

Travel Protect Elite

Providing travel assistance services

Are you facing an emergency case and in need of assistance?

You can immediately contact the assistance team

24 hours/365 day

This **policy** is for Egypt **Residents** who travel from their **country of residence** Egypt.

This **policy** does not cover claims relating to **pre-existing medical conditions**.

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|--|--|
| <p>For COVID-19 related claims:</p> <p>Phone: +971 4 270 8705 Email: COVID19assistance@nextcarehealth.com WhatsApp: 971 56 358 9937</p> | <p>For 24-hour emergency medical assistance:</p> <p>Phone: +971 4 270 8705 Email: travel.emergency@nextcarehealth.com WhatsApp: +971 56 216 4563</p> |
| <p>For non-medical related claims:</p> <p>Phone: +971 4 270 8705 Email: travel.claims@nextcarehealth.com WhatsApp: +971 56 216 4563</p> | <p>Open a claim online</p> <p>https://travelclaims.tatsh.com/index.aspx</p> |

Note

Contact should always be made with the 24-hr **emergency** medical assistance line if **you** are hospitalized or where medical costs are likely to exceed **US\$ 250**. Failure to do so may mean that **you** will not receive the correct level of treatment or **your** claim may not be paid.

This **policy** includes the (COVID-19) cover under **emergency** medical expenses and related benefits.

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Travel Protect Elite Policy Table of Benefits

The following is the table of benefits of Travel Protect Elite policy. You should read the rest of this policy for the full terms and conditions.

| Travel Protect Elite | | |
|---|-----------------------------------|------------|
| Benefits (limit / person) | Cover limit | Deductible |
| Section 1. Assistance | | |
| Emergency Medical Expenses (including COVID-19 Cover). | \$100,000 | Nil |
| Transportation and accommodation expenses in case you are hospitalized for more than 5 days | \$125 per day (Max.\$1,250) | Nil |
| Emergency Family Travel | 1 X Economy ticket | Nil |
| Emergency dental care expenses | \$1,000 (\$150 max per tooth) | Nil |
| Accommodation costs related to COVID-19 quarantine: If diagnosed with COVID-19 | Up to \$ 75 per day (Max 14 days) | Nil |
| Repatriation of Mortal Remains | Incurred expenses | Nil |
| Funeral Cost | \$7,000 | Nil |
| Hospital Cash | \$500 | Nil |
| Section 2. Personal Possessions | | |
| - Valuables (including Laptop and mobile) | \$400 | \$50 |
| - Single item, pair or set limit | \$280 | |
| Personal Possessions | \$1,000 | |
| Delayed Personal Possessions | \$50/ 4 hours (Max.\$500) | 4 hours |
| Section 3. Personal Accident | | |
| - Death (including common carrier) | \$25,000 | Nil |
| - Loss of sight or limb | \$20,000 | |
| - Permanent total disablement | \$25,000 | |
| Section 4. Travel Inconvenience | | |
| Trip Cancellation/Curtailment | \$2,500 | Nil |
| Delayed Departure | \$50 / 4 hours (Max \$500) | 4 hours |
| Missed Departure | \$100 | Nil |
| Loss of travel documents | \$300 | Nil |
| Personal Money | \$500 | Nil |
| Section 5. Personal Liability | | |
| Personal Liability | \$50,000 | Nil |

Important information

Thank **you** for taking out travel insurance with Allianz Insurance Company-Egypt.

Your certificate of insurance shows the sections of the **policy** cover available, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should call **us** on telephone **UAE +971 4270 8705** or via WhatsApp +971 56 216 4563 or through the online Claims Center through the following link:

<https://travelclaims.tatsh.com/index.aspx>

❖ **The insurer/Insurance Company**

Your travel Insurance is underwritten by Allianz Insurance Company-Egypt.

❖ **How your policy works**

Your policy and **certificate of insurance** is an agreement between **you**, Allianz Insurance Company-Egypt and **us**. **We** will pay for any claim **you** make provided it is covered by this **policy** and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **insured person**. **Your policy** does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of **bold** print throughout the **insurance policy**.

❖ **Telling us about relevant facts**

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, including but not limited to:

- The health of a **close relative** who is not travelling with **you**, but whose health may affect **your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or
- **Your** redundancy.

If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

❖ **Travel Protect Elite Cancellation rights**

- **You** can request to cancel the policy and get refunded of insurance premiums only in the following cases:

- If the embassy of the country to which **you** are travelling requires that **you** get an **insurance policy** for the purposes of obtaining a visa, and **you** were unable to get the required visa, then **you** should inform **us** within 48 hours from receiving **your certificate of insurance** or at the inception date of the **policy** whichever comes first, and return all **your** documents along with a written refusal letter from the concerned embassy.
- If the embassy of the country to which **you** are travelling does not require that you get an **insurance policy** for the purposes of obtaining visa, then you should submit a written cancellation request and return all your documents within 48 from receiving **your certificate of insurance** or at the inception date of the policy whichever comes first,

You should call **us** on telephone **UAE +971 4270 8705** or via WhatsApp +971 56 216 4563 or through the online Claims Center through the following link:

<https://travelclaims.tatsh.com/index.aspx>

- The **insurer** may cancel the **policy** at any time by means of a letter sent by post and without resorting to court if the **insured person** in bad faith conceals something or submits an incorrect statement in a way that reduces the importance of the insured risk or leads to a change of its subject matter, or if the **insured person** fraudulently breaches its obligations. The **company** hereby has the right to claim any amounts paid by the **company** to the **insured person**, and the **company** is entitled to the full **policy** premiums up to the date of cancellation. If any of the information is found to be incorrect or the **insured person** gives the **company** wrong or incomplete information, unintentionally or without a bad faith, then the **company** shall be entitled to cancel this **policy** and the **company** hereby has the right to claim any amounts paid by the **company** to the **insured person** in return for refunding the insurance premium paid by the **insured person** or refunding part of the insurance premium to the extent that the **company** does not bear a risk, in accordance with the provisions of Article 928 of the Egypt Civil Law.
- Insurance premiums are not refunded if:
 - **You** or any other person covered by the **insurance policy** traveled within the 48-hour period of receiving your **insurance policy** or the inception date of the **insurance policy**, whichever comes first.
 - **You** have made a claim or intend to make a claim;

❖ **Data protection**

Information about **your** policy may be shared between **us**, Allianz Insurance Company -Egypt, the reinsurers or any member of Allianz Travel Group for insurance purposes.

You should understand that the sensitive health status information and other information **you** provide will be used by Allianz Insurance Company- Egypt, **us**, **our** representatives (if appropriate), our reinsurers, other insurers and industry governing bodies and regulators to process **your** policy, handle claims and

prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **your** information is held securely.

Your information will not be shared with others for marketing purposes. **You** have the right to access **your** personal records.

❖ **Governing law**

This policy will be in Arabic. The policy will be governed by the law of the Egypt.

❖ **The Rights of Others**

This **policy** is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this **policy** shall be constructed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this **policy**.

Definition of words

When the following words and phrases appear in the **policy** document or **certificate of insurance** they have the meanings given below. These words are highlighted by the use of **bold** print.

| Word | Definition |
|------------------------------------|---|
| Accident | An unexpected event caused by something external and visible, which results in physical bodily injury. |
| Accommodation expenses | Additional hotel expenses following a covered event, except for all expenses related to food and beverages |
| Geographical Areas of cover | <ul style="list-style-type: none"> - Worldwide including - United States of America, Canada and the Caribbean - Worldwide excluding - United States of America, Canada and the Caribbean - Europe: Albania, Andorra, Austria, Belgium, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldavia, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Spain, United Kingdom, Serbia and Montenegro, Slovenia, Sweden, Switzerland, Ukraine, - Middle East: Bahrain, Cyprus, Egypt, Iraq, Kingdom of Saudi Arabia, Kuwait, Lebanon, Qatar, Sultanate of Oman, Syria, Turkey, United Arab Emirates. - Schengen countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. |
| Beneficiary | The person who initially acquired the rights of the insurance policy or legally transferred to him. In case of death of the insured person , the beneficiary herein shall be the legal heirs of the insured person . |

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| Business associate | Any person in your country of residence that you work closely with, whose absence from work means that the director of your business needs you to cancel or curtail your journey and return earlier than scheduled time due to emergency circumstances. |
| Certificate of insurance | The document issued by the insurer that is used to verify the existence of your Travel Insurance policy . |
| Insurance Policy | It is the insurance policy that is made and entered into by and between the insurer and the insured person which includes the policy terms, obligations, liabilities and rights of the parties or the rights of the beneficiary and any appendix to this policy |
| Departure point | The airport where your journey from your country of residence to your destination begins and where the final part of your journey back to your country of residence begins. |
| Doctor | A legally qualified doctor holding the necessary certification in the country in which they are currently practicing, other than you or a close relative . |
| Emergency | Medical condition resulting from sickness or accident and requiring emergency hospital admission, and for which delay in treatment beyond the next official working day may lead to a significant and permanent deterioration in the life and health of the insured person , his bodily functions and/or damage to one of his organs. |
| Excess | The deduction we will make from the amount payable under this policy for each insured person , for each section, for each claim incident. |
| Funeral Expenses | Up to the amount shown in the table of benefits of your insurance policy for reasonable cost, we will pay either the expenses of transporting your body or ashes to your country of residence or the expenses for your funeral, in the place where you die outside your country of residence . |
| Your Country of Residence | Your usual place of residence in Egypt, which is the place where you reside. |
| Incapacitating Agents | A factor that produces temporary physiological and/or mental effects, rendering individuals unable to exert a concerted effort in the performance of their assigned duties. |
| In - patient | A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay. |
| Insurance Company/ Insurer | Allianz Insurance Company- Egypt |
| Journey | <p>A trip that takes place during the period of insurance which begins when you leave home or place of work (whichever is later) and ends when you get back home, to a hospital or nursing home or place of work in your country of residence, whichever is earlier.</p> <ul style="list-style-type: none"> • For single trip cover <ul style="list-style-type: none"> - You will only be covered if you are aged 70 or under at the date your policy was issued unless you have paid the appropriate additional premium to be covered over 70 years old. - Trips within your country of residence are not covered. - Any other trip which begins after you get back is not covered |

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| Medically Necessary | A service or treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the person insured's condition or the quality of medical care rendered. |
| Out – patient / Day - patient | A patient who attends hospital and discharged the same day. |
| Pair or set | A number of items of personal possessions (not including Ski Equipment) that belong together or can be used together. |
| Period of insurance | <p>Single trip cover</p> <ul style="list-style-type: none"> • Trip cancellation cover mentioned in the table of benefits of your insurance policy (outbound trip) begins from the issue date shown on your Certificate of Insurance and ends at the beginning of your journey. The cover for all other sections starts at the beginning of your journey and finishes at the end of your journey or at the expiry date of your policy, whichever occurs earlier. |
| Personal Possessions | All of your suitcases, and similar containers (including their contents) and articles worn or carried by hand (including your valuables). |
| Pre-existing medical condition | <p>A pre-existing condition means:</p> <ul style="list-style-type: none"> • An ongoing medical or dental treatment or dental condition of which you are aware or related complication you have, or the symptoms of which you are aware • A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to policy issuance. • Any condition for which you take prescribed medicine or see a medical specialist. • Any condition for which you have had surgery |
| Close relative | Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, fiancé, partner, son (in-law), daughter (in-law), step child, foster child, grandparent or grandchild, uncle, aunt, step brother, step sister. |
| Pandemic | An epidemic that is recognized as a pandemic by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination |
| Epidemic | A contagious disease recognized by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination. |

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|-------------------------------------|---|
| Quarantine | Mandatory confinement of a maximum of 14 days, intended to stop the spread of a contagious disease to which Insured Person has been exposed. |
| Resident | A Egypt citizen or a person residing in the Egypt travels from and back to Egypt. |
| Travelling companion | Any person that has booked to travel with you on your journey . |
| Terrorism / Act of Terrorism | <ul style="list-style-type: none"> ❖ Taking into account the definition of Terrorism Financing contained in Article 2 of the of the applicable Law on Anti-Money Laundering and Terrorism Financing, Terrorism is a loss, damage, cost or expense of whatsoever nature resulting from or having a direct or indirect relationship with any directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. ❖ An act of terrorism means, for example, but not limited to, acts of force, violence and/or threatening any person or group of people, whether they represent themselves or on behalf of or in contact with any organizations or governments, as these acts are committed for political, religious, ideological purposes or for the same purposes, including the intention to influence any government and/or scare the public or any public sector.. |
| Valuables | Jewelry, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, laptop, television, fax and phone equipment, MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes. |
| We, our, us | NEXtCARE and Allianz Travel which administers the insurance on behalf of the insurer . |
| You, your, insured person | The person who signed the policy with the insurer and each person shown on the certificate of insurance , for whom the appropriate insurance premium has been paid. |

24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or **accident** abroad where **you** have to go into hospital or **you** may have to return to **your country of residence** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **US\$250**. If **you** are claiming for a minor illness or **accident you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

Phone UAE +971 4 270 8705

WhatsApp +971 56 216 4563

Please give **us your** name, age and **your** policy number. Say that **you** are insured with Allianz Insurance Company- Egypt.

Below are some of the ways the 24-hour **emergency** medical assistance service can help.

❖ **Confirmation of payment**

We will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

❖ **Repatriation**

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your country of residence**, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go to **your country of residence** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

You can contact **us** at any time day or night. **You** will be answered by one of **our** experienced assistance coordinators who **you** should give all relevant information to. Please make sure **you** have details of **your policy** before **your** phone.

Health declaration and health exclusions

❖ **Exclusions relating to your health**

- **Your** insurance policy does not cover any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this insurance or booking **your journey** (whichever is later), **you**:
 1. Are being prescribed regular medication;
 2. Have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
 3. Are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 4. Are awaiting treatment or the results of any tests or investigations;
 5. Are awaiting **out – patient / day – patient, in – patient** or **routine treatment**
- **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**, and your claim was directly or indirectly related to it
- **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
- **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your policy** was issued.
- **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

- **You** will not be covered for any directly or indirectly related claims arising from a congenital condition.
- **You** will not be covered for any claim related to pregnancy, childbirth, abortion and all their consequences or complications, not limited to: voluntary interruption of pregnancy, delivery, and miscarriage.
- **You** will not be covered for any claims related to artificial insemination or any sterility treatment and contraception expenses.
- **You** will not be covered for any claim related to sexually transmitted diseases.
- **You will not be covered for thermal cure expenses, heliotherapy, physiotherapy, and aesthetic treatment.**
- **You will not** be covered for prosthesis expenses, equipment, implant as well as optical expenses, not used for intraoperative conditions.
- **You** are not covered for any vaccination expenses.
- **You** will not be covered for any scientifically and medically non-recognized care or treatments.
- **You** will not be covered for any treatment or care administered by a **close relative**.
- **You** are not covered for epilepsy or convulsions, from which you suffer, as well as any medical event which diagnosis, symptoms or causes are of psychic, psychological or psychiatric nature.
- **You** are not covered for cost related to tests and treatment of obesity, weight reduction and nutrition related illnesses.

❖ **Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your journey.**

You will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a **travelling companion**, someone **you** were going to stay with, a **close relative** or a **business associate** if at the time **your** policy was issued:

- **You** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **You** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **You** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

Note

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions, and the **company** shall at its discretion specify the medical reference approved in order to

determine these conditions, and no other medical reference whether a **doctor** or a medical board or committee shall have the right to do so for example if **you**:

- Suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- Have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- Have osteoporosis, **you** are more likely to break or fracture a bone.
- Have or have had cancer, **you** are more likely to suffer from a secondary cancer.

Medical cover provided

This is not a private medical insurance policy and only gives cover for **emergency** medical treatment in the event of **accident** or unexpected illness occurring during **your journey**.

General Exclusions

The following exclusions apply to the whole of **your** policy. **We** will not cover **you** for any claim arising from, or consisting of, the following:

1. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, **terrorism**, weapons of mass destruction.
2. Any **epidemic** or **pandemic**, except as expressly covered under **Emergency** Medical and Related Benefits
3. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
4. Ionizing radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
5. Any fluctuation in currency exchange rate.
6. No claim shall be covered if it involves felony or misdemeanor.
7. **You** being under the influence of alcohol, solvents (including but not limited to thinner, acetone) or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
8. Cancellation or curtailment of the journey simply because **you** are not enjoying **your journey** or not wanting to travel.
9. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings as a result of an **accident** or illness covered by this **policy**, unless it says differently in the **policy**.
10. **You** participate in a sport or leisure activity that is not covered by the **policy** under the sports and leisure activities and/ or participate in winter sports and activities that fall under the sports and leisure activities.
11. Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**

Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

1. **You** are a **resident** of Egypt.
2. **You** take reasonable care to protect **yourself** and **your** property against **accident**, injury, loss and damage and act as if **you** are not insured to minimize any potential claim.
3. **You** have a valid policy schedule.
4. **You** accept that **we** will not extend the **period of insurance** in any of the following cases (except for some cases as mentioned in the definition of "**period of insurance**" under the "definition of words" section).
 - For single trip cover if the original policy plus any extensions have either ended, been in force for longer than 90 days or **you** know **you** will be making a claim.
 - For annual multi-trip cover beyond the expiry of **your** policy.
5. **You** contact **us** as soon as possible and within the period stipulated in the Civil Law, without any delay, and provide us with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information
6. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
7. If **you** are aged 0-70 at the date **your** policy was issued unless **you** have paid the appropriate additional premium to be covered over 70 years old.

We have the right to do the following

1. Cancel the **policy** if **you** do not tell **us** about a relevant fact or if **you** intentionally tell **us** something that is not true or incomplete or provided an incorrect statement in a way that reduces the importance of the insured risk or leads to a change in its subject matter, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the legal authorities.
2. Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or hide any information in a bad intention, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the legal authorities.
3. Cancel this **policy** in case the **insurance company** was unable to complete the verification requirements of the identity and activity of the beneficiary and notify the Anti Money Laundering unit according to the provisions of the Anti-Money Laundering and **Terrorism** Financing instructions of the applicable insurance activities.

4. Only cover **you** for a **journey** where an **insurance policy** has been purchased and **we** shall not issue a **policy** if **you** have already started **your journey**.
5. Subrogate **you** against the party who caused the harm with what **we** pay in terms of guarantee for the damage that the claim resulted from according to this **policy** and pursuant to the provisions of Article 926 of the Civil Law unless the party who caused the harm is one of **your** ascendants, descendants, spouses, in-laws, lives with **you** or a person who **you** are responsible for his actions. **You** should provide **us** with all the information and documents require by **us** for such purpose.
6. With **your** permission, get information from your medical records to help **us** or **our** representatives' deal with any claims. This could include a request for **you** to be medical examined for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organization without **your** specific agreement.
7. Send **you to your place of residence** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
9. The **company** shall not be liable for any claim under this **policy** (except the claims that fall under Personal Accident Section) for any amounts covered by another **insurance policy** whether the policy is with **us** or with others except for **our** share of the claim, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**.
10. We will ask you to pay us back any amounts that we have paid **for you**, which are not covered under your policy.

Sports and leisure activities

- ❖ **This policy includes the following activities without any additional premium.**
 - Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, baseball, basketball, canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls , cricket, cycling (for non-professionals and not the main mode of transport), bike tour (not to exceed 16 days), deep sea fishing, football or soccer, Frisbee golf, hiking, glacier walking, playing golf, high ropes activities, diving from heights (platform only 10 meters high), long walks, trekking or walking up to 4,000 meters, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating), marathon or triathlon jogging (for non-professionals), mountain biking (on the road), parasailing and paragliding (over water), horse hiking, rap jumping, Ringo (water activity), roller skating (wearing protective gear and helmets), rowing , safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, water-skiing, whitewater rafting (up to three degrees of rivers), boardsailing, zip line trekking(including on snow), zorbing.
 - **The following activities are also covered**

Camel riding, catamaran sailing (for experience), pigeon hunting, sailing in boats, riding elephants, karting, jet-boating, water skiing, paintball (wearing eye protection gear), quad biking, rifle shooting, sailing (if he has experience and only in regional waters), shooting, skidooring, small bore target shooting, snowmobiling, yachting (if he has experience and only in regional waters).

❖ **The following activities are not covered by your insurance policy:**

- base-jumping, the sport of large inflatable boating inside the underground caves, bouldering climb, boxing, bungee jumping, canyoning, exploring the caves for fun, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), freestyle mountaineering, Gliding (insurance does not include working with cabin crew or piloting a plane - a captain), hang gliding, high diving (more than 5 meters), hunting, hydro speeding (whitewater rowing), martial arts, micro lighting, car racing or motorsport (all types on land or water), motorbike scrambling or riding motorcycles in the mountains (and any kind of motorcycle riding in rough terrain), Mountain climbing (using ropes or with guides), parachuting, parasailing and paragliding (over land), riding on a luge, river bugging, rock climbing, horse-riding or rodeo, diving with a shark (in a cage), ski diving or ski surfing, water ski jumping, whitewater canoeing, white water sledging.

- Also, the **policy** does not cover:

- Participate in any sporting activity where the organizers instructions have not been followed; or
- Any professional sporting activity
- Any kind of racing except racing on foot
- Any kind of manual work

❖ **The following activities are not covered by your insurance policy:**

Cat-skiing, skeleton sledding, ski acrobatics, ski-flying, ski-jumping, ski-racing, ski-stunting or snowcat skiing, or riding on a luge.

– Also, the **policy** does not include:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional winter sporting activity
- Any kind of racing

Hazardous Activities

- Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, jumping ropes and canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls , cricket, deep sea fishing, football or soccer (only kids clubs in the resort), hiking, glacier walking, playing golf, High ropes activities, long walks, trekking, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating), mountain biking, parasailing and paragliding (over water),

horse hiking, rap jumping, Ringo (water activity), roller skating (wearing protective gear and helmets), rowing, safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, water-skiing, whitewater rafting (up to three degrees of rivers), boardsailing, zip line trekking (on snow), zorbing.

- The following activities are not covered:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional sporting activity
- Any kind of racing except racing on foot
- Any kind of manual work

We may be able to cover **you** in connection with other activities not mentioned above. Please contact **us** at **+971 4 270 8705** or through the Online Claims Center through the following link: <https://travelclaims.tatsh.com/index.aspx> . **You** may need to pay an additional premium.

Making a claim

To claim:

Please contact **UAE No. +971 4 270 8705** or **WhatsApp +971 56 216 4563** or through the online Claims Center through the following link:

<https://travelclaims.tatsh.com/index.aspx>

You should fill in the form and send it to **us** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**. Claims shall not be considered after the period stipulated by the Civil Law has passed.

You will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

❖ **For all claims**

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household or private medical care.
- Submit additional evidence to support **your** claim.

❖ **For claims related to Section 1 - Assistance:**

- Always contact **our** 24-hour emergency medical service when **you** are hospitalized (including due to COVID-19), require repatriation or where medical fees are likely to exceed **US\$ 250**.

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

❖ **For claims related to Section 2 - Personal Possessions:**

- Report the theft, damage or loss to the police within 24 hours of discovery without delay, unless the delay is for an acceptable excuse and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment / resort manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

❖ **For loss or damage in transit claims, including delayed personal possessions**

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

❖ **For claims related to Section 3 - Personal Accidents:**

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate if this applies.

❖ **For claims related to Section -5 - Travel Inconvenience:**

1. Journey cancellation / curtailment and return before the scheduled date.

- If you need to cut short your journey and return before the scheduled time, you must immediately call the following UAE +971 4 270 8705 or via WhatsApp: +971 56 216 4563 in order to obtain our prior approval.
- Original journey cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating doctor. A certified copy of the death certificate is required in the event of death.
- If your claim results from any other circumstances, please provide evidence of these circumstances

2. Delayed departure

- Written confirmation from the airline, Rail Company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

3. Missed departure

- ☑ Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

4. Loss of travel documents

- Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

Making a complaint

We aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please contact:

Customer Services Manager

NEXtCARE Claims Management L.L.C

Eiffel Boulevard Limited Building (Eiffel 2)

1st floor, Umm Al Sheif,

Sheikh Zayed Road, P.O. 80864

Dubai, UAE

Telephone: **+971 42708705**

Please provide **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

Section 1. Assistance (including COVID-19 cover)

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness or **accident**, or if **your** medical expenses are over **US\$250** **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

❖ WHAT YOU ARE COVERED FOR

We will pay **you** or **the beneficiary** for the following necessary and unforeseen **emergency** expenses if **you** die, are injured, have an **accident** or are taken ill during **your journey**. (Including due to COVID-19)

It is mandatory to contact **us** on the number provided in the **policy** as soon as possible in case **you** tested positive for COVID-19. **Your** expenses will only be settled directly to the hospital, clinic or other medical or **quarantine** facility. **We** will not cover or reimburse any expenses paid by **you** directly to the hospital, clinic

or other medical or **quarantine** facility if have not been organized by **us**, unless it is for an acceptable excuse.

We will pay up to the maximum amount shown in **your** table of benefits for reasonable fees or charges covered under this **policy** and **you** incur for:

Treatment

Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your country of residence**.

Transportation and accommodation expenses in case you are hospitalized for more than 5 days

We will pay up to the maximum amount shown in **your** table of benefits for the transportation costs (an economy return ticket) and **accommodation expenses** for one **close relative** to travel and stay with **you**.

Dental

We will pay up to the maximum amount specified in the table of benefits for **emergency** dental treatment to relieve sudden pain. The dental cover is also applicable if treatment is required due to **accident**, illness or injury within the scope of this section.

Repatriation of remains

We pay up to the maximum amount specified in the table of benefits for the cost of transporting the body of the **insured person** to their **country of residence**.

Accommodation Costs Related to COVID-19 quarantine

If **you** are placed in individual **quarantine** during the trip by order or other requirement of a government, public authority, or travel supplier based on a positive COVID-19 **epidemic/pandemic** test, **we** will cover **your** accommodation costs on direct billing, up to the maximum amount stated in the table of benefits of **your policy**. However, this does not include any **quarantine**, total closure or curfew that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where **you** are traveling to, from, or through.

Funeral expenses

We will pay up to the maximum amount specified in the table of benefits the cost of transporting **your** body or remains to your **country of residence** or **we** will pay up to the amount shown in the table of benefits for **your funeral expenses**, in the place where **you** die outside your **country of residence**.

Hospital Cash

We will pay you \$50 a day for each day **you** are hospitalized for over a continuous 48-hour period while **you** are overseas. However, no matter how long **you** stay in hospital, **we** will pay for all claims combined under this section up to limit mentioned in the table of benefits for **your policy**.

❖ WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **your** table of benefits.
- The cost of replacing any medication **you** were using when **you** began **your journey**.

- Any condition stated under “Health declaration and health exclusions”.
- Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.
- Anything caused by:
 - **You** travelling in an aircraft not-licensed for passenger-carrying and **you** were aware of that.
 - **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person’s life) in accordance with the provisions of the Egypt civil law in force
 - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets;
- Any costs incurred appear 12 months after the date of your death, and/ or occurs 12 months after the date of your injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments **you** receive within **your country of residence**.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your country of residence**.
- Medical costs over **US\$250**, **in-patient** treatment, repatriation or courier costs which **we** have not authorized.
- The extra costs of having a single or private room in a hospital or nursing home.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **your country of residence**.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- COVID-19 in the following cases:
 - You travel to a destination in violation of a travel ban issued by the government of **your country of residence** or a travel ban issued by a local authority at **your** trip destination (unless such government or authority has provided exceptional permission for such travel). A travel ban does not include travel advice issued by such government or authority (for example, advice against all but essential travel to a destination).
 - When the care is not medically necessary according to the medical report of the attending doctor who diagnosed you.
 - Any care provided after **your** coverage ends
 - Non-emergency care or services on which the definition of "emergency" as mentioned in the word definition section does not apply.
 - Any test cost related to COVID-19 (PCR or any other test) is not covered
- The consequences of exposure to any of the following factors that require a **quarantine** period or specific preventive or monitoring measures by the local and/or national health authorities of the country in which **you** are staying:
 - Chemical agents of a combat gas type.
 - **Incapacitating agents** (as explained in the "word definition" section).

- Neurotoxic agents or agents with residual neurotoxic effects.
- **Under Hospital Cash:**
 - **We** will not pay for the first 48 hours of **your** hospitalization
 - If **you** cannot claim for emergency medical expenses in Section 1

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Section 2. Personal Possessions

❖ WHAT YOU ARE COVERED FOR

Up to the amount shown in **your table of benefits** for **your personal possessions** damaged, stolen, lost or destroyed on **your journey** provided that **your** incident was reported to the police and a case number was obtained within 24hrs of the incident without delay. In the police report was not obtained **your** claim may be denied.

The most **we** will pay for **valuables** whether jointly owned or not is shown the amount shown in **the table of benefits of your policy**. There is also a single article, **pair or set** limit shown in **your** table of benefits.

Valuables which are electronic, such as mobile phones, MP3 players, tablets, laptops are subject to a depreciation according to consumption level.

The decision to apply depreciation according to consumption level to **valuables** is up to **us**. The consumption level is as follows:

1. 0 – 6 months = 0% (100% of the **valuable** item is payable)
2. 6 months and 1 day – 18 months = 20% (80% of the **valuable** item is payable)
3. 18 months and 1 day - 36 months = 40% (60% of the **valuable** item is payable)

It will be **our** decision to pay either:

- The cost of repairing **your** items, however **we** will not pay for repair more than the value of a **valuable** after depreciation;
- To replace **your personal possessions** with equivalent items; or
- The cost of reimbursing **your** items knowing that **we** shall only pay the value of the valuables after depreciation within the limits specified in the table of benefits of **your policy**

❖ WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **the** table of benefits of **your policy**
- More than the part of the **pair or set** that is stolen, lost or destroyed.
- More than \$50 for tobacco, alcohol, fragrances and perfumes.

- Breakage of or damage to:
 - Sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.
 - Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin. The cost of replacing or repairing false teeth. A claim for more than one mobile phone per **insured person**.
- Loss or theft of, or damage to, the following:
 - Items for which **you** are unable to provide a receipt or other proof of purchase.
 - Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
 - Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
 - **Valuables** left in a motor vehicle.
 - **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
 - **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**
 - More than one mobile phone.
 - Contact or corneal lenses, unless following fire or theft.
 - Bonds, share certificates, guarantees or documents of any kind.
 - **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle.
 - Travel Document (see Section 4. Travel Inconvenience)

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Delayed Personal Possessions

❖ WHAT YOU ARE COVERED FOR

We will pay up to the maximum amount shown in the table of benefits for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily delayed for more than 4 hours from when **you** arrived at **your** destination.

Note

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the **Personal Possessions** - section 2.

❖ WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Section 3. Personal Accident

❖ WHAT YOU ARE COVERED FOR

We will pay **you** or **your beneficiary** one of the following amounts for an **accident** during **your journey** which led to the total and permanent loss of **your** eyesight, total and permanent loss of the ability to use limbs, permanent disablement or death, within one year from the date of its occurrence.

Accidental death (including common carrier)

The amount shown in your **table of benefits** for death. (**We** will not pay more than 10% of the benefits shown in the table of benefits **of your** insurance if **you** are aged 17 or under at the time of the **accident**.)

Permanent loss of sight or limb

The amount shown in **your** table of benefits for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Permanent Total Disablement

The amount shown in **your** table of benefits for a permanent total disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 17 or under or aged 70 or over at the time of the **accident**.)

Note

Death benefit payments will be made to **your beneficiary**.

❖ WHAT YOU ARE NOT COVERED FOR

- Any condition stated under Health declaration and health exclusions.
- Submit any claim resulting from the original **accident** after the period stipulated in the Civil Law has passed.
- Anything caused by:
 - **Your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your certificate of insurance**;
 - You travelling in an aircraft not-licensed for passenger-carrying and **you** were aware of that;
 - **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the Egypt Civil Law.
 - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets;

- **You** taking part in any hazardous activity other than sports and leisure activities mentioned under “Sports and leisure activities”.
- **We** will not pay more than one of the benefits resulting from the same injury under the Personal Accident section.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Section 4. Travel Inconvenience

Journey Cancellation / Curtailment and return before the scheduled date

If **you** think **you** may have to cut **your journey** short (curtail) and return before the scheduled date, **we** must be told immediately - see under the heading ‘24-hour **emergency** medical assistance’ for more information.

❖ **WHAT YOU ARE COVERED FOR**

We will pay up to the amount shown in **your** table of benefits for **your** part of **your** personal accommodation expenses that were paid by **you** and not used, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else. If there is another policy from another place, **we** will only pay our relative share of the claim.

We will provide this cover in the following necessary and unavoidable circumstances:

Cancellation

If **you** cancel **your journey** before it begins because one of the following happens:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a close **relative** or **business associate** of **you**.
- **You** or a **travelling companion** is wanted by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your country of residence** or their home or usual place of business in **your country of residence**.

Journey cancellation / curtailment and return before the scheduled date.

You cut **your** journey short (curtail) after it has begun because of one of the following:

- Anything mentioned in “Cancellation”.
- **You** are injured or ill and are in hospital for the rest of **your journey**.

Note

We will calculate related to the curtailment of **your journey** from the date it is necessary for **you** to return to **your country of residence** or the date **you** are hospitalized as an **in-patient**, for the rest of **your journey**. **We** will pay for unused personal accommodation and other travel expenses based on each 24-hour period that **you** did not benefit from. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will pay the value of these tickets towards the extra transport costs **we** have to pay.

❖ WHAT YOU ARE NOT COVERED FOR

Journey cancellation / curtailment and return before the scheduled date.

- An **excess** of the amount shown in the table of benefits of **your policy**.
- Any condition stated under Health declaration and health exclusions.
- More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, air miles, loyalty card points, redeemable vouchers or another similar scheme.
- Anything caused by:
 - **You** not having the correct passport or visa;
 - **Your** carriers' refusal to allow **you** to travel for whatever reason; any restriction caused by the law of any country or people enforcing these laws;
 - Bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you** and **you** were aware of that;
 - Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organizer is responsible for;
 - **Your** vehicle being stolen or broke down;
 - **You** not wanting to travel or not enjoying **your journey**;
 - Riot, civil commotion, strike or lock-out;
 - **You** travelling in an aircraft not-licensed for passenger-carrying and **you** were aware of that;
 - **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the Egypt Civil Law.
 - The death of any pet or animal.
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which you are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Under Cancellation

- Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.
- Financial circumstances or unemployment.

Under Curtailment

- Cutting short **your journey** unless **we** have agreed.
- Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to return to **your country of residence** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.
- The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.
- **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Delayed Departure

❖ WHAT YOU ARE COVERED FOR

Compensation of the amount shown in the table of benefits of **your policy** if the flight, train or sea going vessel **you** are booked on is delayed at its **departure point** by more than 4 hours from the time shown in **your** travel itinerary (plans) because of:

- A serious fire, storm or flood damage to the **departure point**;
- strike;
- Bad weather;
- Mechanical breakdown of the international train or sea vessel or
- The grounding of the aircraft due to a mechanical or a structural defect.

❖ WHAT YOU ARE NOT COVERED FOR

- Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.
- Missed connections.
- Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- Any delay caused by a riot, civil commotion or strike which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or

order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country and **you** were aware of that.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Missed Departure

❖ WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in the table of benefits of **your policy** for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back to **your country of residence** because **you** are delayed by more than 4 hours in getting to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- Public transport (including scheduled flights) does not run to its timetable; or
- The vehicle **you** are travelling in has an accident or breaks down.

❖ WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

- Get a letter from the public transport provider (if this applies) confirming that the service did not run on time
- Get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in
- Have allowed time in **your** travel plans for delays which are expected.
- Any delay caused by a riot, civil commotion or strike which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply

Loss of travel documents

❖ WHAT YOU ARE COVERED FOR

We will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

Passport

• **Costs for issuing a temporary passport**

Up to the amount shown in the table of benefits of **your policy** for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your country of residence**.

Visas

- **Costs for issuing a temporary visa**

Up to the amount shown in the table of benefits of **your policy** for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your country of residence**.

- ❖ **WHAT YOU ARE NOT COVERED FOR**

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Personal Money

- ❖ **WHAT YOU ARE COVERED FOR**

We will pay to the **insured person** up to the amount shown in the table of benefits of **the policy** for the loss, due to an **accident** or theft, of cash or traveler's cheques owned and carried by the **insured person**.

- ❖ **WHAT YOU ARE NOT COVERED FOR**

- Any claim, unless **you** report the theft to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on within 24 hours when the theft occurred without delay unless the delay was for acceptable reason. **You** can prove that **you** made a report by providing **us** with a written statement from authority **you** reported it to.
- The cash or traveler cheques which were not on **your** person at the time they were stolen.
- Loss or damage due to confiscation or detention by customs or other authority.
- An unexplained loss or mysterious disappearance.
- Any loss or theft of personal money or travelers cheques when left unattended in a public place or in an unlocked vehicle.
- Any loss or theft of personal money or travelers cheques unless locked in a safe or safety deposit box or locked in the accommodation you are using on **your journey**.
- Theft carried out directly or indirectly by **close relative, business associate** or a travelling companion.
- Theft by deception.
- Cash for which **you** are unable to present exchange vouchers or confirmation from **your** bank that it has issued **you** foreign currency

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Section 5 - Personal Liability

❖ WHAT YOU ARE COVERED FOR

We will pay for the financial amounts resulting from civil liability that might fall upon **you** during **your journey**, according to the applicable law and practices in the country in which the civil liability has developed, as a result of damages arising from **accidents** caused to others as a result of:

- **Your** act
- Act of people **you** are responsible for excluding for the person who works for **you** (**your** employee) or for one of **your** family members (father, mother, brother, sister, husband, wife, son, daughter).
- Act of animals or things in **your** custody (act of animals or things of **your** own that are under **your** own responsibility).
- Cover is only valid outside the **country of residence**.

❖ WHAT YOU ARE NOT COVERED FOR

- Damages caused intentionally by you or in collusion with you.
- Consequences of your contractual liability.
- Damages caused by a person who works for you (your employee) or one of your family members (father, mother, brother, sister, husband, wife, son, daughter).
- Damages caused by **your** employer or employer of any of **your** family members (father, mother, brother, sister, husband, wife, son, daughter).
- Damage caused to your family members (father, mother, brother, sister, husband, wife, son, daughter) or to any other person who has the insured status under this policy.
- Damage caused by any land motor-vehicle or any air, marine or river machine.
- Damages resulting from sports exercised in a framework other than entertainment or within the framework of competition, show or training.
- Damages resulting from exercising bets, speculations, attempted assassination or assault, riots, demonstrations, civil commotion, civil or foreign war.
- Damages caused to animals or objects owned by **you** or which are in **your** custody on the basis of lease, lending or trust.
- Fines and financial judgments issued against you as penalties that do not constitute direct indemnity for bodily or material damage.
- Damages caused during the practice of your career activity.
- The result of the liability that might be upon you as a result of fires, explosions and water damage (e.g. Liability towards neighbors, liability towards tenants).
- Damages arising from an act **you** have caused while on the move for **your** business purposes are not subject to benefits

❖ What you must do in the event an accident happened within the framework of third party liability coverage?

- Not to admit responsibility or any action without **our** consent. However, a recognition of a material fact or assistance shall not constitute an admission of responsibility.
- **You** must inform **us** in writing of the **accident** without delay from the date **you** became aware of it, except in unpredictable circumstances or in the case of force majeure. After the lapse of the period stipulated in the civil law, you shall forfeit your right to indemnity
- The mail must be sent to the following address:
Eiffel Boulevard Limited Building (Eiffel 2), 1st floor, Umm Al Sheif, Sheikh Zayed Road, P.O. 80864, Dubai, UAE
- If a lawsuit is filed against **you**, **you** authorize **us** to exercise all the powers to manage it and to resort to any method of calling before the civil court or participation in defending **you** and the exercise of the methods of calling regarding civil interests before penal courts.
- **You** must deliver to **us**, as soon as receive, any summons, subpoena or non-judicial deeds and procedural documents that might be addressed to or served upon **you**.
- If **you** fail to fulfill **your** obligations after the **accident**, **we** shall indemnify the injured other party or those who have the rights but **we** shall reserve **our** rights to sue **you** in order to receive the amounts paid in this manner.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Note: Any discrepancy between the Arabic and English version, the Arabic version will be considered the reference and its terms, conditions, and statements will be binding to the two signatories of the policy.

Signature of the Insured:

Insurer

