services by third parties is covered by this Policy, they must be borne separately by the Cardholder.

Medical Monitoring
In the event of a Cardholder requiring hospitalisation, International SOS will, if required, monitor the Cardholder’s medical condition during and after hospitalisation until the Cardholder regains a normal state of health, subject to any and all obligations in respect of confidentiality and relevant authorisation.

Cardholder support
In the event that International SOS is contacted to report a lost or stolen Card or for account queries, International SOS shall contact the Policyholder’s customers service line as soon as practicable.
Guarantee of Payment
If covered under the terms of this Policy, International SOS will guarantee or pay any required hospital admittance deposit on behalf of a Cardholder.

Third Party Services
In the event of an emergency where, either the Cardholder cannot be adequately assessed by telephone for possible evacuation, or the Cardholder cannot be moved and local medical treatment is unavailable, International SOS will, send an appropriately qualified medical practitioner to the Cardholder. International SOS will not pay for the costs of such Services unless covered under the terms of this Policy.

International SOS will arrange to have delivered to the Cardholder essential medicine, drugs, medical supplies or medical equipment that are necessary for a Cardholder’s care and/or treatment but which are not available at the Cardholder’s location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. International SOS will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof unless covered under the terms of this Policy.

HOW TO MAKE A CLAIM

Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.

Making a claim
In the event of a medical emergency or if Your claim relates to travel You should call the Assistance Department who are available 24 hours a day at:

+971 (4) 253 6024 (Arabic, French, English)

For all other claims please email our Claims Helpline at visa@broadspire.eu

You will need to provide:
- Your name,
- First 9 digits of Your covered card number
- Your address, and
- The section under which you wish to make a claim, and
- Brief details of Your claim.

We ask that You notify us within 90 days of You becoming aware of an incident or loss leading to a claim and You return Your completed claim form and any additional information to us as soon as possible.
Additional Information
You must supply all of Your original invoices, receipts and reports etc. You should check the section under which You are claiming for any specific conditions and details of any supporting evidence that You must give Us.

It is always advisable to keep copies of all the documents that You send to us.

Claims Handling Agents
To help Us agree a quick and fair settlement of a claim, it may sometimes be necessary for Us to appoint a claims handling agent.

Payments
The Insurer shall make the payments to Eligible Cardholders. Payment of any indemnity shall be subject to the laws and governmental regulations that are in effect in the country of payment.

Where allowable by law, benefit for Loss of Life is payable to the Cardholder designated by the Insured Person. If there has been no such designation, then payment of claim will be to the Insured Person’s first surviving Cardholder as follows:

a) Spouse;
b) Children, in equal shares;
c) Parents, in equal shares;
d) Brothers and sisters, in equal shares; or
e) Executor or administrator or equivalent person in the Cardholder’s Country of Residence

All other benefits will be paid to the Insured Person or other appropriate party where necessary. Payment of any indemnity shall be subject to the laws and governmental regulations then in effect in the country of payment.

Sanctions
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 the (re)insurer, to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws or regulations of the European Union, United Kingdom, national law or United States of America.

Governing Law
This Policy, its eligibility and Policy are to be interpreted according to the laws of United Arab Emirates. Any dispute will be subject to the jurisdiction of the competent courts of United Arab Emirates.
GENERAL DEFINITIONS

For the purpose of this policy, the following definitions shall apply unless the context otherwise requires:

**Accident**: a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring during a Covered Trip.

**Assistance/Assistance Provider/Assistance Service**: International SOS (means International SOS Assistance (UK) Ltd, Building 4, Chiswick Park, 566 Chiswick High Road, London, W4 5YE, United Kingdom) or (Assistance Centre to be specified dependant on territory of the risk.)

**Benefit Amount / Limit of Liability**: the maximum amount payable under any single cover per Cardholder during a Covered Trip.

**Checked Baggage**: a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

**Child or Children**: the Eligible Cardholders’ son or daughter, biological offspring and stepchildren and directly and biologically related children born outside of marriage aged above 6 months and under eighteen (18) years of age (or under twenty three (23) years of age if a full time student), unmarried and primarily dependent on the Insured Person for support.

**City of Residence**: the city in which the Insured Person currently resides.

**Common Carrier**: any land, water or air conveyance operated under a valid license for the transportation of passengers for which the Eligible Cardholder has purchased a ticket with the Eligible Card or for which has been purchased with points earned by a Rewards Program associated with the Eligible Card.

**Country of Residence**: the country in which the Insured Person legally reside

**Covered Medical Expenses**: expenses incurred overseas by You for services and supplies which are recommended by an attending Physician.

**Covered Trip**: an Insured Person’s land, sea or air travel arrangements for a scheduled tour, trip or cruise pre-paid with the Eligible Card provided that at least 50% of the cost of transport and/or accommodation for the trip has been charged to the Eligible Card. Any trip solely within the Country of Residence is covered only if You have pre-booked at least two nights’ accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation for a fee. Covered Trip will be from the departure date to the return date as shown on the ticket purchased with the Eligible Card subject to a maximum of 90 days. This
will include planned and pre-paid domestic trips from the Insured Person’s City of Residence. A reference to Trip shall mean a Covered Trip.

**Deductible**: the amount of expenses or the number of days of each and every Loss payable by the Insured Person before the Policy benefits become payable.

**Eligible Card**: Visa Signature Cardholders’ cards issued from time to time in the individual countries within the Territory.

**Eligible Cardholders or Cardholders**: Cardholders aged between 18 years and 80 years with Eligible Cards that are valid, open and in good standing (not cancelled, suspended or delinquent) at the time of purchase of Covered Trip who shall be entitled to receive payment or such other benefit as is provided for in this Policy.

**Emergency Evacuation**: (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, Your medical condition warrants transportation to Your current place of residence to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

**Equipment Failure**: any sudden, unforeseen breakdown in the Common Carrier’s equipment that caused a delay or interruption of normal trips.

**Family**: a Spouse and up to 5 Children

**Hijacking**: the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which the Insured Person is travelling as a passenger.

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

**Immediate Family Member**: a person’s legal spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward.; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in The Country of Residence.
**Inclement Weather:** any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

**Injury:** a bodily Injury caused solely and directly by violent, accidental, external and visible means resulting directly and independently of all other causes occurring during a Covered Trip while this Policy is in effect.

**Inpatient:** an Insured who is confined to a Hospital for whom a room and board charge is made.

**Insured Events:** an occurrence which is outlined in the Coverage benefits as a circumstance for which coverage is provided that takes place during a Covered Trip.

**Insured Person(s)/ You / Your:** Eligible Cardholders and their “Family” including secondary or additional cardholders aged between 18 years and 80 years on the same account, in individual country within the Territory and where such Eligible Card is issued by a participating Issuer. Eligible Cardholders should be residents of United Arab Emirates. “Family” can be resident of other countries but not of Afghanistan, Iraq, Cuba, Democratic Republic of Congo, Iran, Liberia, Sudan, and Syria. Sanctions clause applies.

**Insurers/ We/ Us / Our:** Emirates Insurance Company PSC, Emirates Insurance. Building, Al Zahiya (Tourist Club Area), P.O.Box 3856, Abu Dhabi, United Arab Emirates.

**Issuer:** a bank or financial institution or like entity that is authorized by VISA to operate a VISA credit or debit card program in the Territory and is participating in the Travel Insurance offering to Eligible Cardholders.

**Medically Necessary:** medical services or supplies which: (a) are essential for diagnosis, treatment, or care of the covered loss under the applicable benefit for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; and (c) is ordered by a Physician and performed under his or her care, supervision, or order.

**Personal Property:**
1. Any suitcase, trunk or container of a similar kind and its contents;
2. Valuables;
3. Any other article worn or carried by an Insured Person; that is not otherwise excluded and which is either owned by an Insured Person or for which an Insured Person is legally responsible.

**Physician:** a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the country where such professional services are performed; however, such definition will exclude chiropractors, physiotherapists, homeopaths, and naturopaths. In addition,
a member of the Insured Person's immediate family cannot be considered a Physician.

**Policy:** this Travel Insurance, which is issued to the Policyholder to cover Eligible Cardholders who hold Eligible Cards issued in the individual countries within the Territory

**Policyholder:** Visa International Service Association ("Visa")

**Pre-existing Condition:** a condition for which medical care, treatment, or advice was recommended by or received from a Physician within a two year period preceding the Covered Trip, or a condition for which hospitalization or surgery was required within a five year period preceding the Covered Trip.

**Prevented from taking the Trip:**
(i) With regard to Sickness, Injury or Death of an Insured Person, a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Cardholder cancels the Trip. The Insured person must be under the direct care and attendance of a Physician.
(ii) With regard to Sickness, Injury or Death of the Immediate Family Member of a Cardholder, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the Trip.

**Reasonable Additional Expense:** any expenses for meals, travel, and lodging which were necessarily incurred and which were not provided by the Common Carrier or any other party free of charge.

**Reasonable and Customary Charges:** a charge which:
(a) is charged for treatment, supplies or medical services medically necessary to treat Your condition;
(b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
(c) does not include charges that would not have been made if no insurance existed.

**Rewards Program:** a program offered by the Issuer allowing the Cardholder to earn value (points, cash, etc.) and redeem rewards (merchandise, travel, etc.) on the Eligible Card.

**Sickness:** an illness or disease which first manifests itself and is contracted while this Policy is in effect requiring treatment by a Physician.

**Spouse:** Eligible Cardholders’ legally married husband or wife between the ages of eighteen (18) years and eighty (80) years.

**Strike** - any labour disagreement which interferes with the normal departure and
arrival of a Common Carrier.

**Table of Benefits:** Travel Insurance benefits and Benefit Amounts as shown on the first and second pages.

**Territory:** United Arab Emirates.

**Terrorism:** the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy. Terrorism shall also include any act which is verified or recognized as an act of terrorism by the government where the event occurs.

**Transportation:** any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

**Travel Insurance:** Policy offering Travel benefits, as stated under Table of Benefits, which are offered to the Cardholders by Insurers

**Unable to continue the Trip:**
(i) With regard to Sickness, Injury or Death of an Insured Person, a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Cardholder interrupts the Trip. The Insured Person must be under the direct care and attendance of a Physician.
(ii) With regard to Sickness, Injury or Death of the Immediate Family Member of a Cardholder, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must interrupt the Trip.

**Valuables**
Cameras and other photographic equipment, telescopes and binoculars, audio/video equipment (including radios, iPods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, computers and computer equipment (including PDAs, personal organisers, laptops, notebooks, netbooks, iPads, tablets and the like), computer games equipment (including consoles, games and peripherals), jewellery, watches, furs, leather goods, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals and any other item worth USD 2,500 or more.
War: any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
COVER

The Insurers will indemnify Cardholders for the following Insured Events resulting from Covered Trips, subject to the Benefit Amounts declared in the Table of Benefits.

A. PERSONAL ACCIDENT BENEFITS (COMMON CARRIER)

Accidental Death
Permanent Partial Disability due to Accident
Permanent Total Disability due to Accident (Including Loss of Sight or Hearing)

If Injury to You occurs while on a Common Carrier and results in one of the losses shown in the Table of Losses below, we will pay the indicated percentage of the Benefit Amount. Injury must occur while You are riding as a passenger in or on, boarding or alighting from, a Common Carrier. The loss must occur within 365 days of the date of the Accident which caused Injury.

If more than one loss results from any one accident, only one amount, the largest, will be paid.

What is Covered

Personal Accident Benefits (Common Carrier)

<table>
<thead>
<tr>
<th></th>
<th>Adult:</th>
<th>International Trips: USD 500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Domestic Trips: USD 50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>USD 5,000</td>
</tr>
<tr>
<td></td>
<td>Children:</td>
<td></td>
</tr>
<tr>
<td>Accidental Death</td>
<td>100% of the Benefit Amount</td>
<td></td>
</tr>
<tr>
<td>Permanent Partial Disability due to Accident</td>
<td>% of the Benefit Amount as per scale</td>
<td></td>
</tr>
<tr>
<td>Permanent Total Disability due to Accident</td>
<td>100% of the Benefit Amount</td>
<td></td>
</tr>
</tbody>
</table>

Table of Losses

<table>
<thead>
<tr>
<th>Loss</th>
<th>% of Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>Either Hand or Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>Either Hand or Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>
If the Injury occurred while travelling internationally on a Common Carrier, the Benefit Amount is up to a maximum of USD 500,000. Where the cardholder under local law is permitted to have more than one Spouse, it is hereby noted that should more than one Spouse suffer Injury the maximum payable will be USD 500,000. If the aggregate amount of all benefits payable under this Policy in respect of Spouses exceeds that amount the benefit payable for each Spouse shall be proportionately reduced until the total of all benefits does not exceed USD 500,000.

If the Injury occurred while travelling domestically outside the City of Residence on a Common Carrier, the Benefit Amount is up to a maximum of USD 50,000. Where the cardholder under local law is permitted to have more than one Spouse, it is hereby accepted that should more than one Spouse suffer Injury the maximum payable will be USD 50,000. If the aggregate amount of all benefits payable under this Policy in respect of Spouses exceeds that amount the benefit payable for each Spouse shall be proportionately reduced until the total of all benefits does not exceed USD 50,000.

"Loss" with regard to:
   a. Hand or foot means actual severance through or above the wrist or ankle joints;
   b. Eye means entire and irrecoverable loss of sight;
   c. Thumb and index finger means actual severance through or above the joint that meets the hand at the palm; and
   d. Speech or hearing means entire and irrecoverable loss of speech or hearing of both ears

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting for a Cardholder from being unavoidably exposed to elements due to an Accident occurring while riding as a passenger in or on, boarding or alighting from, a Common Carrier, will be considered as an Injury and indemnity shall be payable as if resulting from an Injury. Loss must occur within 365 days of the date of the Accident.

What is not covered
1. Medical or surgical treatment except as may be necessary solely as a result of Injury.
2. Death or Injury received due to direct participation in any act of Terrorism.
B. MEDICAL & RELATED BENEFITS

Emergency Medical Expenses

What is Covered
We will pay up to the amount shown in the Table of Benefits in respect of the usual Reasonable and Customary Charges for Covered Medical Expenses, sustained by You provided such Covered Medical Expenses did not relate to or occur due to any Pre-existing Condition. All expenses must be incurred within 52 weeks of the date of the covered Injury or Sickness. Covered Medical Expenses include the following;

a. charges for services of a Physician including diagnosis, treatment and surgery by a Physician;
b. charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital’s average charge for a semi-private room and board accommodation;
c. charges for anaesthetics (including administration), x-ray examinations or treatments, and laboratory tests, medical, the use of radium and radioactive iso-types, oxygen, blood transfusions, iron lungs and medical treatment;
d. charges for ambulance service;
e. charges for dressings, drugs, medicines, and therapeutic services and supplies that can only be obtained upon a written prescription of a Physician or surgeon; and
f. charges for emergency dental treatment for the alleviation of sudden pain only resulting from injuries sustained to natural teeth subject to a maximum of $100 per tooth.

The charges enumerated above shall in no event include any amount which is in Deductible of Reasonable and Customary charges.

Reasonable and Customary means the charge for the services and supplies for which the charge is made if it is not in Deductible of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Sickness or Injury in connection with which such services and supplies are received.

If the charge incurred is in Deductible of such average charge, such Deductible amount shall not be recognized as Covered Expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

What is not covered
1. Services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved, and certified as Medically
Necessary by a Physician;
2. Routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician;
3. Elective, cosmetic, or plastic surgery, except as a result of an accident;
4. Dental care, except as a result of Injury to sound natural teeth caused by Accident while this Policy is in effect;
5. Congenital anomalies and conditions arising out of or resulting there from;
6. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; acne, deviated septum, including sub mucous resection and/or other surgical correction thereof;
7. Organ transplants that competent medical professionals consider experimental
8. Child care costs following your admittance to Hospital
9. Expenses which are not exclusively medical in nature.
10. Private hospital or medical care within the Country of Residence where public funded services or care is available.
11. Any expenses incurred in City of Residence.
12. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing;
13. Treatment provided in a government hospital or services for which no charge is normally made;
14. Mental, nervous, or emotional disorders or rest cures; and/or
15. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices.
16. Any incurred Medical expenses incurred as a direct result of terrorist activity unless such incurred costs are as a result of being innocently caught up in such action.
17. Benefits will not be provided for any loss or expense incurred after or upon return to Your City of Residence.
18. Deductible of USD100 on Domestic Trips Nil on International Trips

HOSPITAL BENEFIT

What is Covered
We will pay a per day benefit, up to the maximum stated in the Table of Benefits, if it becomes Medically Necessary for You to be admitted as an Inpatient in a Hospital due to Injury or Sickness that occurs outside Your City of Residence and commences while this Policy is in effect. The confinement must be recommended by a Physician.
What is not covered
1. Any admittance as a result of a Pre-existing Condition;
2. Any Hospitalization in Your City of Residence;
3. Any Hospitalization as a result of Pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction;
4. Routine physical exams;
5. Cosmetic or plastic surgery, except as a result of Injury; and/or
6. Any mental or nervous disorder or rest cures.

EMERGENCY REPATRIATION EXPENSES

What is Covered
We will pay up to the amount in the Table of Benefits in respect of usual Reasonable and Customary Charges for covered expenses if incurred outside Your City of Residence should Injury or Sickness result in Your necessary Emergency Evacuation.

Any Emergency Evacuation must be ordered or recommended by the Assistance Department or a Physician who certifies that the severity or the nature of Your Injury or Sickness warrants Your Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) arranged and authorized in advance in accordance with the procedures set out on pages 2 and 3.

RETURN OF MORTAL REMAINS / BURIAL EXPENSES

What is Covered
We will pay benefits up to the maximum amounts as stated in the Table of Benefits for covered expenses reasonably incurred to return Your body to Your City of Residence if You die outside of Your City of Residence. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) Transportation.
C. TRAVEL INCONVENIENCE BENEFITS

TRIP CANCELLATION
We will pay for loss of non-recoverable travel deposits and/or accommodation deposits up to the maximum amount as stated in the Table of Benefits if, prior to the contracted date of departure, Your Trip is cancelled and You are Prevented from taking the Trip due to Sickness, Injury or Death to an Insured Person or an Immediate Family Member.

What is Covered
We will reimburse You for the unused, non-recoverable cancellation portion of the Hotel cost and/or the Common Carrier ticket cancellation charges up to the maximum amount stated in the Table of Benefits, provided that You booked and paid for these costs before such Sickness, Injury or Death occurred. In case of Your Death, We will indemnify Your estate.

Special Notification of Claim
You / Your Cardholder must notify us as soon as reasonably possible in the event of a Trip Cancellation. We will not be liable for any additional penalty charges incurred that would not have been imposed had You notified us as soon as reasonably possible.

What is not covered
1. Claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose;
2. Claims arising from elective cosmetic or plastic surgery, except as a result of an accident;
3. Claims arising from pregnancy and all related conditions.
4. Claims arising from any Pre-existing Condition

TRIP CURTAILMENT

What is Covered
We will pay for loss of deposits up to the maximum amount stated in the Table of Benefits if prior to the contracted date of return Your trip is cancelled and You are unable to continue to the Trip due to Sickness, Injury or Death to an Insured Person or an Immediate Family Member.

INTERUPTION

What is Covered
We will reimburse You for the unused, non-refundable, cost of travel arrangements pre-paid to the Hotel and/or the Common Carrier ticket, less the value of applied credit from unused return travel ticket, to return home or re-join the Land/Sea Arrangements. This benefit is limited to the cost of one-way economy airfare by scheduled carrier and is subject to the Benefit Amount stated in the Table of Benefits.
EMERGENCY CHILD REPATRIATION

What is Covered
In the event, You are travelling alone with a minor up to 15 years old and You are unable to continue the Trip due to a Sickness, Injury or Death resulting in the minor being left unattended, We will pay the cost of a round trip economy airfare ticket in a scheduled carrier from Your Country of Residence for an adult designated by You / Your family to accompany the minor back to Your Country of Residence.

These expenses must be authorized in advance by the Assistance Provider.

Special Notification of Claim
You must notify us as soon as reasonably possible in the event of a trip interruption claim. We will not be liable for any additional penalty charges incurred that would not have been imposed had You notified us as soon as reasonably possible.

What is not covered
1. Claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose;
2. Claims arising from elective cosmetic or plastic surgery, except as a result of an accident;
3. Claims arising from pregnancy and all related conditions; and / or
4. Any known event that would increase the likelihood of curtailing the Trip
5. Claims arising from any Pre-existing Condition.

PERSONAL PROPERTY

What is Covered
We will reimburse the Insured Person, subject to any Deductible, up to the Benefit Amount as stated in the Table of Benefits for the replacement cost of the baggage /or Personal Property due to theft, loss or damage:
1. By a Common Carrier while You were a ticketed passenger on the Common Carrier during the trip.
2. During Your Covered Trip and subject to the baggage or Personal Property being owned by and accompanying You during the Covered Trip.
   a. Single article limit USD 150
   b. Valuables up to USD 150 in total

Specific Conditions
a. The Benefit Amount payable in respect of any one single article shall not exceed the Benefit Amount shown on the Table of Benefits;
b. We may make payment or, at Our own discretion, We may elect, reinstate, or repair articles not older than one year;
c. We may at our own discretion elect to reinstate or repair more than one year old articles or make payment subject to due allowance of wear and tear and depreciation;
d. Loss or damage must occur:
   i. while the baggage or Personal Property is/are in a hotel or a
      Common Carrier and proof of such loss must be obtained in writing
      from the hotel management or the Common Carrier management
      and such proof must be provided to Us; or
   ii. as a result of theft of the baggage or Personal Property provided that
       such Loss is reported to the police having jurisdiction at the place
       of the Loss no more than twenty-four (24) hours from the time of the
       incident. Any claim must be accompanied by written
       report/documentation from such police;

e. The Insured Person must take every possible step to ensure that the baggage
   or Personal property is not left unattended.

f. Benefits for baggage and Personal Property will be subject to a Deductible
   equal to the amount of all other valid and collectible insurance. If, at the
   time of any Loss, there is another valid and collectible insurance in place,
   We will only be liable for the amount which has not been covered by such
   insurance. We will pay for the difference between the Benefit Amount and Loss
   amount subject to a Deductible for the amount payable under any other valid
   and collectible insurance in place.

g. Benefits for baggage and Personal Property will be subject to a Deductible
   equal to the amount paid or payable by a Common Carrier or other third
   party responsible for the Loss.

h. In case of Loss to a pair or set, the Insurer may elect to:
   i. Repair or replace any part, to restore the pair or set to its value
      before the Loss; or
   ii. Reimburse the difference between the cash value of the property
       before and after the Loss.

What is not covered
We will not be liable to reimburse any Benefit Amount for:

1. The following classes of property: animals, birds, fish, motor vehicles
   (including accessories), snow skis, household furniture, antiques, contact or
   corneal lenses, artificial teeth or limbs, hearing aids, music instruments,
   perishables, consumables, money, securities, tickets or documents;

2. Any motorised vehicle or equipment such as, boats, motors, trailers,
   motorcycles, or other conveyances or their accessories (except bicycles while
   checked as baggage with a Common Carrier);

3. Loss or damage caused by wear and tear, gradual deterioration, moths,
   vermin;

4. Damage sustained due to any process to repair, clean or alter any property;

5. Loss of or damage to hired or leased equipment;

6. Loss of or damage to property resulting directly or indirectly from
   insurrection, rebellion, revolution, civil war, usurped power, or action taken by
   government authorities in hindering, combating or defending against such an
   occurrence, seizure or destruction under quarantine or customs
   regulation, confiscation by order of any government of public authority or
   risk of contraband or illegal transportation or trade, radioactive
contamination;
7. Loss or damage to laptop computers recoverable under another insurance or from another source;
8. Loss of Insured Person baggage left unattended in any vehicle or public place or as a result of the Insured Person failure to take due care and precautions for the safeguard and security of such property;
9. Loss of the Insured Person’s baggage, souvenirs or articles sent in advance or mailed or shipped separately;
10. Loss of business goods or samples;
11. Loss of data recorded on tapes, cards, discs or otherwise;
12. Inherent vice or damage;
13. Transporting contraband or illegal trade;
14. Mysterious disappearance that cannot be reasonably explained or validated;
15. Insects or vermin;
16. Loss or Damage due to the consequences of terrorism.
17. The deductible as shown in the Table of Benefits

TRIP DELAY

We will reimburse You for the Reasonable Additional Expenses, per 1hr of delay, after an initial deferred Deductible time of 4 hours, up to the maximum amount in the Table of Benefits;

What is Covered
1. delay of a Common Carrier caused by Inclement Weather or
2. delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your Trip; or
3. delay caused by Equipment Failure of a Common Carrier.
4. delay due to loss or theft of travel tickets, passports, and visas.

What is not Covered
1. Any delay due under points 1,2,3, and 4 above which had been made public or known to You prior to the purchase of the ticket.
2. Common Carrier caused delays where the cost of expenses is recoverable from the carrier.
3. Loss not reported to the police within 24 (twenty four) hours after the discovery of such Loss.

BAGGAGE DELAY

What is Covered
We will reimburse You after a minimum of 4 hours delay for the expense of the emergency replacement of clothing, medication, and toiletries, up to the maximum stated in the Table of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier.
**Special Conditions applicable to Baggage Delay**
You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

If upon further investigation it is later determined that Your Checked Baggage with the Common Carrier has been lost, any amount claimed and paid to You under this baggage delay Policy section will be deducted from any payment due You under the Personal Property Policy section.

**What is not covered**
1. No reimbursement will be made, if purchases were made after the baggage was returned.
2. No reimbursement will be made for any expense incurred due to delay, confiscation, or detention by customs or other authority.
3. No reimbursement will be made for any delays that occurred when You arrive at Your City of Residence

**HIJACK**

**What is Covered**
We will pay You a distress allowance for every 24 hour period during Your travel with a Common Carrier which has been hijacked, where as a direct consequence, Your Covered Trip has been disrupted up to the maximum amount stated in the Table of Benefits.

**EMERGENCY FAMILY REPATRIATION**

**What is Covered**
If You are hospitalized for more than 5 days following a covered hospitalization during the Covered Trip, We will reimburse You up to the amount stated in the Table of Benefits for:

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

These expenses must be authorized in advance by the Assistance Service. Benefits will not be provided for any expenses provided by another party at no cost to You or if expenses are already included in the cost of the Trip.
GENERAL EXCLUSIONS

This Policy does not cover:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power;
3. any act of Terrorism;
4. any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Policyholder, shall return the pro rata premium for any such period of service;
5. loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a Physician;
6. any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person,
7. any loss sustained while flying in any aircraft or device for aerial navigation as pilot or crew;
8. congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except to sound natural teeth as occasioned by Injury
9. bacterial infections except pyogenic infections which are caused by an accidental wound;
10. flying in any aircraft owned, leased or operated by or on behalf of an Insured Person or any member of an Insured Person's household,
11. driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving;
12. any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus);
13. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination;
14. the dispersal or Application of pathogenic or poisonous biological or chemical materials;
15. the release of pathogenic or poisonous biological or chemical materials;
16. any loss sustained while the Insured person is participating in any professional sports, winter sports, or in sky diving, parachuting, hand gliding, bungee jumping, scuba diving, mountain climbing, pot-holding;
17. any Pre-existing Condition or congenital anomalies or any complication arising therefrom;
18. any Sickness, disease, illness and any complications arising therefrom, unless specifically covered in the Policy;
19. travelling against the advice of a Physician;
20. any terrorist or member of a terrorist organization, illegal drug traffickers, or purveyor of nuclear, chemical or biological weapons;
21. travel in, to through Afghanistan, Iraq, Cuba, Democratic Republic of Congo, Iran, Liberia, Sudan, or Syria.
22. Any loss caused by or resulting from nuclear radiation or the release of nuclear energy.

COMPLAINTS PROCEDURE

We are dedicated to providing a high quality service and want to maintain this at all times. If You are not happy with Our service, please contact Us, quoting the first 9 digits of your card number and/or claim number, so we can deal with the complaint as soon as possible. Our contact details are:

Emirates Insurance Company PSC, Emirates Insurance. Building, Al Zahiya (Tourist Club Area), P.O.Box 3856, Abu Dhabi, United Arab Emirates.

In the event that You remain dissatisfied, You can refer the matter to The Insurance Authority. Their contact details are:

The Insurance Authority
Complaints section
Complaints section Manager

Telephone: 80042823
Fax: +971 25572111
Email: Complaints@ia.gov.ae

DATA PROTECTION AND MARKETING RIGHTS

The Personal Information You provide
Emirates Insurance Company PSC is the data controller and We accept fully Our responsibility to protect the privacy of customers and the confidentiality and security of Personal Information entrusted to Us.

In this notice, where We refer to Personal Information, this means any information that identifies an individual and includes any sensitive Personal Information (e.g. information about health or medical condition(s)). Where We refer to ‘You’ or ‘Your’ Personal Information, this will include any information that identifies another person whose information You have provided to Us (as We will assume that they have appointed You to act for them). You agree to receive on their behalf any data protection notices from Us.

We will use Your Personal Information for the purpose of providing insurance services. By providing Personal Information, You consent that Your Personal Information, will be used by Us, Our group companies*, Our reinsurers and their affiliates*, Our service providers/ business partners, and Our agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of Our business operations. We may also
pass Your Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires us to do so.

We will not share Your sensitive Personal Information unless We have either specific consent from You or Your nominated personal representative or We are required to do so by law. We may transfer Your Personal Information to other countries which may not have the same level of data protection as your home country, but if We do, We will ensure appropriate safeguards are put in place to protect Your Personal Information.

For questions regarding Your Personal Information, please contact:-

Emirates Insurance Company PSC, Emirates Insurance. Building, Al Zahiya (Tourist Club Area), P.O.Box 3856, Abu Dhabi, United Arab Emirates.

**Marketing**

Unless You have informed Us otherwise, We may contact You to let You know about any goods, services or promotions that may be of interest to You. If You decide You would prefer not to receive promotional information from Us, You can contact:-

Emirates Insurance Company PSC, Emirates Insurance. Building, Al Zahiya (Tourist Club Area), P.O. Box 3856, Abu Dhabi, United Arab Emirates.

, but if You do, You may miss out on special promotions.

*Our reinsurers and their affiliates are the Chubb Group of companies, wholly owned subsidiaries of the ultimate parent company, Chubb Limited, a company registered in Switzerland and listed on the New York Stock Exchange.*