



## **General and Private Terms Of The Insurance Policy**

## **Chapter 1- General**

Basis of the Contract: This insurance policy has been prepared and drawn up in order to implement Article 7 of By-law No. 81 approved by the Higher Council of Insurance on 2013.03.05 and the Insurance Act ratified in June of 1937 as well as the proposal put forth by the insurer (considered to be an integral part of the insurance policy) which has been mutually agreed upon by both parties thereof. Any part of the written proposal of the insurer which the insured has not consented to and which has been communicated to the insurer in writing at the time of the issuance of the insurance policy or prior to that date shall not be construed as binding for the insured.

## HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place will necessarilly contact, in the shortest possible time, in every case, the alarm cent er mentioned below, which will be available to help any person 24h/247

#### Iran Assistance Co. (S.O.S) call center:

Iran: +98 21 88 64 86 20-24

Fax: +98 21 88 64 85 02

Email: travel@iranassistance.com

Spoken Language: Farsi (Persian), English, French and German

By dialing our emergency number, he/she will be prompt to provide:

Passport or Identity Card Number.

Assistance card Policy Number.

Full name of the injured and the principal insured.

The cause of call.

The place he/she are located (hotel/city/address/phone number)

It is clear that, in other circumstances, inspection and liquidation of related expenses, due to necessity for taking Iran Assistance Co. (S.O.S) confirmation during their trip and will have done by delay.

The beneficiary or any person acting in his place MUST contact the Assistance Company Iran Assistance Co. (S.O.S) before going to any medical center. Failing to do that, the RE-INSURER has the right to decline the case. By having this policy, it is sure that the insured is aware of all conditions.

Also in order to speed up the processing of the claims, the insured or any person acting in his place MUST provide the company Iran Assistance Co. (S.O.S) with the necessary Medical Report, and all the other documents requested by the company before leaving the hospital, or before he/she come back to Iran. Any delay in providing this report may cause delay in processing the claim if not decline.





If the beneficiary or any person acting in his place failed to provide the Medical Report or the other documents within 90 days of the claim, the claim automatically will be considered as declined and the Insured will be notified of that. Based on the above, there should not be any reimbursement cases in Iran, except for exceptional Cases.

The insured or any person acting in his place MUST inform the Assistance Provider Co. within 168 hours (7 days) from the time of occurrence. Failure to do so may entitle the Assistance Provider to decline the case.

In Diamond travel insurance, For any reason, if claim paying process is carried out in I.R.IRAN ,according to the latest approval of IRAN insurance syndicate ,the exchange rate regarding calculation and reimbursement ,is based on the insurance date of issue .

In Economic travel insurance, All claims covered by this policy must be settled by the insured abroad and according to the latest approval of IRAN insurance syndicate, the exchange rate regarding calculation and reimbursement in IRAN, is based on the insurance date of issue.

## **Chapter 2- Definitions and Expressions**

The definitions and expressions used herein shall have the meaning inserted in front of them regardless of any other meaning or application which they may possess.

- **1- Insurer: KARAFARIN INSURANCE COMPANY** having its main office located at the following address: Ahmad Ghasir St., 17<sup>th</sup> St. (Shafagh), No. 9. Tel. 42563 Tehran –Iran
- According to terms and conditions set out in the insurance policy, the insurer in return for receiving a specified premium shall provide insurance plan to cover and to indemnify medical and non-medical costs and other services which require insurance coverage plans.
- **2- Insured:** Anyone who leaves the country and travels abroad legally for whom the possibility of realization of perils and services subject to this insurance policy have led toits conclusion. The personal details of the insured are inserted in the insurance policy and consequently payment of premiums is binding for the insured.
- **3- Premium:** The payment which the insured makes against the commitments of the insurer. Implementation of the obligations of the insurer as set out herein shall be carried out subject to the payments made by the insured according to the method agreed upon mutually as inserted in the insurance policy.
- **4- Subject of the Contract:** Indemnification of medical and non-medical costs and provision of other services for the insured pursuant to terms and conditions of the insurance policy for the duration of its stay abroad.
- **5- Accident:** Any type of incident which may have occurred unintentionally by the insured and against his or her willresulting in physical injury, and requiring the intervention and aid of the aid and assistance company.
- **6- Bodily Injuries:** Any injury that the insured may have suffered unintentionally due to sudden, unforeseen circumstances and situations after the start of the trip abroad and during the effective date of the insurance policy which may require the insurer or its official proxy to request special case assistance.
- **7- Injuries and Severe Illnesses:** Injuries and illnesses which according to the viewpoint and advice of the medical team of the aid and assistance company impede the continuum of the trip by the insured or may even be life threatening enough to resultin his or herdeath.
- **8- Illness:** Any change in health diagnosed and confirmed by a legally cognized doctor during the life of the policy and which is not comprised or derived from either of the following two groups:
- Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy even if it was not diagnosed or known.





- Pre-existing disease: the disease that the Insured suffered prior to the date of taking out this Policy, even if it was not diagnosed or known.
- **9- Medical Team:** The medical team shall be proportional to the type of incident and shall be selected by the head of the aid and assistance companyand the attending physician.
- **10- Relatives:** Relatives include spouse, children (18 years old or under 18 years old), father, mother, and any other individual introduced by the insured.
- 11- Franchise: Any part of loss and damage which is the liability of the insured whose amount has been specified herein.
- **12-** The aid and assistance company of the insurer undertakes to provide care and assistance to the insured pursuant to terms and conditions inserted herewith.
- **13- Country of Residence:** Temporary or permanent place of residence of the insured which in this insurance policy has been specified as the Islamic Republic of Iran.
- **14- Euro (€):** The legal tender of the European Union.
- **15- Coverage and Range of Coverage:** The aid and assistance company shall provide the services inserted in Chapter 3 for the insured upon the occurrence of illnesses or accidents within the geographical range indicated herein.
- **16- Geographical Range and Limitation:** Coverage of all areas indicated in Chapter 3 (liabilities of the insurer) across the globe with the exception of Iran and countries which are currently engaged in civil wars or other international conflicts (declared or otherwise).
- 17- Duration of the Insurance Policy: The length of the trip coverage plan of the current insurance policy unless a shorter period of time has been specified in the insurance policy is ninety two (92) days commencing from the exit date from Iran. Moreover, the insured may travel multiple times from Iran for the effective duration of the insurance policy. The policies covering a long term shall be valid for each travel lasting for maximum 92 consecutive days.
- **Note**: All above services has provided only in out of the resident country by **Iran Assistance Co.** (S.O.S) as a provider through **International Assistance Group (IAG)**.

#### **Chapter 3- Obligation of the Insurer**

In the event that the insured suffers bodily injuries due to accidents or illnesses or requires other services covered by the insurance policy during its validity period, the insurer undertakes to arrange and provide the following services with aid of the aid and assistance company and compensate all associated expenses providing that accident or illness has occurred on a trip abroad of no longer than ninety two (92) and within the geographical range specified by terms and conditions of the policy.

#### **SECTION A: PERSONAL ASSISTANCE**

#### 1- Medical expenses end hospitalization abroad.

In the event of illness or injury of the insured occurring outside the Usual Country of Residence, The Company will meet the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor.

The Assistance Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors attending to the Insured to supervise the provision of proper health care.

Franchise EUR 25 applicable per claim.





# 2- Transport or repatriation in the event of illness or accident sustained by the Insured during the course of a trip.

In the event of an accident or sudden illness at is not pre-existing and which is acute, the Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual country of residence. The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by The Assistance Company. Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

## 3- Emergency Dental Care,

If necessary, the Assistance Company will provide the Insured with the dental assistance abroad.

Franchise EUR 25 applicable per claim.

This coverage is restricted to the treatment of pain, infection and removal of the tooth affected.

#### 4- Repatriation of the immediate family member travelling with the Insured,

Should the Insured be hospitalized due to sudden illness or accident for more than ten days or deceased, the Company will meet the cost of repatriating one immediate family member accompanying the Insured at the moment of the even this usual place of residence, when the latter is placed in the same country of residence of the Insured, and vided this immediate family member is unable to travel by his/her own means of transport or the means of transport used for the initial trip.

This cover is subject to a limit provided by the referred plan.

## 5- Repatriation of mortal remains,

In the event of the death of the Insured, the Assistance Company will make the arrangements necessary for his/her transport or repatriation and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

## 6- Travel of one immediate family member.

In the event that the Insured should be admitted to hospital for more than ten days as a result of an accident or illness covered in the policy, the Company will take charge of the transfer of a immediate family member from the usual country of residence of the Insured, including meeting the cost of the outbound and return journey to the place of hospitalization and the accommodation expenses there, **up to a limit of EUR 85 per day for a maximum of 10 days.** 

#### 7- Emergency return home following death of a close family member.





When the Insured has to curtail his/her journey because of the death of a close family member (First grade), the Company will meet the cost of the travel to his/her usual country of residence ,whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip. The Insured shall furnish the evidence, documents or certificates of the event, which caused the journey to be cut short (death certificate).

## 8- Delivery of Medicines.

The company will cover the expenses of sending medicines, in case of emergency, which are prescribed by the Doctor of the beneficiary, even if this prescription is previous to the trip, and are not available at the place where she/he is staying.

This cover is subject to a limit provided by the referred plan.

The costs of the medicines are excluded from this guarantee.

#### 9- Relay of Urgent Messages and Medical Referral.

The Assistance Company will take charge of relaying the urgent messages of the insured parties, relating to any of the events covered in the policy. Under demand of the insured, the Assistance Company provide the Insured with basic information such as: name of doctors, specialists, dentists or paramedical staff nearby, location of hospitals, medical centers, drugstores, ambulances, with the exclusion of any medical diagnosis.

### 10- Advance of bail bond.

The company will advance funds for any legal bond required on behalf of an Insured up to EUR 850. The Insured will be required that the amount requested is deposited beforehand at the registered offices of the company in Iran, in the form of a bank check, transfer or in cash.

#### 11- Advance of money.

If, during a trip abroad, the Insured were deprived of cash as a result of robbery, loss of baggage, illness or accident, duly proved by the presentation of the corresponding documentary proof receipts, certificates, formal complaints, etc. — the Company shall arrange to forward up to 850 EUR, provided that the amount requested is deposited beforehand at the registered offices of the company in Iran, in the form of a bank chek, transfer or in cash.

#### 12- Loss of passport, Driving License, National Identity Card abroad.

In the case of loss of the Insured party's passport, driving license, national identity card while abroad, The Company will take charge of the expenses of the displacements necessary for obtaining a new passport driving license, national identity card or equivalent consular document, **up to EUR 200**.

#### 13- Legal Defense

The Insurer will cover the expenses of legal defense abroad of the beneficiaries in the penal or procedures, which are generated against the beneficiaries in the event of traffic accident. **The maximum limit of the expenses of this service will be of 1500 EUR or equivalent.** 

## **SECTION B: COVERAGE FOR BAGGAGE**





The guarantees relating to baggage and personal possessions that belong to the Insured persons are those listed in this article, and will be provided according to the conditions set out below.

In all cases, the original certificate of the carrier or complaint, reporting the occurrence of the loss/accident must be furnished.

### 1- Compensation for in-flight loss of baggage checked-in.

The Company will supplement the compensation for which the carrier is liable up to a limit of EUR 200 as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier. Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organizations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company, with a minimum of 21 days.

Money, jewelry, debit and credit cards, and any type of document are excluded from this guarantee.

#### 2- Compensation for delay in the arrival of luggage.

The Company covers the delay of minimum 6 hours in the arrival of luggage from an Airline Company affiliated to the I.A.T.A. in the event the luggage was registered, with a maximum of EUR 100, for the purchase of articles of basic necessity.

In all the cases, the justifying document of the occurrence of the accident certified by the Airline Company must accompany the claim.

#### 3- Location and forwarding of baggage and personal effects.

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them. In the event that the previously mentioned possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence. In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

#### SECTION C: DELAYED DEPARTURE

When the departure of the means of public transport contracted by the Insured for travelling is delayed by at least six hours, the Company, subject to presentation of the corresponding original invoices, shall reimburse any additional expenses incurred (transport and hotel accommodation, as well as meals) as a result of the said delay, with the following limits:

- Up to EUR 45, where the delay is in excess of six hours.
- EUR 90 in the event of a delay in excess of twelve hours.
- EUR 135 more in the event of a delay in excess of eighteen hours.





- EUR 180 more in the event of a delay in excess of twenty-four hours.

### The maximum limit for all concepts under this cover is EUR 180.

This guarantee duly excludes any delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airports for the flight, or to service companies subcontracted by the same.

## Also excluded from this guarantee are those delays that occur on charter or non-regular flights.

Such payment will be made on presentation of the relevant original invoices up to EUR 180 in the event of delay of more than 6 hours.

#### CONDITIONS AND LIMITATIONS APPLICABLE TO SECTION C

- 1) The Insured Person must obtain written confirmation from the carriers or their agents of the actual date and time of departure and the reasons for delay before a claim is considered under this Section of the Policy.
- 2) Claims under this Section shall be calculated from the actual time of departure of the conveyance on which the Insured Iran Assistance Co. (S.O.S) Person was booked to travel, as specified in the booking confirmation.

## **Chapter 4- Exceptions**

Costs and loss and damages listed below shall not be included as the liabilities of the insurer:

- 1- Cases which result in filing of indemnification claims stemming directly or indirectlyfrom intentional wrong doingsby the insured or the result of his or her involvement in criminal activities or counter measure actions or which may have materialized because of negligence on the part of the insured.
- 2- Natural perils such as flood, earthquake, landslide, monsoon, etc. or unnatural events like landing of objects falling from higher elevations and in general any extraordinary atmospheric, air and land phenomenon or one which may be related to geological events.
- 3- Incidents related to acts of terrorism, civil disobedience or collective riots.
- 4- Military or security apparatus peace time measures and actions.
- 5- Declared or undeclared war or any violent and forceful involvement in international conflicts.
- 6- Direct or indirect cases pertaining to radio active radiation or exposure to emission of radio active fuel or explosive or in general any toxic or hazardous industrial material or waste.
- 7- Suicide, self-inflicting injuries, supervising, directing or partaking in any criminal activity.
- 8- Participation in horse racing or cycling matches or doing acrobatic moves using various types of engine powered vehicles or taking part in activities like mountain climbing (professional ascending), any type of aviation or flying, caving, scuba diving, summer and winter sports or taking part in practices in order to prepare for official games and in general any type of recreational sport which is reasonably deemed tobe risky and dangerous.
- 9- Individuals possessing permanent residency of other countries and students studying abroad.
- 10- Incidents due to occupational hazards of the insured which based on law are considered to be job related accidents.
- 11- Services which have been arranged directly through the insured or his or her proxy (except emergencies) without submitting a prior notification to the aid and assistance company in o0rder to secure its consent. Concerning emergency cases, the insured shall submit originals of receipts and other relevant documents to the aid and assistance company.
- 12- Cases stemming from use of narcotics, alcoholic beverages and hallucinogenic drugs other than those that are consumed in accordance with the prescription of a physician.





- 13- Complications related to mental sicknesses and disorders.
- 14- Cases stemming from the refusal of the insured or intentional delays caused by him or her or those who are responsible for the insured to be transferred to the care and treatment center proposed by the aid and assistance company or its medical team.
- 15- Rehabilitation treatments.
- 16- Prosthetics, orthopedic or orthodontics tools as well eye glasses.
- 17- Complications related to pregnancy and giving birth or miscarriage.
- 18- Cases related to improperly packaged goods or those which have not been identified by required markings and fragile and perishable goods.
- 19- Costs and damages pertaining to preventive measures or vaccinations.
- 20- Hot water spa treatment, physiotherapy, solar treatment or aesthetic treatments.
- 21- Costs associated with surgeries or medical treatments which to the treating physician and the medical team of the aid and assistance company can be postponed until such time that the insured has returned to his or her place of residence.
- 22- Global break-out of diseases as declared by WHO.
- 23- The aid and assistance company shall not be held liable for failure to provide proper services as specified and inserted herein due to unforeseen circumstances or force majeure.

## Chapter 5- Duties and Responsibilities of the Insured

As may be required, the insured or his or her legal proxy undertakes to carry out the following:

- 1- To contact the 24-hour respond center of the aid and assistance company at the numbers indicated in the text of the private conditions of the insurance policy at the earliest possible time prior to taking any personal initiatives and actions and provide the information set out below:
- A) Full name of the insured including number and effective date of the travel insurance policy and passport number.
- B) Address outside of the country of residence where the insured is staying during the trip including a contact number.
- C) A brief description of the incident or illness and the type of required aid.

**Note:** In cases of imminent danger to life the insured and/or the legal proxy shall immediately make appropriate arrangements for transfer to the nearest hospital and report the overall condition to the respond center of the aid and assistance company as soon as possible.

- 2- To report cases of hospitalization to the aid and assistance company within at most one hundred and sixty eight (168) hours or seven (7) days from the time of admittance or consultation by a physician and prior to being discharged, consequently claims of loss and damages received after such said time shall be deemed null and void and not considered for further action.
- 3- The insured or his or her legal proxy shall communicate the following information to the aid and assistance company in cases pertaining to claims of loss and damage concerning transfer or return to the country of origin:
- A) Name, address and the telephone number of the hospital where the insured has been insured.
- B) Name, address and telephone number of the treating physician or as may be required the family doctor.
- 4- The medical team or representatives of the aid and assistance company shall have full access to the insured in order to conduct proper assessment of his or her physical status. If accessibility is not possible or is denied, the insured shall not be subject to services provided by the insurance policy (except where provided for special cases).
- 5- The aid and assistance company through consultation with the treating physician shall select the means of transportation and specify the relevant departure date in every case. Medical transport or return to the country of origin by air-ambulance is limited to a single continent only.
- 6- In cases where the aid and assistance company bears all the insured's transport charges then the insured shall return the unused part of his or her ticketor submit a sum equal to the unused portion to the aid and assistance company.







- 7- To take all possible measures in order to alleviate and reduce the severity of the damage.
- 8- To avoid taking any actions that may impede and complicate action by the aid and assistance company against those responsible for the accident (if any).
- 9- To secure and to procure all required documents and records from relevant sources and submit the same to the aid and assistance company.

## **Chapter 6- Termination of the Insurance Policy**

- 1- Submission of passport and its subsequent review by the insurer is required to terminate or reduce the scope of the insurance policy.
- 2- The insurance policy shall not be terminated or reduced once the insured has departed the country and gone abroad.
- 3- The insurance policy may be terminated if the insured decides not to travel. A Rls. 20,000 shall apply. The current insurance policy shall be considered null and void if not used within a period of six months from the date of issue due to reasons such as inability to secure travel visa, change of travel plans, etc. Therefore, after expiration of the said time, the insurance policy shall be deemed terminated andnon-effective and the paid premium shall not be refunded.
- 5- In cases where travel insurance policy is purchased for visa interview trips:
- A) If visa application is rejected and a relevant letter is obtained from the concerned embassy, the paid insurance premium shall be refunded after deduction of a Rls. 10,000 fee.
- B) The insurance policy shall not be null and void under any circumstances during the effective date of the visa.
- C) The insurance policy shall not be null and void or reduced in scope if a visa has been granted by a state not listed in the proposal form.

## **Chapter 7- Other Conditions**

Arbitration: In the event of differences arising between parties herein, first they shall attempt to resolve the matter through amicable negotiations. However, if satisfactory solutions are not remedied then the matter may be referred to an arbitration body or a judicial court for further review and consideration. If parties decide to delegate the issue to an arbitration body then they shall select a consensual arbitrator and in cases where mutual agreement is not reached concerning such an arbitrator then each party shall select an arbitrator independently and notify the other party in writing of their selection. Next, the two (2) selected arbitrators together shall select a third arbitrator and this panel of three (3) arbitrators shall review the matter and specify a final verdict through majority vote. In the event that the two (2) initial arbitrators cannot mutually agree upon a third arbitrator then parties herein may petition a court of law to select the third arbitrator and accordingly, assign it to the panel. Moreover, either party shall bear the costs associated to their arbitrator and shall divide the cost of the third arbitrator equally.

**Time Period for Filing a Claim:** Any claim pertaining to the current insurance policy shall be filed within at most a period of two (2) years from the expiry or termination date. For cases regarding accidents which are covered by the policy, the said period shall be from the exact date of occurrence so claims beyond two (2) years shall not be considered. In the event that the aforementioned period id interrupted, one (1) year shall be added to the remaining period of time.

**Principle of Subrogation:** The insurer is the legal representative of the insured and may take legal actions on his or her behalf against those responsible for the accident which has led to indemnification of loss and damages for the insured according to the relevant term and condition set out in the insurance policy. Moreover, if the services provided by the insurer are covered by in whole or in part by a separate insurance policy then the insurer shall be the legal representative of the insured and the legal actions of the insurer shall be based on the said insurance policy.

## **Product Benefits & Limitations**

#### A- VISA SCHENGEN

- 1- MEDICAL EXPENSES & HOSPITALIZATION ABROAD MAXIMUM 30 000 EURO
- 2- TRANSPORT OR REPATRIATION IN CASE OF ILLNESS OR ACCIDENT Actual Expenses





- 3- EMERGENCY DENTAL CARE MAXIMUM 200 EURO
- 4- REPATRIATION OF FAMILY MEMBER TRAVELLING WITH THE INSURED Actual Expenses
- 5- REPATRIATION OF MORTAL REMAINS Actual Expenses
- 6- TRAVEL OF ONE IMMEDIATE FAMILY MEMBER 85 Euros / day MAXIMUM 850 EURO
- 7- EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER Actual Expenses
- 8- DELIVERY OF MEDICINES Actual Expenses
- 9- RELAY OF URGENT MESSAGES AND MEDICAL REFERAL Actual Expenses
- 10- ADVANCE OF BAIL BOND MAXIMUM 850 EURO
- 11- ADVANCE OF FUNDS MAXIMUM 850 EURO
- 12- LEGAL DEFENSE MAXIMUM 1500 EURO
- 13- LOSS OF PASSPORT, DRIVING LICENSE, NATIONAL IDENTITY CARD ABROAD MAXIMUM 200 EURO
- 14- COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE MAXIMUM 200 EURO
- 15- COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE MAXIMUM 100 EURO
- 16- LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL EFFECTS Actual Expenses
- 17- DELAYED DEPARTURE MAXIMUM 180 EURO

# B- VISA SCHENGEN GOLD , C- WHOLE WORLD, D- WHOLE WORLD except U.S.A, CANADA and JAPAN

- 1- MEDICAL EXPENSES & HOSPITALIZATION ABROAD MAXIMUM 50 000 EURO
- 2- TRANSPORT OR REPATRIATION IN CASE OF ILLNESS OR ACCIDENT Actual Expenses
- 3- EMERGENCY DENTAL CARE MAXIMUM 400 EURO
- 4- REPATRIATION OF FAMILY MEMBER TRAVELLING WITH THE INSURED Actual Expenses
- 5- REPATRIATION OF MORTAL REMAINS Actual Expenses
- 6- TRAVEL OF ONE IMMEDIATE FAMILY MEMBER 85 Euros / day MAXIMUM 850 EURO
- 7- EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER Actual Expenses
- 8- DELIVERY OF MEDICINES Actual Expenses
- 9- RELAY OF URGENT MESSAGES AND MEDICAL REFERAL Actual Expenses
- 10- ADVANCE OF BAIL BOND MAXIMUM 850 EURO
- 11- ADVANCE OF FUNDS MAXIMUM 850 EURO
- 12- LEGAL DEFENSE MAXIMUM 1500 EURO
- 13- LOSS OF PASSPORT, DRIVING LICENSE, NATIONAL IDENTITY CARD ABROAD MAXIMUM 200 EURO
- 14- COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE MAXIMUM 200 EURO
- 15- COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE MAXIMUM 100 EURO
- 16- LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL EFFECTS Actual Expenses
- 17- DELAYED DEPARTURE MAXIMUM 180 EURO

E-TRAVELSURE (MIDDLE EAST, AFRICA and TURKEY), F-GCC TRAVELSURE





(For GCC countries only: Bahrain, Kuwait, Oman, Saudi Arabia (EXCEPT MECCA and MEDINA), Qatar and United Arab Emirates)

- 1- MEDICAL EXPENSES & HOSPITALIZATION ABROAD MAXIMUM 10 000 EURO
- 2- TRANSPORT OR REPATRIATION IN CASE OF ILLNESS OR ACCIDENT Actual Expenses
- 3- EMERGENCY DENTAL CARE MAXIMUM 150 EURO
- 4- REPATRIATION OF FAMILY MEMBER TRAVELLING WITH THE INSURED Actual Expenses
- 5- REPATRIATION OF MORTAL REMAINS Actual Expenses
- 6- TRAVEL OF ONE IMMEDIATE FAMILY MEMBER 85 Euros / day MAXIMUM 850 EURO
- 7- EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER Actual Expenses
- 8- DELIVERY OF MEDICINES Actual Expenses
- 9- RELAY OF URGENT MESSAGES AND MEDICAL REFERAL Actual Expenses
- 10- ADVANCE OF BAIL BOND MAXIMUM 850 EURO
- 11- ADVANCE OF FUNDS MAXIMUM 850 EURO
- 12- LEGAL DEFENSE MAXIMUM 1500 EURO
- 13- LOSS OF PASSPORT, DRIVING LICENSE, NATIONAL IDENTITY CARD ABROAD MAXIMUM 200 EURO
- 14- COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE MAXIMUM 200 EURO
- 15- COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE MAXIMUM 100 EURO
- 16- LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL EFFECTS Actual Expenses
- 17- DELAYED DEPARTURE MAXIMUM 180 EURO

# G-TRAVELSURE (MIDDLE EAST, AFRICA ,TURKEY 'SOUTH EAST ASIA ,India ,Chaina ,Georgia ,Azerbaijan ,Armenia

- 1- MEDICAL EXPENSES & HOSPITALIZATION ABROAD MAXIMUM 10 000 EURO
- 2- TRANSPORT OR REPATRIATION IN CASE OF ILLNESS OR ACCIDENT Actual Expenses MAXIMUM 2000EURO
- 3- EMERGENCY DENTAL CARE MAXIMUM 100 EURO
- 4- LOSS OF PASSPORT, DRIVING LICENSE , NATIONAL IDENTITY CARD ABROAD MAXIMUM 200 EURO
- 5- COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE MAXIMUM 200 EURO

• Note: Franchise EUR 25 applicable per claim.