

Whenever the Insured is traveling out of his Usual Country of Residence and up to a maximum number of (As per issued policy) days and as per airline ticket or travel ticket, The Assistance Company will provide the following Personal Assistance Benefits:

1. MEDICAL, HOSPITALIZATION, PHARMACEUTICAL EXPENSES, AND SURGICAL EXPENSES ABROAD, DUE TO ACCIDENT / SUDDEN ILLNESS.

In the event of an Accidental Injury or Sudden Illness of the Insured occurring outside the Usual Country of Residence the Assistance Company will meet the usual, customary, necessary and reasonable costs of hospitalization, surgery and medical fees for a maximum of (as the Schedule of Benefit) per person per trip or per year (in case of annual policy) and in the aggregate with a Deductible of:

Deductible amount (*) Each And Every Claim according to "Age"			
From 30 days to 65 years old	From 66 years to 70 years old	From 71 years to 75 years old	From 76 years to 80 years old
USD 50	USD 100	USD 250	USD 500

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.

In the event of an Accidental Injury or Sudden Illness of the Insured occurring outside the Usual Country of Residence the Assistance Company will meet the usual, customary, necessary and reasonable pharmaceutical products costs prescribed by the attending Doctor for a maximum of (as the Schedule of Benefit) per person per trip.

This policy is not a general health policy. It is intended only for use of Insured Person in the event of a serious sudden and unexpected illness or accident.

2. TRANSPORT TO A PROPERLY EQUIPPED MEDICAL FACILITY/ REPATRIATION IN CASE OF ACCIDENT / SUDDEN ILLNESS (MEDICAL EVACUATION & REPATRIATION).

In the event of an Accidental Injury or Sudden Illness, the Assistance Company will take charge of transferring the Insured to a proper equipped medical facility.

The Company, through its medical team, will decide if transferring is necessary, otherwise, The Company, through its medical team, will decide if repatriation is necessary, depending on the situation or gravity of the condition of the latter.

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical Centre and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer the Insured, and on the most suitable means of transport to use.

Transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

3. SEA AND MOUNTAIN RESCUE EXPENSES.

This does not include rescues on the spot but this includes possible medical expenses at hospital up to the amount stated in the schedule of benefits.

4. TRAVEL AND STAY OF ONE IMMEDIATE FAMILY MEMBER TO STAY WITH THE INSURED IN CASE OF ACCIDENT/ SUDDEN ILLNESS (COMPASSIONATE VISIT).

In the event that the Insured is travelling alone and admitted to hospital for more than seven days as a result of an Accidental Injury or Sudden Illness covered in the policy, the Assistance Company will take charge of the outbound and return journey of one designated immediate family member at the Insured's choice, from the Usual Country of Residence of the Insured to the place of hospitalization of the Insured as well as the cost of standard accommodation expenses up to a limit of (as the Schedule of Benefit) per day for a maximum of (as the Schedule of Benefit).

5. MEDICAL REFERRAL/APPOINTMENT OF LOCAL MEDICAL SPECIALIST ABROAD.

Through the Assistance Company call center, the insured will be given access and referred to any agreed medical center or medical practitioner of the Company's international network, when the insured is outside the country of residence.

6. CONNECTION SERVICES.

Whilst traveling abroad, the Insured may contact the Assistance Company to obtain miscellaneous services in the country where he is located such as rental car referral, hotel reservation, and legal and administrative information. However miscellaneous services required by the Insured that are not covered under this Policy shall remain the responsibility of the Insured and at his own expense.

7. LONG DISTANCE MEDICAL ADVICE.

Should the Insured, during his/her journey abroad, need medical advice which is not available at their location, he/she may call the Assistance Company Alarm Center and get medical advice from a qualified physician. A telephone conversation does not permit establishment of a diagnosis and must therefore be considered as mere advice.

8. RELAY OF URGENT MESSAGES.

In the event of an emergency calling for assistance, the Assistance Company shall transmit any urgent messages of the Insured to his/her family or employer and keep them informed of any arrangements made to provide the required assistance.

9. DISPATCH OF A SPECIALIST PHYSICIAN.

In such cases where medical repatriation proves to be impossible due to the patient's condition, the Assistance Company may, at its discretion, pay for the dispatch of a specialist physician to make on-site evaluation with the attending physician and arrange for the eventual medical repatriation of the Insured.

10. EMERGENCY DENTAL CARE ABROAD.

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

The maximum limit of the expenses for this benefit is US \$ 160 per case and US \$ 1,500 per annum and in the aggregate.

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

11. EMERGENCY RETURN HOME TO THE COUNTRY OF RESIDENCE FOLLOWING DEATH OF A CLOSE FAMILY MEMBER.

When the Insured has to curtail his/her journey because of the death of an immediate family member, the Assistance 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).

12. ESCORT OF MINOR CHILD IN CASE OF ACCIDENT/ SUDDEN ILLNESS OF THE INSURED.

If any of the persons accompanying the Insured party, who has suffered because of an Accidental Injury or Sudden Illness, were children of under 18 years of age and does not have anyone to accompany him/her, the Assistance Company will provide a suitable person to look after the child during the trip to the hospital where the Insured is hospitalized, or to the usual residence in the country of origin, whenever there is no other person who could take charge of escorting the child.

13. REPATRIATION OF MORTAL REMAINS TO THE COUNTRY OF RESIDENCE.

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.

14. DELIVERY OF MEDICINES ABROAD.

The Assistance Company will take charge of delivering the medicines outside the country of resident prescribed urgently by a doctor for the Insured during the trip and which cannot be found in the place where he/she had travelled to or to be replaced by medicines that have a similar composition.

The Assistance Company will not be responsible for the medicines expenses.

COVERS/BENEFITS SECTION 2 – TRIP CANCELLATION & DELAY

1. TRIP CANCELLATION ABROAD.

The Assistance Company shall indemnify the Insured Person in respect of all irrecoverable deposits, advance payments and other charges paid or due to be paid for travel and/or accommodation up to USD 800, in the event of the Insured Person's Covered Trip being necessarily cancelled due to:

- i) The death, accidental bodily injury or illness of the Insured Person or the death, accidental bodily injury or illness of the Insured Person's immediate family member;
- ii) The death, accidental bodily injury or illness of any person with whom the Insured Person had arranged to travel, reside or conduct business, or of the immediate family member;
- iii) The Insured Person or any person with whom the Insured, Person had arranged to travel, reside or conduct business being:
 - a) Quarantined or called for witness or jury service;
 - b) Made redundant provided that such redundancy qualifies for payment under the applicable usual country of residence legislation;
 - c) Called for emergency duty as a member of the armed forces, the defense of civil administration, the police force or the fire, rescue, public utility or medical services;
 - d) Required to be present at his home or place of business in the usual country of residence following burglary or major damage;
- iv) The cancellation of scheduled or chartered transport services (including connecting publicly licensed transportation) caused by accident, strike, industrial action, hi-jack, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche, adverse weather conditions or mechanical breakdown, provided that the event giving rise to such cancellation occurs, or is only announced, after the Covered Trip is booked or this Insurance is effected, whichever the later;
- v) Major damage rendering uninhabitable the accommodation in which the Insured Person had previously booked to reside during a Covered Trip.

EXCLUSIONS APPLICABLE TO TRIP CANCELATION:

The Assistance Company / Assistance Company shall not be liable for claims resulting from:

- Childbirth, pregnancy or any medical complications resulting there from within 2 months of the estimated date of delivery;
- Any condition or set of circumstances known to the Insured at the time the Trip was booked or this Insurance was affected, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the Insured's Covered Trip;
- Lack of or unreasonable care taken by the Insured in respect of:
 - I. Travel to the airport/station.
 - II. Route to the airport/station.
 - III. Departure time.

2. DELAYED DEPARTURE ABROAD.

In the event that transport services on which the Insured has previously booked to travel are delayed due to any of the perils listed in Section 2 (1) above, the Assistance Company will indemnify the Insured in respect of the outward journey at commencement of the Covered Trip as follows:

- I. Up to (amount stated in the schedule of benefits) for irrecoverable losses paid or to be paid for travel and or accommodation if the Insured opts to cancel the Covered Trip completely following delay of more than 24 hours, less any amounts recoverable under Section B (iv) above, or
- II. For each completed (x) hours period of delay an amount of (as the Schedule of Benefit) will be paid and up to a maximum of (as the Schedule of Benefit) in all.

CONDITIONS AND LIMITATIONS APPLICABLE TO TRIP DELAY:

The Insured 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. Claims under this Section of the Policy shall be calculated from the actual time of departure of the conveyance on which the Insured was booked to travel, as specified in the booking confirmation.

COVERS/BENEFITS SECTION 3 – LUGGAGE ASSISTANCE

1. COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE.

The Assistance Company will supplement the compensation for which the carrier is liable up to a limit of (as the Schedule of Benefit) 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, jewellery, debit and credit cards, and any type of document are excluded from this guarantee.

2. COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE ABROAD.

Being temporarily deprived of his registered baggage and/or personal effects for a period in excess of (x) hours on his outward journey whilst on the Covered Trip, for all the necessary emergency purchases against original invoices up to a maximum limit of (as the Schedule of Benefit).

Any amount so paid shall be deducted from any subsequent claim paid under Section 3 (1) above,

Being deprived of his passport and /or any official transportation documents, for expenses related to formalities and issuing of a new passport as stated under Section 3 (3) in the Schedule of Benefits.

3. LOSS OF PASSPORT ABROAD.

In the event of the loss, theft or unintentional destruction of the Insured's passport during his/her journey, Company shall refund the Insured Person "Insured" for the cost of passport reissuance subject to the schedule of cover / benefit.

4. LOSS OF CREDIT CARD ABROAD.

If an Insured Person suffers financial loss as a direct result of the fraudulent use of his/her personal credit card(s) following its loss arising out of robbery, burglary or theft while the Insured Person is outside the Usual Country of Residence during the Journey the Assistance Company shall pay for such unauthorized transactions incurring during a maximum of the first 24 hours of the loss of the card up to the limits indicated below.

The loss must be reported to the credit card issuer within six (6) hours of the robbery, burglary or theft, otherwise no benefit will be payable under this Section. A claim must be accompanied by a report issued by the credit card issuer evidencing the amount of loss provided that reasonable care of their own credit card was taken to keep it safe as well as all reasonable steps to recover credit card that is lost or stolen.

EXCLUSIONS APPLICABLE TO LOSS OF CREDIT CARDS ABROAD:

- i. Unattended credit card(s).

- ii. credit card(s) not carried with the Insured and which was not locked in the Insured's personal accommodation or stored in a locked safety deposit box or locked safe if the Insured's accommodation has a locked safety deposit box or locked safe. Credit card(s) left in a motor vehicle.
- iii. Credit card(s) left in checked-in luggage.
- iv. Credit card(s) left in a tent.
- v. Any loss or damage that has been or will be reimbursed by any carrier, hotel, travel agent or any other party responsible for the loss or damage.
- vi. Losses incurred after 24 hours of reporting the credit card lost as the bank must block the card.

CONDITIONS AND LIMITATIONS APPLICABLE TO SECTION (3):

The maximum limit for a single item shall not exceed the limit stated in the Schedule of Benefits: a pair or set of articles being deemed a single item.

Total loss or destruction of an insured item shall be dealt with on an indemnity basis up to the Sum Insured stated in the Schedule of Benefits subject to any maximum limits expressed in this policy.

The Insured Person shall at all times exercise reasonable care in the supervision of insured baggage and/or personal effects.

EXCLUSIONS APPLICABLE TO SECTION (3):

The Assistance Company / Assistance Company shall not be liable for claims resulting from:

- I. Breakage of glass or china unless caused by an accident to the conveyance in which the Insured is traveling;
- II. Loss or damage caused by moth, vermin, electrical or mechanical breakdown, machinery breakdown, gradual deterioration or wear and tear (does not apply to the loss of or damage to any item resulting from wear and tear to a clasp, setting or other fastening device used in a carrier or container);
 - Loss of cash, bank or currency notes, checks, postal orders, credit cards, charge cards, travel cards, bankers cards, travelers checks, travel tickets, other people's passports, driving licenses, green cards and petrol or other coupons;
 - Claims resulting from confiscation, requisition, detention, destruction or damage by customs authorities or other such officials;
 - Losses which are not reported to the Police or appropriate authorities within 24 hours of discovery or as soon as is reasonably practicable.
 - Breakage of sports equipment whilst in use or loss of or damage to pedal cycles or hired equipment;
 - Loss of or damage to contact, Cornell or micro-Cornell lenses.

COVERS/BENEFITS SECTION 4 – PERSONAL ACCIDENTS

COVER:

In the event the Insured shall sustain or suffer a bodily Injury resulting solely, directly and independently of all other causes from external, violent, visible and Accidental means and directly cause or necessarily result in:

- 1 ACCIDENTAL DEATH WHILE ON BOARD COMMON CARRIER.
- 2 PERMANENT TOTAL DISABILITY.

The Assistance Company shall pay to the Insured or to the Insured's executors or administrators or to indemnify him or them the Sum Insured stated in the Policy Schedule against this Benefit.

The Accidents which the Insured party could suffer during the 24 hours of the day, except for express agreement, are insured Risks which subscribe a partial Cover.

This Cover is contracted in favor of The Reinsured/Cedant through **TRUST RE** whose General Conditions are found at the Insured party's disposal.

AREA OF COVER:

The policy's Cover is applicable, except when stipulated to the contrary, in any place in the world, except in the country of habitual residence, while the Insured party is traveling, the length of the trip not exceeding 92 days.

The corresponding compensation will be paid in the country where the policy has been issued in USD (As per Schedule of Benefits).

TYPE OF DISABLEMENT

Head and nervous system	% of Sum Insured
Total derangement	100
Total blindness	100
Total dumbness being unable to make coherent sounds	70
Loss of an eye or of the vision thereof, having lost the other previously	70
Epilepsy in its maximum degree	60
Total deafness	50
Total deafness in one ear, having lost the hearing in the other previously	30
Ablation of the lower jaw	30

Loss of an eye conserving the other and decrease to half of the binocular vision	25
Operated bilateral traumatic cataract (aphaquia)	20
Total deafness in one ear	15
Serious disorders of the joints of both jaw bones	15
Operated unilateral traumatic cataract (aphaquia)	10
Total loss of smell or taste	5
Vertebral column/Spine	% of Sum Insured
Paraplegia	100
Quadriplegia	100
Restricted movement because of vertebral fractures without neurological complications or serious deformations of the spine: by 100 for each vertebra affected, with a maximum of 20 vertebra	20
Barré-Lieou Syndrome	10
Thorax, abdomen and genito-urinary system	% of Sum Insured
Loss of a lung or reduction by 50 per 100 of lung capacity	20
Colostomy	20
Diaphragm hernia	10
Nephrectomy	10
Splenectomy	5
Upper limbs	% of Sum Insured
Amputation of an arm from the shoulder bone joint	100
Amputation of an arm at elbow level or above	65
Amputation of an arm below the elbow	60
Amputation of a hand at wrist level or below	55
Amputation of four fingers of one hand	50
Total loss of movement of a shoulder	25
Total paralysis of the radial, cubital or median nerve	25
Amputation of a thumb	20
Total loss of movement of an elbow	20
Total loss of movement of a wrist	20
Total amputation of a first finger or two phalanges thereof	15
Total amputation of any other finger of a hand or of two phalanges thereof	5
Lower limbs	% of Sum Insured
Total loss of movement of a hip	20
Amputation of a leg above the knee joint	60
Amputation of a leg keeping the knee joint	55
Amputation of a foot	50
Partial amputation of a foot keeping the heel	20
Total loss of movement of a knee	20
Total paralysis of the external popliteur sciatica	15
Total loss of movement of an ankle	15
Amputation of a big toe	10
Shortening of a leg by 5 cm or more	10
Serious difficulties in walking following fracture of one of the heel bones	10
Amputation of any other toe	5

WHEN APPLYING THE SCALE ABOVE, THE FOLLOWING RULES WILL BE TAKEN INTO ACCOUNT:

- a) The compensation percentages for upper limbs should be reduced by 15 per 100 when it is not the dominant side (injuries to the left limb of a right-handed person and vice versa), save in the event of a hand combined with that of a foot.
- b) The compensations will be fixed regardless of the profession and age of the Insured, as well as any other factor not covered in the scale.
- c) When there are several types of disability derived from one Accident, their relevant compensation percentages will be accumulated, with a maximum of 100 per 100 of the Sum Insured for this warranty.

- d) The absolute and permanent functional impotence of a member or organ will be considered to be a total loss thereof.
- e) The sum of the percentages of compensation for various types of partial disability in one member or organ may not be more than the percentage established for its total loss.
- f) The types of disablement not expressly specified in the scale will be indemnified by analogy with other cases that feature in it.
- g) Partial limitations and anatomical losses will be indemnified in proportion to the loss or absolute functional impotence of the limb or organ affected.
- h) If a member or organ affected by an Accident had amputations or functional limitations prior thereto, the percentage compensation applicable will be the difference between that of the pre-existing disability and that resulting after the Accident.

The degree of disability, for the effects of definitive compensation, will be established by the Assistance Company when the physical condition of the Insured is medically acknowledged to be the final condition and the latter furnishes the relevant medical certificate of disablement. If after twelve months have elapsed after the date of the Accident, it still cannot be established, the Insured may ask the Assistance Company for a new deadline of up to twelve months more, after which the latter will have to establish the disablement on the basis of which it considers will be the final outcome.

If the Insured should fail to accept the proposal made by the Company, on the basis of the medical certificate of disablement and on the basis of the policy scale, the following regulations will apply:

- a) Each party will appoint a medical expert, and acceptance thereof shall be recorded in writing. If one of the parties should have failed to make the appointment, it will be obliged to do so in the eight day period after the date on which it is required to do so by the party that had appointed their expert; should it fail to do so in that time limit, it will be construed that it accepts the decision reached by the other party's expert, and will be bound to comply with it.
- b) If the experts should reach an agreement, it will be set forth in a joint procedure, in which the causes of the loss, the degree of disablement and the other circumstances that influence the establishment thereof will be placed on record, as well as the proposal for the relevant percentage compensation.
- c) When the medical experts fail to reach an agreement, both parties will appoint, by agreement, a third expert. In the event that they should fail to do so, this will be done by the First Instance Court Magistrate of the home address of the Insured, in a voluntary jurisdiction procedure and by means of the procedures envisaged for the appointing experts by ballot in the Rules of civil law procedure.
- d) If the decision of the experts were challenged, the Assistance Company shall pay the minimum amount of what it might owe, according to the circumstances that it knows, and if it were not, it will pay, within five days, the amount of the compensation indicated by the experts.
- e) If the Assistance Company were to delay payment of the compensation that had become irrefutable and the Insured were obliged to claim it in court, the relevant compensation will be increased by 20 per 100 per year, which will start to accrue from the time that the evaluation became irrefutable for the Assistance Company and, in any case, with the amount of the expenses that the Insured had incurred as a result of the process.

EXCLUSIONS TO SECTION (4):

The Insurer and /or The Assistance Company shall not be liable for Claims resulting from:

- 1 Travel by aircrafts or any other Common Carriers whether licensed to carry passengers against fare or not.
- 2 Armed conflicts (having existed or not official declaration of war).
- 3 The use of helicopters and means of aerial navigation not authorized for the public transporting of passengers.
- 4 Active participation in criminal acts or in bets, challenges or arguments except in the case of legitimate self-defense or state of need.
- 5 Participations in any organized dangerous competition, races, sports and training thereon.
- 6 Suicide or attempting suicide or any willful Injury.
- 7 Addiction to alcohol or narcotics or misuse of drugs.
- 8 Blood transfusion and Acquired Immune Deficiency Syndrome (AIDS).
- 9 Any bodily Injury or sickness the Insured was suffering from prior or at the commencement of this Policy.
- 10 Pregnancy, childbirth, miscarriage (whether legitimate or not) and any complications resulting there from.
- 11 Death or total permanent disability as a direct result from an Accident, which occurred in the Country of Residence of the Insured.

NOTWITHSTANDING THE FIRST EXCLUSIONS, IT IS HEREBY DECLARED AND AGREED THAT THIS POLICY IS EXTENDED TO COVER DEATH OR TOTAL PERMANENT DISABILITY OF THE INSURED WHILST TRAVELING IN A COMMON CARRIER SUBJECT TO A MAXIMUM COMPENSATION FOR ANY ONE SINGLE CLAIM AFFECTING A GROUP OF INSURED TRAVELING TOGETHER OF USD 500,000 AND IN SUCH AN EVENT THE MAXIMUM COMPENSATION OF USD 500,000 SHALL BE PROPORTIONATELY DISTRIBUTED BETWEEN ALL ELIGIBLE BENEFICIARIES.

COVERS/BENEFITS SECTION 5 – PERSONAL LIABILITY, LEGAL FEES AND BAIL BOND

1. PERSONAL LIABILITY:

The Company shall indemnify the insured person, up to the sum specified in the schedule, for any money that he legally has to pay, relating to an accident during the Period of Insurance that causes:

- a. death or injury to Any person; or
- b. loss of or damage to property.

The Company will also pay, with prior written consent, any extra costs or expenses that he has to pay.

Conditions (in addition to the General Conditions)

- a. The insured person must immediately notify the Company, in writing, giving full details of any incident likely to give rise to a claim.
- b. The insured person must forward every letter, writ, summons and process to the Company immediately on receipt.
- c. The insured person must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without the Company's written consent.
- d. The Company shall be entitled, if it wishes so, to take over and conduct in the name of the insured person, the defence of any claims for indemnity or damages or otherwise against any third party, in which case full cooperation and information must be provided by the insured person.
- e. In the event of death of the insured person, his legal representative will have the protection under this benefit provided he complies with the terms and conditions outlined.

GENERAL EXCLUSIONS

- 1) Loss, damage, illness and/or injury directly or indirectly caused by, arising out of, and/or during, and/or in consequence of the following are excluded from the guarantee/Cover granted under this Policy:
 - a) The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions including those actions of the Insured in a state of derangement or under psychiatric treatment costs for which are themselves excluded;
 - b) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon any other type of natural disaster;
 - c) Events arising from terrorism, mutiny or crowd disturbances;
 - d) Events or actions of the Armed Forces or Security Forces in peacetime;
 - e) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
 - f) Those caused by or resulting from radioactive materials and nuclear energy;
 - g) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity;
 - h) Illness or Injuries existing prior to the claim, unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge Premium;
 - i) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
 - j) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting outside European Territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is known to be dangerous;
 - k) Participation in competitions or tournaments organised by sporting federations or similar organisations.
 - l) Hazardous winter and/or summer sports such as skiing and/or similar sports.
 - m) Permanent resident and students outside of resident country.

- n) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters;
 - o) The Accidents deemed legally to be work or labour Accidents, consequence of a Risk inherent to the work performed by the Insured.
 - p) Internationally and locally recognized epidemics.
 - q) Illnesses or Injuries arising from chronic ailments or from those that existed prior to the inception date of the policy;
 - r) Death as a result of suicide and the Injuries or after-effects brought about by suicide and/or attempted suicide or any self-inflicted Injuries.
 - s) Illness, Injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance;
 - t) Illness or Injuries resulting from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Assistance Company and agreed by its medical Service;
 - u) Illness or Injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
 - v) Mental Health diseases.
 - w) Venereal sexually transmitted diseases.
 - x) All pre-existing, congenital and/or Chronic Medical Conditions.
 - y) Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Assistance Company, can reasonably be related thereto, if the Insured Person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.
 - z) Diagnosis and treatment services for complication of excluded illnesses.
 - aa) Travelling to seek medical treatment or waiting for an operation, post operation check-up or any other hospital treatment, or any medical investigations, tests or test results.
 - bb) Travelling against the advice of a doctor or considered not fit to travel by the assistance company.
 - cc) Travelling to seek immigration or political asylum.
- 2) In addition to the foregoing General Exclusions, the following Benefits are not Covered by this insurance:**
- a) The Services arranged by the Insured on his/her own behalf, without prior communication or without the consent of Afro Asian Assistance- the Assistance Company, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the Assistance Company with the vouchers and original copies of the invoices;
 - b) Assistance or medical Services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications.
 - c) Rehabilitation treatments;
 - d) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
 - e) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 1. Before this insurance comes into force;
 2. With the intention of receiving medical treatment;
 3. After the diagnosis of a terminal illness;
 4. Without prior medical authorisation, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip;
 - f) Expenses that arise once the Insured is at his/her Usual Country of Residence, those incurred beyond the scope of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the Agreement have elapsed or after 90 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
 - g) Any Health Services that are received as Out-of-Hospital Benefits.
 - h) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.

- i) Services that do not require continuous administration by specialized medical personnel.
- j) Personal comfort and convenience items (television, barber or beauty Service, guest Service and similar incidental Services and supplies).
- k) Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency.
- l) Prosthetic devices and consumed medical equipment's.
- m) Treatments and Services arising as a result of hazardous activities, including but not Limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
- n) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- o) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products, non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
- p) Services rendered by any medical provider relative of a patient for example the Insured Person and the Insured member's family, including Spouse, brother, sister, parent or child.
- q) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
- r) Treatments and Services related to viral hepatitis and associated complications, except for treatment and Services related to Hepatitis A.
- s) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation Services.
- t) Medical Services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
- u) Any test or treatment not prescribed by a Doctor.
- v) Diagnosis and treatment Services for complications of excluded Illnesses.

w) COMMUNICABLE DISEASE EXCLUSION

1. Notwithstanding any provision to the contrary within this reinsurance agreement, this reinsurance agreement excludes all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment (Except for Emergency Medical Expenses and Stabilization), defense cost, sot, expenses or any other incurred by or accruing to the reinsured directly or indirectly and regardless of any other cause or event contributing concurrently or in any sequence originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Communicable Disease or the dear or threat (whether actual or perceived) of a Communicable Disease.

2. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

a. The substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and

b. The method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid. Liquid or gas between organisms, and

c. The disease, substance or agent can cause or threaten bodily injury, illness, emotional distress, or damage to human health human welfare or property damage.

An Emergency is defined as the sudden onset of an illness, injury or medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) requiring immediate and unscheduled medical care, and if left untreated could result in placing the person's life and/or health in serious jeopardy; serious impairment to bodily functions; serious dysfunction of a bodily organ or part; serious disfigurement; until stabilization. Stabilization may occur in the Emergency Department or following emergency In-Patient admission till the patient is deemed stable.

The patient is considered stable to a condition where

1. Continue treatment outside the Emergency department/inpatient
2. Or they can be transferred to their residence /Accommodation.
3. Or can travel back to country of residence without the need for immediate medical care.
4. Stabilization does not include routine or non-life-threatening conditions or symptoms

In the event of any claim Covered under this policy, the liability of the Assistance Company shall be conditional on the Insured claiming indemnity or Benefit having complied with and continuing to comply with the terms of this Policy. If a Benefit Covered by the policy or assistance is needed, the Insured shall:

- 1) Take all reasonable precautions to minimize the loss.
- 2) As soon as possible contact Swan International Assistance to notify the claim stating the Benefits required:

Country	Contact Numbers (24 Hrs/7 days):
USA / Canada	+1 514 448 4417
France / Europe	+33 9 70 73 22 47
International	+961 9 211 662
Email:	request@swanassistance.com

- 3) Freely provide all relevant information.
- 4) Make "NO" admission of liability or offer promise or payment of any kind.

In the cases where the Insured, only due to force majeure or any reason beyond his control cannot contact Swan International Assistance directly to request the Services or Benefits Covered by the policy, the Insured can seek for expenses reimbursement in writing as follows:

- a. Contact Swan International Assistance to obtain a "CLAIM NUMBER".
- b. Send an explanation letter of the circumstances of why the "Services or Benefits" for which expenses are being claimed were not requested or obtained from Swan International Assistance directly.
- c. Send the official documents (such as Medical Report, Police Report or Notification of Loss or Theft, Airline Report of Delay, Cancellation, Lost Luggage, etc.) and original receipts of the expenses incurred.

Swan International Assistance is NOT liable in respect of any Benefit, which would otherwise be payable under this Policy, should there be another insurance in force Covering the same contingencies. Swan International Assistance, at its discretion will consider reimbursing any expenses, totally or partially, after an internal assessment and case study is done.

The amounts (if any) reimbursed, will not exceed under any circumstance the amounts the Assistance Company would have paid to provide the Services directly, if it was contacted in due time and manner by the Insured at the time the claim occurred.

Important Note:

Swan International Assistance will not be liable to provide any assistance when;

- a) **As a result of force majeure, it is unable to put into effect any of the Benefits specifically envisaged in this policy.**
- b) **The provision of which would endanger the lives of those persons intended to provide the assistance**

HOW TO REQUEST ASSISTANCE?

The Reinsured/Cedant will insert "clear indications" in the issued policies advising the "Insured" to contact The Assistance Company seeking the Covered Benefits and Services and avoid reimbursement procedures.

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 necessarily contact, in the shortest possible time, in every case, the Alarm Center (24 Hrs/7 days) mentioned below, which will be available to help any person.