

## Global Individual policy wording

**This travel insurance is only for non-residents of UAE travelling to the UAE**

**All approved medical claims over \$250 will be settled on direct billing basis only. Please contact us for the list of network hospitals or medical facilities on +9714 270 8705**

COVERAGE	WHEN IT APPLIES	Maximum Benefit
Emergency Medical Coverage	You have to pay for emergency medical while on your trip. <ul style="list-style-type: none"> <li>- Emergency Transportation</li> <li>- Travel Assistance</li> <li>- Medical Repatriation</li> <li>- Return of Dependents</li> <li>- Transport to bedside</li> <li>- Repatriation of remains</li> <li>- Search and Rescue</li> </ul>	\$150,000 Included Included Included Included Included Included \$1,000
In case the Sport Cover add-on was purchased		
Missed Activity	You miss a prepaid activity during your trip.	\$300
Sporting Equipment coverage	Your sporting equipment is lost, damaged, or stolen while on your trip.	\$500
Sporting Equipment Rental coverage	You need to rent sporting equipment when your personal sporting equipment is lost, damaged, or stolen while on your trip.	\$250
Search and Rescue coverage	You are reported missing or need to be rescued from a physical emergency while on your trip.	\$1,000

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. The definitions of the terms in the Definitions section of the policy will also apply to those terms when used in this Coverage Summary.

### Important Notices:

- Emergency Medical Coverage is secondary. If you have health insurance, you must submit your claim to that provider first. If you do not have health insurance or it is known that your health insurance does not provide coverage in the geographical area where your medical emergency is treated, please submit your claim directly to us. Any payment you receive from any other insurance provider or any other entity will be deducted from your claim.

- All approved medical claims over \$250 will be settled on direct billing basis only. Please contact us for the list of network hospitals or medical facilities on +9714 270 8705
- If not otherwise specified, the benefit limits shown above are per named insured.

## OUR PROMISE TO YOU

*Since your satisfaction is our priority, we are pleased to give you 14 days to review your policy. If, during this 14-day period, you are not completely satisfied for any reason, you may cancel your policy and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.*

## CONTACT US

*For customer service, please:*

*call: +971 4 270 8705 (8am– 8pm GST, Mon - Fri)*

*e-mail: [travel@nextcarehealth.com](mailto:travel@nextcarehealth.com)*

*For emergency assistance during your trip, please:*

*Call: +971 4 270 8705*

*WhatsApp: [+971 56 216 4563](https://www.whatsapp.com/business/profile/97142708705)*

*To file a claim, please visit:*

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

## GENERAL CONDITIONS

### WHO WE ARE

Allianz Partners travel insurance is underwritten by Alliance Insurance PSC Warba Centre, P.O. box 5501, Dubai, UAE. Claims will be managed by Nextcare, an Allianz Partners appointed Third Party Administrator, which is duly licensed to provide specialized integrated management and technology solutions in the field of insurance management and administration.

### ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. We have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, we are available during our working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary.

This *policy* has been issued based on the information *you* provided at the time of purchase. We will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the “Definitions” section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

### WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

*Your policy* consists of 2 parts:

1. Certificate of Insurance
2. This General Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, exclusions, and conditions that govern this policy.

#### NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

*You* are not eligible for this *policy* if *you*:

- a) are a citizen or permanent resident of United Arab Emirates (UAE);
- b) are travelling to United Arab Emirates (UAE) with the intention of obtaining medical or dental treatment, cosmetic surgery or related advice; or
- c) are travelling against the advice of a Registered Medical Practitioner

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## DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Act of war</i>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<i>Adoption proceeding</i>	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Climbing sports</i>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Civil disorder</i>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , <i>war</i> , or <i>act of war</i> .
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer System</i>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Cyber Risk</i>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> <li>1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;</li> <li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li> <li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li> <li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li> </ol>
<i>Departure date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Doctor</i>	Someone who is legally authorized to practice medicine and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling</i>

	<i>companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .
<i>Epidemic</i>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<i>Family member</i>	<p><i>Your</i>:</p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards; and</li> <li>10. Paid, live-in caregivers;</li> </ol>
<i>First responder</i>	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.
<i>High-altitude activity</i>	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
<i>High value items</i>	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
<i>Hospital</i>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>
<i>Illegal act</i>	An act that violates law where it is committed.
<i>Injury</i>	Physical bodily harm.
<i>Local public transportation</i>	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 150 kilometers.
<i>Mechanical breakdown</i>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
<i>Medical escort</i>	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
<i>Medically necessary</i>	Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet

	the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
<i>Natural disaster</i>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<i>Pandemic</i>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<i>Policy</i>	This travel insurance contract. The <i>policy</i> includes this General Conditions document and the Certificate of Insurance
<i>Political risk</i>	<p>Any one or more of the following:</p> <ul style="list-style-type: none"> <li>• Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group;</li> <li>• Nationalization;</li> <li>• Confiscation;</li> <li>• Expropriation (including Selective Discrimination and Forced Abandonment);</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Uprising</li> <li>• Military and usurped power.</li> </ul>
<i>Primary residence</i>	Your permanent, fixed home address for legal and tax purposes.
<i>Pre-existing medical condition</i>	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<i>Quarantine</i>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the

	spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.
<i>Reasonable and customary costs</i>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
<i>Refund</i>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<i>Rental Car</i>	An automobile or other vehicle designed for use on public roads that <i>you</i> have rented for the period of time shown in a <i>rental car agreement</i> for use on <i>your trip</i> .
<i>Rental agreement</i>	<i>car</i> The contract issued to <i>you</i> by the rental car company that describes all of the terms and conditions of renting a <i>rental car</i> , including <i>your</i> responsibilities and the responsibilities of the rental car company.
<i>Return Date</i>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Service animal</i>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an <b>animal's presence</b> and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
<i>Severe weather</i>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<i>Sporting equipment</i>	Equipment or goods used to participate in a sport.
<i>Terrorist event</i>	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic and/or ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, any <i>political risk</i> , war or acts of war.
<i>Traffic Accident</i>	An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
<i>Travel carrier</i>	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or</li> <li>4. <i>Local public transportation</i>.</li> </ol>
<i>Travel supplier</i>	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.



<i>Traveling companion</i>	A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<i>Trip</i>	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It cannot include commuting to and from work or moving.
<i>Uninhabitable</i>	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<i>War</i>	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
<i>We, Us, or Our</i>	Allianz Partners travel insurance is underwritten by Alliance Insurance PSC. Claims will be managed by an Allianz Partners appointed Third Party Administrator
<i>You or Your</i>	All persons listed as insureds in the Certificate of Insurance

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## WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* coverage effective date is the policy issue date and the coverage end date is the policy expiry date which both are indicated in *your Certificate of Insurance*. *The policy* is effective the day we receive the order and *you* pay the full premium.”) The order must be received and the full premium must be paid on or before the trip starts

Coverage is only provided for losses that occur while *your policy* is in effect.

All coverages are effective from the time when you have left on your trip on your departure date and until your policy ends.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when we calculate the duration of *your trip*.

*Your policy* ends on the coverage end date listed in *your Certificate of Insurance*

Additionally, *your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*;
2. At 23:59 on the day *you* file a trip cancellation claim with us;
3. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason;
5. At 23:59 on the 90<sup>th</sup> day of the trip

However, if *your* return travel is delayed due to a reason covered under this *policy*, we will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

## DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. Please note that exclusions may apply.

### A. EMERGENCY MEDICAL COVERAGE ABROAD

If *you* receive emergency medical care while *you* are on *your trip* abroad for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical coverage in *your* Coverage Summary

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

If *you* need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical.

IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to us. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.

The following conditions and exclusions apply in addition to the General Exclusions:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor, hospital*, or other provider authorized to practice medicine.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip* abroad;
- d. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:
  1. Elective cosmetic surgery or care;
  2. Annual or routine exams;
  3. Long-term care;
  4. Allergy treatments (unless the allergic reaction is life threatening);
  5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
  6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
  7. Experimental treatment; and
  8. Any other non-emergency medical care.

### B. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.

- We are not, and shall not be deemed to be, a provider of medical or emergency services.
- We act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

#### Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, we will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition;
2. We will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. We will arrange and pay for a *medical escort* if we determine one is necessary.

The following conditions apply to items 1, 2, and 3 above:

- a. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;
- d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

#### Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, we will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. *Your primary residence*;
  - b. A location of *your* choice in *your* country of residence; or
  - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).

- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

#### Transport to Bedside (Bringing a friend or *family member* to *you*)

If *you* are told by the treating *doctor* that *you* will be hospitalized for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

#### Return of Dependents (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* during *your trip* that *you* will be hospitalised for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or are dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*; or
2. A location of *your* choice in *your* country of residence.

*We* will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

#### Repatriation of Remains (Getting *your* remains home)

*We* will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your death*, *we* will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your remains* to a funeral home near *your primary residence*.

#### Search and Rescue

*We* will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your Coverage Summary*, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

### C. SPORTS COVERAGE

#### Missed activity

If *you* cannot participate in one or more of *your* prepaid activities during *your trip* for a *covered reason* listed below, *we* will reimburse *you* for *your* non-refundable costs that you paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity Coverage. Please note that this coverage only applies before the start of the activity.

#### Covered reasons:

1. *You*, a *traveling companion*, or a *family member* who is participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an epidemic or a pandemic disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
  - b. A *doctor* advises *you*, a *traveling companion*, or a *family member* not to participate in the **activity before the activity takes place. If that isn't possible, a doctor** must either examine or consult with *you*, the *traveling companion*, or the *family member* within 72 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.
2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an epidemic or a pandemic disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require hospitalization, or require *your care*.

3. *You or a traveling companion* dies on or after ***your policy's*** coverage effective date.
4. *Your family member or your service animal* dies on or within 30 days prior to the scheduled start date of the activity and on or after ***your policy's*** coverage effective date.
5. *Your prepaid activity* is canceled by the supplier of the activity due to *severe weather*.
6. *Your ski resort* closes 75% or more of its ski trails due to lack or excess of snow.

The following condition applies:

- a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

#### Sporting equipment coverage

If *your sporting equipment* is lost or damaged by a *travel supplier*, or stolen, while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for Sporting Equipment Damage, Loss, or Theft in *your* Coverage Summary:

- i. Cost to repair the damaged *sporting equipment*; or
- ii. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it;
- b. *You* have filed and have a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must provide original receipts or another proof of purchase for each lost, stolen, or damaged item. For items without an original receipt or a proof of purchase, we will only cover 50% of the current market price of each item.

The following are not covered:

1. Items other than *sporting equipment*;
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;
4. Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;
5. Prosthetics, and orthopedic devices, unless specifically designed for use in a particular sport;
6. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
7. Intangible property, including software and electronic data;
8. Property for business or trade;
9. Property *you* do not own;
10. *Your* gross negligence or willful and wanton conduct leading to loss, theft, or damage of *your sporting equipment*; and
11. *Sporting equipment* while it is:
  - a. Shipped, unless with *your travel carrier*;
  - b. In or on a car trailer; or
  - c. Unattended in an unlocked motor vehicle.

#### Sporting equipment rental coverage

If *your sporting equipment* is lost, damaged, or delayed by a *travel supplier* during *your* outbound travel, or stolen while on *your trip*, we will reimburse the necessary costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for Sporting Equipment Rental Coverage in *your* Coverage Summary. This coverage does not include motorized equipment or vehicles.

The following condition applies:

- a. *You* have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

#### Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your* trip or have to be rescued from a physical emergency. The maximum benefit listed for this coverage is in addition to any other search and rescue benefit that this policy provides.

### D. TRAVEL ASSISTANCE SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, we are available 24 hours a day. With *our* global reach and multi-lingual staff, we are here to help *you*.

#### Finding a *Doctor* or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can assist *you* in finding one.

#### Monitoring *Your* Care

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. We can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

#### Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.



## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An **"exclusion" is something that is not covered by this insurance policy**, and therefore no payment or service would be available.

*This policy does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.*

*If you have traveled against an order or advice against travel issued by your home country's or trip destination's government or local authority, this policy excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.*

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
  - a. Skydiving, BASE jumping, hang gliding, or parachuting;
  - b. Bungee jumping;
  - c. Caving, rappelling, or spelunking;
  - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
  - e. *Climbing sports* or free climbing;
  - f. *Any high-altitude activity*;
  - g. Personal combat or fighting sports;
  - h. Racing or practicing to race any motorized vehicle or watercraft;
  - i. Free diving; or
  - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. Participating in extreme, high-risk sports and activities in general and the following activities in particular: **(replaces the high-risk sports exclusion above when Sports Cover add-on is used)**
  - a. *Any high-altitude activity*, BASE jumping, or free climbing;

- b. Rafting/kayaking above Class V rapids or canoeing above Class III rapids;
- c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
- d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
- e. Racing any motorized vehicle or watercraft other than go-karts; or
- f. Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive master

For extreme, high-risk sports and activities that are not expressly excluded to be covered, they must be:

- i. Arranged as part of *your trip*;
- ii. Provided by a company that is regulated or licensed where required; and
- iii. Not otherwise prohibited by law.

*You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

- 13. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
- 14. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under trip cancellation coverage, trip interruption coverage, travel delay coverage, or emergency medical coverage;
- 15. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under trip cancellation coverage, or trip interruption coverage, or travel delay coverage;
- 16. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
- 17. Nuclear reaction, radiation, or radioactive contamination;
- 18. War or acts of war;
- 19. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under trip cancellation coverage or trip interruption coverage;
- 20. *Political risk*;
- 21. *Cyber risk*;
- 22. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced in and covered under trip interruption coverage or travel delay coverage;
- 23. *Terrorist events*, This exclusion does not apply to Emergency Medical or Emergency Transportation coverage.
- 24. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip cancellation coverage or trip interruption coverage;
- 25. Any **travel supplier's** complete cessation of operations due to financial condition, with or without filing for bankruptcy;
- 26. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
- 27. Ordinary wear and tear or defective materials or workmanship;
- 28. An act of gross negligence by *you* or a *traveling companion*.

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

- 1. *Your travel carrier* tickets do not show travel date(s);
- 2. The Departure Date and Return Date as shown on the Coverage Summary do not match ***your trip's*** actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or

3. *You* intend to receive health care or medical treatment of any kind while on *your* trip.

## CLAIMS INFORMATION

### Emergency Medical Coverage abroad and Transportation Coverage

All approved medical claims over \$250 will be settled on direct billing basis only. Please contact us for the list of network hospitals or medical facilities on +9714 270 8705

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

### Other types of claims

To make a claim, please visit the website at [travelclaims.tatsh.cloud/index.aspx](https://travelclaims.tatsh.cloud/index.aspx) This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by:

- phoning 971 4 270 8705 (8am– 8pm GST, Mon - Fri) or
- WhatsApp +971 56 216 4563 (8am– 8pm GST, Mon - Fri)
- For medical emergencies requests please contact our 24/7 Emergency line: +971 4270 8705 and Press 1

You should fill in the claim form and send it to us as soon as possible with all the information and documents we ask for. You must give us as much detail as possible so we can handle your claim quickly. Please keep copies of all the information you send us.

You will need to obtain some information to support your claim. Below is a list of actions you will need to take and documents we will need in order to deal with your claim. Further information and/or evidence may be required by us after your claim has been submitted. If this is the case, we will inform you as quickly as possible.

### Supporting documents for all claims

- Your original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Passport Copy
- 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.
- As much evidence as possible to support your claim.

### Emergency Medical Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation All approved medical claims over \$250 will be settled on direct billing basis only. Please contact us for the list of network hospitals or medical facilities on +9714 270 8705
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

## GENERAL PROVISIONS AND CONDITIONS

### Withdrawal information

*You* have 14 days to review your *policy*. If, during this 14-day period, *you* are not completely satisfied for any reason, *you* may cancel your *policy* and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.

### Means of compensation

We provide compensation for damage or loss by means of

- provision of a service, and/or
- replacement of the insured item, or
- provision of financial compensation.

### How is damage and loss determined and compensated?

- We will let *you* know as soon as possible if *you* are eligible for compensation and for what amount.
- *Your* claim must be complete and truthful. Then we can correctly determine the amount of the damage.
- If we compensate *you* for damage to an insured object, we may ask *you* to transfer ownership of it to us.

### What are *your* obligations in the event of damage (general obligations)?

*You* are obliged to:

- Limit the loss or damage as much as possible and avoid unnecessary costs;
- Notify us immediately and describe the insured event (e.g. event and extent).
- Provide us truthfully with all information necessary to clarify the facts and enable us to verify the cause and amount of the claim made. *You* must provide proof of the damage in the form of original invoices and documents.

### When do we try to recover compensation paid?

- If a third party is liable for the damage *you* have suffered, we are entitled to recover the compensation we have paid from that third party.
- We can ask *you* to pay back any amounts we have paid out to *you*, which are not covered by this *policy*.

### When is the *policy* invalid?

- We only insure people who live in a country where our license is valid. This means that *you* have to actually live in the country of your *primary residence* during the entire term of the *policy*.
- The *policy* is invalid if we have informed *you* beforehand that we do not wish to insure *you* or no longer wish to do so. In that case, we will refund the premium paid by *you*.
- If *you* have not paid the premium due in full and on time.

### What is the limitation period of your claim for compensation?

*Your* claim for compensation expires after three years. The limitation period begins at the end of the year in which the claim was filed and *you* were aware of the circumstances justifying the claim, or should have been aware of such circumstances.

### Which law applies?

The law of the country of your *primary residence* applies to *your policy*.

What should you do if you have a complaint?

General enquiries/Complaints:

Phone +971 4 270 8705

WhatsApp+971 56 216 4563

Email: [travel@nextcarehealth.com](mailto:travel@nextcarehealth.com)