

**This policy is for residents of any worldwide countries entering the United Arab Emirates. This policy does not cover claims relating to pre-existing medical conditions.**

## Important Telephone Numbers

24hr Emergency Medical Assistance (for Medical Emergencies):	<b>UAE +971 4270 8705</b>
Claims, Customer Services and Complaints:	<b>UAE +971 4270 8705</b>

**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 is now including the COVID19 cover under Emergency Medical benefit.

## Contents

	Page No.
Summary of 'Inbound' Cover	2
Important Information	2-3
Definition of Words	4-5
24-hour Emergency Medical Assistance	6
Health Declaration and Health Exclusions	6-7
General Exclusions	7
Conditions	8
Making a Claim	8-9
Making a Complaint	10
Section 1 - Emergency Medical and Associated Expenses	10-11
Section 2 - Loss of Travel Documents	12
Section 3 - Loss of Personal Money	12

## Summary of 'Inbound' Cover

The following is only a summary of the 'Inbound' cover limits. **You** should read the rest of this Policy for the full terms and conditions.

Medical & Related Benefits (including being diagnosed with COVID-19)	Limit (up to) in AED	Excess
Emergency Medical & Associated Expenses	AED 150,000	AED 30
Accommodation costs related to COVID-19 quarantine: If diagnosed with COVID-19	Up to 200 per day (Max 10 days)	
Dental ( Included within Emergency Medical Expenses)	AED 300 (AED 100 per tooth)	
Repatriation	AED 7,500	
Repatriation of Remains	AED 10,000	
<b>Travel Inconvenience Benefits</b>		
Loss of Travel Documents	AED 300	AED 30
Loss of Personal Money	AED 300	10% of claimed amount

## Important information

Thank you for taking out travel Insurance with us.

Please read the whole of the Certificate of Insurance and Policy Wordings before **you** travel and make sure **you** understand what is covered and what is not covered. If **you** have any queries please call us on telephone **UAE +971 427 08705** or write to NEXTCARE CLAIMS MANAGEMENT L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE or email: [travel@nextcarehealth.com](mailto:travel@nextcarehealth.com)

### Insurer

Your travel insurance is underwritten by Alliance Insurance PSC, P.O. Box 5501, Dubai, U.A.E.

### How your Policy works

**Your** Policy Wordings and Certificate of insurance is a contract between **you** and **us**. **We** will pay for any claim **you** make which 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 **person insured**. **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 Policy wordings

### Telling us about relevant facts

**You** must tell **us** about anything that may affect **your** cover. 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.

### Cancellation rights

Once the premium has been paid, the **Insured** cannot cancel the policy.

### Data protection

Information about **your** policy may be shared between **us**, the **Insurer** or any member of Allianz Global Assistance for underwriting purposes.

**You** should understand that the sensitive health and other information **you** provide will be used by **us**, **our** representatives (if appropriate), the **insurer**, other insurers and industry governing bodies and regulators to process **your** insurance, 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 third parties for marketing purposes. **You** have the right to access **your** personal records.

**Governing law**

Unless agreed otherwise, all communications and documentation in relation to this Policy will be in English. This Insurance will be governed by the law of the country of issuance as stated in the Certificate of Insurance

**Third party contracts**

This contract of Insurance is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this contract of Insurance 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 contract of Insurance.

## Definition of words

When the following words and phrases appear in the Policy Wordings or Certificate of insurance, they have the meanings given below. These words are highlighted by the use of **bold** print.

<b>Accident</b>	An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.
<b>Area of cover</b>	UAE
<b>Bodily Injury</b>	An identifiable physical injury caused by an <b>accident</b> , which occurred during the <b>period of insurance</b> .
<b>Certificate of Insurance</b>	Your certificate of travel insurance issued by the <b>insurer</b> .
<b>Chronic</b>	A specific assessment that requires a regular lifetime treatment.
<b>Day-patient / Out-patient</b>	A patient who attends a hospital during the day usually for a minor operation or other treatment without staying overnight.
<b>Departure point</b>	The airport, international train station or port (common carriers including boat) in <b>your home</b> country or abroad, from where <b>you</b> board the common carrier as per <b>your</b> Scheduled itinerary.
<b>Doctor</b>	A legally qualified doctor holding the necessary certification in the country in which they are currently practicing, other than <b>you</b> or a <b>relative</b> .
<b>Emergency</b>	Medical condition resulting from sickness or <b>accident</b> and requiring <b>emergency</b> hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the <b>person insured</b> .
<b>Excess</b>	Under some Sections of <b>your</b> Policy, <b>you</b> will have to pay an <b>excess</b> . This means that <b>you</b> will be responsible for paying the first part of the claim for each <b>person insured</b> , for each Section, for each claim incident. The amount <b>you</b> have to pay is the <b>excess</b> . For example, a couple that both have <b>personal baggage</b> stolen from their bag and both incur a flight delay during the same <b>journey</b> , will have a total of four excesses deducted. Two of these will be for the two claims under Section 2 (loss of <b>personal baggage</b> ) and two of these will be for the two claims under Section 6 (flight delay).
<b>Home</b>	<b>Your</b> usual place of residence in the <b>country</b> that <b>you</b> live.
<i>Insurer</i>	Alliance Insurance PSC, P.O. Box 5501, Dubai, U.A.E
<b>In - patient</b>	A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
<b>Journey</b>	A trip that takes place during the <b>period of insurance</b> which begins when <b>you</b> arrive in the United Arab Emirates from <b>your home</b> country or expiry date mentioned on the Certificate of Insurance as per the chosen plan beginning from the date of arrival from the Home country, whichever occurs first. <ul style="list-style-type: none"> <li><b>you</b> will only be covered if <b>you</b> are aged 65 or under at the date <b>your certificate of insurance</b> was issued.</li> <li>there is no cover for trips booked to last longer than:</li> </ul>

	<ul style="list-style-type: none"> <li>- the <b>Period of Insurance</b> specified in the certificate or</li> <li>- 14 days on a six month multiple entry visa.</li> </ul>
<b>Medically necessary</b>	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 <b>person insured's</b> condition or the quality of medical care rendered.
<b>Start date</b>	The date of the start of your journey that triggers that you are eligible to benefit from your travel insurance benefits.
<b>Period of Insurance</b>	<p>Cover starts upon arrival or legal entry in the United Arab Emirates, and finishes when <b>you</b> leave the United Arab Emirates, to return to <b>your</b> country of residence. Flight Delay and Baggage Delay cover will start from the Policy start date as mentioned in the Certificate of Insurance.</p> <p>All cover ends on the expiry date shown on <b>your Certificate of Insurance</b>, unless <b>you</b> cannot finish <b>your journey</b> as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, <b>we</b> will extend cover free of charge until <b>you</b> can reasonably finish that <b>journey</b>.</p> <p><b>Note: This policy must be purchased before the Person Insured travels out of their home country.</b></p>
<b>Pre-existing condition</b>	<p>A pre-existing condition means:</p> <ul style="list-style-type: none"> <li>• An ongoing medical or dental treatment or dental condition which <b>you</b> are aware or related complication <b>you</b> have, or the symptoms of which <b>you</b> are aware</li> <li>• 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.</li> <li>• Any condition for which <b>you</b> take prescribed medicine or see a medical specialist.</li> <li>• Any condition for which <b>you</b> have had surgery within 12 months prior to Policy issuance.</li> </ul> <p><b>Note: Your condition is not pre-existing if it arose after Policy issuance.</b></p>
<b>Epidemic</b>	<b>A contagious disease recognized by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination</b>
<b>Pandemic</b>	<b>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</b>
<b>Quarantine</b>	<b>Mandatory confinement of a maximum of 10 days, intended to stop the spread of a contagious disease to which Insured Person has been exposed.</b>
<b>Relative</b>	<b>Your</b> mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancée).
<b>Routine treatment</b>	A standard treatment
<b>Terrorism / Act of terrorism</b>	<b>Terrorism</b> is a loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any <b>Act of Terrorism</b> regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An <b>Act of Terrorism</b> means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organizations) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any Section of the public in fear.
<b>We, our, us</b>	NEXTCARE CLAIMS MANAGEMENT L.L.C and Allianz Global Assistance which administers the Insurance on behalf of the <b>Insurer</b> or <b>Insurer</b> wherever applicable
<b>You, your, person insured</b>	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 home 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 +971 427 08705

E-mail: [assistance@nextcarehealth.com](mailto:assistance@nextcarehealth.com)

Please give us your age and your Policy number.

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, provided you have a valid claim.

### Emergency Medical Evacuation & Repatriation

If our medical advisers think it would be in your medical interests to return you back to your home or to a hospital or nursing home in your home country, 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 home 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 whom you should give all relevant information to. Please make sure you have details of your Policy before you call.

## Health Declaration and Health Exclusions

### Exclusions relating to your health

- 1 . You will not be covered for 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:
  - a. are being prescribed regular medication;
  - b. have received treatment for or had a consultation with a doctor or hospital specialist for any medical condition in the past 6 months;
  - c. are being referred to, treated by or under the care of a doctor or a hospital specialist;
  - d. are awaiting treatment or the results of any tests or investigations;
  - e. are awaiting out - patient / day - patient, in - patient or routine treatment
- 2 . 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.
- 3 You will not be covered if you know you will need medical treatment or consultation at any medical facility during your journey.
- 4 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.
- 5 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.
- 6 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.

### 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. 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 with a secondary cancer.

### Level of 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. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. war, riots or revolutionary war, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d-etat or weapons of mass destruction.
3. **Terrorism** as defined in "Definition of Words".
4. An epidemic or pandemic, except as expressly covered under Emergency Medical/Dental Coverage
5. **You** not following any suggestions or recommendations made by the Foreign and Commonwealth Office (FCO) ([www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)) on the date of **you** booked **your journey**. **You** shall be covered for travel to areas reported by the FCO website as 'advise all but essential travel' but not any area which states 'advise against all travel'.
6. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
7. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
8. Any currency exchange rate changes.
9. Air travel where the **person insured** is acting as pilot or part of the aircraft crew other than as a fare-paying passenger on a regular scheduled airline or licensed chartered aircraft.
10. **You** acting in an illegal or malicious way.
11. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
12. **You** being under the influence of alcohol, solvents 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).
13. **You** not enjoying **your journey** or not wanting to travel.
14. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the Policy.
15. **You** taking part in a sports or leisure activity that is not listed or confirmed in writing as covered.
16. Pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.
17. Political risk:
  - Cancellation, Evacuation and / or Repatriation claims resulting from the closure of a border decided by a state or any competent authority representing that state. However, **you** will be covered for:
    - Evacuation and / or repatriation claims under Section 1 - Medical & Related Benefits due to riot or civil commotion where the **insured person** takes no part. In such cases the cover shall cease 14 days after the inception of these events.
    - Cancellations resulting from the closure of the border of a country, or one of the countries being visited during **your journey**, provided that no alternative solution has been offered by the travel agency, tour operator or airline with who **you** booked **your journey** with and subject to the closures of the borders being declared within 14 days of **your** departure from **your home country**.

**You** shall not be covered for any claim under this policy if the claim exposes **us** to any sanction, prohibition or restriction under the United Nations resolutions or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America. It is **our** decision to not pay a claim under this policy if **we** believe paying the claim may breach the aforementioned.

## 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:

**Your** policy has been issued in conjunction with either a valid single entry visa or a six-month multiple entry visa to enable **you** to visit the United Arab Emirates

- 1 **You** take reasonable care to protect **yourself** and **your** property against **accident**, injury, loss and damage and act as if **you** are not insured and to minimize any potential claim.
- 2 **You** have a valid Certificate of insurance.
- 3 **You** accept that **we** will not extend the **period of Insurance** beyond the expiry of **your** policy.
- 4 **You** accept that your policy will lapse without a refund once you are issued a health insurance.
- 5 **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, 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 the min writing to **you**.
- 7 **You** are aged between 0 - 65 on the date **your** Policy was issued.

### 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** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the police.
- 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, 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 police.
- 3 Only cover **you** for the whole of **your journey** and not issue a Policy if **you** have started **your journey**.
- 4 Not issue a policy if **your journey** has commenced.
- 5 Take over and deal with, in **your** name, any claim **you** make under this Policy.
- 6 Take **legal action** in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this Policy.
- 7 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representative's deal with any claim. This could include a request for **you** to be medically examined or 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.
- 8 Send **you home** 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.
- 9 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 10 Not refund or transfer your premium if you decide to cancel the policy.
- 11 If at the time of any incident, which results in a claim under this Policy, there is another Insurance covering the same loss, damage, expense or liability we will not pay more than our proportional share.
- 12 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this Policy.

## Making a claim

To claim:

You can open a claim through our [Online Claim Portal](#) or reach out to us via:

- Phone: **+971 427 08705**
- Email: [travel.claims@nextcarehealth.com](mailto:travel.claims@nextcarehealth.com)
- WhatsApp: [+971 56 216 4563](https://wa.me/971562164563)
- Write to Inbound travel Insurance claims department C/O NEXTCARE CLAIMS MANAGEMENT L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE

**You** should fill in the form and send it to **us** within 30 days of **your** return **home** 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 received after 30 days from **your** return **home** shall not be considered.

**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 / Takaful contract **you** may have that may cover the same loss, such as household or private medical. As much evidence as possible to support **your** claim.

#### Section 1 - Emergency Medical & Associated Expenses

- Always contact **our** 24-hour Emergency Medical Service when **you** are hospitalized (including being diagnosed with 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.

#### Section 2 - Loss of Travel Documents

- Written confirmation from the Consulate or Carrier, transport company, authority or hotel where the loss happened detailing the date of loss, notification of loss together with a written report from the police.

#### Section 3 - Personal Money

Report the theft or loss to the police within 24 hours of incident or discovery and ask them for a written police report. If appropriate, you should also report the theft or loss to your hotel / apartment manager and ask for a written report. Evidence to prove you had that amount of personal money claimed for during your journey for example ATM withdrawal receipt, currency exchange receipt or confirmation from your bank of the issue of foreign currency.

## Making a Complaint

We are committed to our customers and we always aim to exceed their expectation. However, there may be times when you feel we have not done so. If this is the case, please share your experience with us so that we can do our best to resolve the problem.

In the first instance, please contact:

Customer Services Manager  
Inbound Travel Insurance  
C/O NEXTCARE CLAIMS MANAGEMENT L.L.C  
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,  
Umm Al Sheif, Sheikh Zayed Road  
P.O. Box 80864,  
Dubai, UAE  
Telephone: UAE +971 427 08705  
Email: [travel@nextcarehealth.com](mailto:travel@nextcarehealth.com)

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 - Emergency Medical & Associated Expenses (Including being diagnosed with COVID-19)

If you are taken into hospital or you think you may have to return 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.

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 with the hospital, clinic or other medical or quarantine facility. If you pay, you will not be able to claim these expenses later. Services which have not been organized by us will not be reimbursed or paid

### WHAT YOU ARE COVERED FOR

We will pay you or your Personal Representatives for the following necessary and unforeseen emergency expenses if you die, are injured, have an accident or are taken ill during your journey (including being diagnosed with COVID-19). We shall also pay for follow-up treatment abroad, should this be a necessity and requested by the treating doctor, following an emergency treatment but this is limited to a maximum period of 30 days after the original discharge from the hospital.

Up to the amount shown in your summary of cover for reasonable fees or charges you incur for:

#### Treatment

- Medical, surgical, medication costs, hospital, nursing home or nursing services outside your home country.

#### Emergency Medical Evacuation

- If our medical advisers think it would be in your medical interests to return you back to your home or to a hospital or nursing home in your home country, 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 home 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.

#### Repatriation of remains

Up to the amount shown in your summary of cover for the cost of transporting the body of the person insured to their home/resident country.

• **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. This does not include any quarantine 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.  
We will cover your accommodation costs on direct billing, up to the amount limits stated in the summary of cover.

\* **Dental**

- Up to the amount shown in **your** summary of cover 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.

**WHAT YOU ARE NOT COVERED FOR**

An **excess** of the amount shown in **your** summary of cover.

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. Any services or treatments or follow-up treatment done in **your home** country.

Anything caused by

- **you** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets; Any costs incurred 12 months after the date of **your** death, 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 which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country. Medical costs over **US\$250**, in-patient treatment, repatriation or courier costs which **we** have not authorized.
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- 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 home** country.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- Dental work involving the use of precious metals.
- COVID 19 : You must not have travelled against your home country's government advice or against local authority advice at your trip destination.
- The consequences:
  - of exposure to chemical agents of a combat gas type,
  - of exposure to incapacitating agents,
  - of exposure to neurotoxic agents or agents with residual neurotoxic effects
 which 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

The care must be medically necessary. This coverage will not pay for any care provided after your coverage ends. This coverage will not pay for non-emergency care or services. Any test cost related to COVID-19 (PCR or any other test) is not covered

**Please refer to Sections General Exclusions, Conditions and Making a Claim that also apply.**

## Section 2 - 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 **your** summary of cover 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 home** country.

#### Visas

- **Costs for issuing a temporary visa**

Up to the amount shown in **your** summary of cover 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 home** country.

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General Exclusions, Conditions and Making a Claim that also apply.

## Section 3 - Loss of Personal Money

### WHAT YOU ARE COVERED FOR

We will pay the **person insured** up to the amount shown in **your** summary of cover for the accidental loss or theft of money or travelers cheques belonging to and being carried by the **person insured**.

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you** report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority **you** were travelling on when the theft occurred. **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.

Depreciation in value of shortages due to error of omission

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 Cheque unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.

Personal money or travelers cheques not on **your** person in transit.

Theft carried out directly or indirectly by close **relative**, **business associate** or a **travelling companion**. Theft by deception.

Please refer to Sections General Exclusions, Conditions and Making a Claim that also apply.