ISA ASSIST

GENERAL CONDITIONS

Travel International Assistance

General conditions are applicable as per Table of Benefits coverage and limits

INC - COVID-19 INBOUND		
GEOGRAPHICAL COVERAGE	**UAE INBOUND**	**UAE INBOUND EXCLUDING QUARANTINE**
MEDICAL EXPENSES & BENEFITS	**LIMITS UP TO**	
Emergency medical repatriation	AED 10,000	AED 7,500
Transportation of mortal remains	AED 10,000	AED 10,000
Medical expenses incurred during hospitalization	AED 150,000	AED 150,000
Medical expenses incurred during hospitalization related to Covid-19	100% of Medical Expenses	100% of Medical Expenses
Quarantine Expenses due to Covid-19 (up to 14 days)	AED 183	Nil
TRAVEL EXPENSES		
Loss of Passport	AED 400	AED 400
MEDICAL & TRAVEL ASSISTANCE	**24H/7**	
Telemedicine	Free Service	
Medical service provider referral		
Arrangement of hospital admission		
Monitoring of medical condition during and after hospitalization		
Medical translation service		
Delivery of essential medicine		
Inoculation and visa requirement information/Embassy referral		
Lost luggage/Passport assistance		
Legal referral/Arrangement of appointment with lawyers		
Emergency traveling service assistance		
Emergency interpreting assistance/Interpreter referral		
Emergency document delivery		
Documents / Passport Loss		

Maximum stay outside country of residence	**92 days / stay**

PRELIMINARY

This contract governs the general and the particular conditions of Travel International Assistance program issued by the insurance company.

IMPORTANT POINTS:

General Conditions This policy must be read carefully as it outlines the full details of the coverage, including what is and what is not covered, as well as the conditions and exclusions that apply. Failure to comply with these terms may affect the eligibility of an Insured's claim.

Health condition:

1.Scope of coverage: This policy is not a general health insurance plan. It is specifically designed to provide coverage in case of a sudden and unexpected illness or accident occurring while the Insured is outside their Country of Residence. Holders of a Green Card or Residence Permit are excluded from coverage.

2. Pre-existing Medical Conditions: This policy does not provide coverage for any claims related to pre-existing medical conditions as defined in this document.

3. General Health Exclusions: No benefits will be payable under this policy if the Insured:

a. Travels against a physician's advice
b. Is receiving, awaiting, or undergoing medical treatment or tests as prescribed by a physician
c. Is traveling with the intent to receive medical treatment
d. Has been diagnosed with a terminal medical condition

WHAT TO DO IN CASE OF A MEDICAL EMERGENCY

ISA ASSIST must be contacted within 24 hours in the event of hospitalization, medical expenses, an accident, or the death of an Insured. If the Insured is unable to make contact, a representative such as a family member, hospital staff, or emergency responders may notify us on their behalf.

Failure to obtain prior authorization from ISA ASSIST for inpatient treatment or emergency repatriation will result in the denial of coverage. Our 24/7 global assistance service ensures that Insured individuals receive the necessary medical support, no matter where they are.

Contact ISA ASSIST:

-UK: +44 151 325 0056 **UAE:** +971 800 06512126 **USA:** +1 954 239 1266 **Lebanon:** +961 1 517107 **Thailand:** +66 6000 35532 **Worldwide:** +45 7872 3479

-WhatsApp mobile number: +961 3 190 210

-Email: claims@isa-assist.com

For added convenience, you can download ISA ASSIST application, available for both Android and iOS, where you can easily connect to our hotline. Additionally, you may use the barcode on your travel policy as another communication tool to reach our 24/7 WhatsApp support.

DEFINITION

- **Act of terrorism** means an act (which may include using force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an act of terrorism. Act of terrorism also includes any act which is confirmed by the relevant government as an act of terrorism. Using nuclear, chemical or biological substances or weapons will also be considered an act of terrorism.
- **Accident or accidental** means a sudden, unexpected event which happens during the period of insurance which must be the only cause of injury or damage to the insured, whichever applies.
- **Certificate of insurance/ policy** means the document which proves that you have insurance cover, listing among other things, details of everyone insured, the plan and the period of insurance covered under this policy.
- **Close Family Members** means 1st degree relatives (parents, full siblings, or children).
- **Common Carrier** means any public transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service.
- **Country of Residence** means the country where you are permanently residing or where you are temporarily residing for a period of more than three months at the date of issue of the insurance, and to where you will be repatriated if medically necessary.
- **Deductible** means the first amount of each claim, for each separate accident, payable by the insured. Excess/Deductible amounts are shown in the Table of Benefits.
  In the event that you make a claim under more than one Section of the insurance the deductible will be applied to each Section.
- **Insurance Company** means the company with whom the insurance policy is held who will bear the risk/ expenses with the insured in case of an eligible claim occurrence as per policy's General conditions and Table of Benefits.
- **Insured / you/ your** means an individual named in the certificate of insurance who is insured under an insurance policy issued by the insurance company.
- **Natural disaster** means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human loss will not be considered as natural disaster.
- **Outpatient medical expense** means the medical expense (as stated in the Table of Benefits) needed to treat an injury or sickness, where the insured can get treatment from a medical practitioner or a specialist and he does not need in hospital confinement.
- **Pre-Existing Condition** Any health condition or impairment medically existing, which has developed overtime prior to enrollment whether known or unknow, treated or not. The preexisting medical condition definition also applies to injury or sickness of the family member.
- **Overnight stay due to emergency admission** refers to a situation where the insured is admitted to a hospital or medical facility for at least one night due to an unexpected medical emergency. Coverage for such a stay depends on the policy terms and may include hospital expenses and medical treatments.
- **Public transport** means any regularly scheduled aircraft, bus, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which has fixed and established routes and is operated by a licensed carrier or operator to transport fare-paying passengers.
- **Serious Medical Condition** means a condition, which in the opinion of the servicing company constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious Impairment to the Insured's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.
- **Servicing/ Assistance Company** means the company appointed to provide various emergency assistance services for the purpose of supplying the Benefits/Services/Covers of this policy on the Insurer's behalf if the claim is eligible.
- **Services** means the medical and travel assistance to be provided by The Servicing Company.
- **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment; all discs, tapes and cassettes; telescopes, binoculars, spectacles and sunglasses; antiques; sports equipment; watches; jewelry; furs; works of art and articles made of precious or semi-precious stones and precious metals.
- **Sports Activities** means any sport or sporting activity for amateur (details in Sports activities section) upon extending coverage as per policy's Table of Benefits.
- **Sum Insured** means the maximum aggregate payable for each insured under each section of this insurance as specified in the Table of Benefits.
- **One Way Trip/ Single Trip:** coverage detailed in the Policy for the period of insurance shown in the Travel Insurance Certificate or for up to seven (7) days following disembarkation flight from the Country of Issuance.
- **Not Eligible Insured Person means:**
  - Age Limitations – Individuals above or below the eligible age range specified in the policy terms (less than 30 days and above 65 years old)
  - Non-Resident Travelers – Any person who is not traveling outside their Country of Residence or whose primary purpose of travel is to receive medical treatment.
  - Pre-Existing Medical Conditions – Any individual with a diagnosed pre-existing condition, as defined in the policy, is excluded from coverage.
  - Travel Against Medical Advice – Insured persons traveling despite medical restrictions, ongoing treatments, or awaiting test results for a known condition are not eligible.
  - High-Risk Activities – Those engaging in professional sports, hazardous occupations, or extreme sports not covered under standard policy conditions.
  - Fraudulent Applications – Any person who provides false or misleading information at the time of application.
  - The travel policy shall be deemed invalid if issued after the insured has departed from their country of residence.

GEOGRAPHICAL SCOPE OF SERVICES & COVERAGE

- **The geographical scope of services and coverage is limited only to outside the Usual Country of Residence; all treatments for a covered case are not covered in the insured's Usual Country of Residence**. After the policy expires, all follow up treatments and investigations related to a covered case, are not covered during the insured's stay outside or inside his Usual Country of Residence.
- The Insured will not be covered as well for all war related claims in all Sanctioned countries/ War Zones including Libya, Syria, Yemen, Iraq, Afghanistan, Sudan, Ukraine, Russia (and any additional country declared as a War Zone by the UN).

- The Services provided by the servicing company under this Agreement are rendered on a worldwide basis. The servicing company shall use its best endeavors to provide the Services but any help and intervention depends upon, and is subject to local availability and has to remain within the scope of national and international law and regulations and intervention depends on the servicing company obtaining the necessary authorizations issued by the various authorities concerned.

The servicing company shall not be required to provide Services to the Insured/s, who in the sole opinion of the servicing company is located in areas which represent war risks, political or other conditions such as to make such Services impossible or reasonably impracticable.

SCOPE OF SERVICES/COVERAGE

- The servicing company shall make available operations coordinators answering in different languages for the Users by telephone at its fully-manned **non free call alarm center** available 24 hours a day, 7 days a week.
- When the servicing company has the information immediately available, the servicing company shall provide the Services, as appropriate, to the Insured while the Insured is on the telephone. In all other cases, the servicing company will provide the information to the Insured by the quickest possible means.
- The servicing company shall, subject to the terms and conditions as defined hereunder, provide the following Services to a Insured calling the servicing company.
- If claim is eligible, the client will be covered under usual, customary, necessary and reasonable costs for a maximum Aggregate limit as per Table of Benefits.

Medical Expenses

- **Emergency medical repatriation**

The servicing company will arrange for the return of the Insured to the Home Country or Usual Country of Residence by air and/or surface transportation following an in-hospital admission for a covered case.

The servicing company through its medical team reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the servicing company is aware at the relevant time, subject to The Insurance Company prior approval and only when judged necessary on medical and compassionate grounds.

Refer to the general exclusions for details on the applicable exclusions.

- **Transportation of mortal remains**

The servicing company will arrange for transporting the Insured's mortal remains from the place of death to the Home Country if requested by a family member or legal representative.

Refer to the general exclusions for details on the applicable exclusions.

- **Medical expenses incurred during hospitalization**

In the event of sudden illness or injury of the adherent occurring outside the usual country of residence, insured has to call the assistance party prior to his admission.

The Servicing Company will guarantee the direct payment of the medical expenses incurred during hospitalization, up to the maximum limit stated in the schedule of benefits for the treatment of an injury or sickness sustained by the insured while his policy is in effect considering that cases are:

- Not due to any preexisting condition,
- Within the scope of policy particular and general condition,
- Not excluded as per policy particular and general exclusions,
- As per the usual reasonable and customary charges,
- Covered under Regular/ Standard Admission Class.

a. Inpatient care

The Treatment of covered medical conditions that cannot be treated on an ambulatory basis, as defined hereinafter, and requires an uninterrupted hospital confinement initiated during the policy period.

b. Emergency care

An Emergency is a treatment which may not be delayed due to sudden covered sickness or accident and which requires confinement to a hospital emergency room considering the admission is not due to any preexisting condition.

c. Deductible (applicable for Emergency and Inpatient Care)

Deductible means the first amount of each claim, for each separate accident, payable by the insured. Excess/Deductible amounts are shown in the Table of Benefits.

Refer to the general exclusions for details on the applicable exclusions.

- **Medical expenses due to Covid-19 - OPTIONAL**

This policy will cover the user for reasonable usual and customary (UCR) medical costs and expenses under Regular/ Standard Admission Class which may be incurred consequent to the user's becoming infected with COVID-19 disease, while this policy is in force, but only in respect of In-hospital confinement provided that:

- For the purpose of this clause, COVID-19 disease shall be defined as a general and widespread sudden outbreak of an acute and severe infectious disease caused by Corona Virus as per the World Health Organization.
- Usual, reasonable and customary (UCR) is defined as treatment consistent with generally accepted standards of medical practice, procedures, and surgeries in destination country, in accordance with the Ministry of Health and the National Social Security guidelines for normal, usual & customary procedure and/or standard health sector practice.
- In Hospital confinement refers to any treatment that cannot be undergone under the Out of-Hospital services and is recommended by a recognized treating physician. Such confinement must be medically indicated by the treating Physician to diagnose or treat COVID-19 disease covered under this Policy.
- ICU/Severe: these cases need admission to ICU with intubation and respirator, and the average length of stay is 25 days.
- Step Down/Moderate Cases: these cases need admission to intensive care with isolation, but no intubation and no respirator. Usually it needs 14 days average length of stay.
- Ward/ Mild cases: if admitted to hospital, needs isolation with an average length of stay of 2 days for any new policies issued by the Insurance Company for the new Policyholder and/or Insured

The "medical expenses" benefits provided under our plan can be claimed if COVID-19 is suspected or detected. In this particular context, "experimental" treatments, meaning medically-prescribed treatments being tested by doctors to treat this disease, will of course be covered as no cure has yet been found.

The cover is granted:

- If the person got infected by corona virus during his stay at the stated country, after presenting a positive PCR result.
- If the destination airport requires a mandatory PCR on arrival, then the person should present a negative PCR in order to be covered. If the PCR test is not mandatory, 72 hours waiting period is required.

Refer to the general exclusions for details on the applicable exclusions.

- **Quarantine Expenses due to Covid-19**

If the insured, **after a positive PCR test**, was sent to compulsory quarantine while the policy is in force, an amount of cash will be provided to the insured as stated in the schedule of benefits for each complete 24 hours of quarantine up to a maximum of 14 days upon providing the extra paid invoices for accommodation and meals for reimbursement.

The amount is paid on top of any of the insured's existing medical benefits.

No benefits will be paid once the insured has left the quarantine outside his usual country of residence and if the treatment of the illness is not a direct or indirect consequence of Covid-19 disease.

Refer to the general exclusions for details on the applicable exclusions.

Travel Expenses

- **Loss of Passport**

The Insurance Company will reimburse the insured for the replacement cost of the country of residence' passport/Travel Documents (of citizenship country) following the accidental and unintentional loss or damage during the insured's trip.

Exclusion Applicable:

- Any loss not reported to the local police, embassy, consulate, issuing authority, and/ or public common carrier within twenty-four (24) hours from the occurrence of the incident.
- Any fine or penalties incurred due to non-replacement or late replacement of the passport/Travel Documents by the insured.
- Passport/Travel Documents renewal.
- Loss or damage due to delay, confiscation or detention by customs or other authorities.
- Any unexplained loss or mysterious disappearing.
- Any loss not substantiated by a written confirmation from the police, local embassy, consulate, issuing authority and/ or public common carrier.
- The claim of both temporary and permanent version of the same passport/Travel Documents; In the event of such loss, the insured may claim either one (1) version.
- Loss or theft of to your passport/Travel Documents left unattended at any times (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe, safety deposit box or left in your locked accommodation.

Medical & Travel Assistance

- **Telemedicine**

The servicing company will arrange for the provision of medical advice to the Insured over the telephone.

- **Medical service provider referral**

The servicing company shall provide to the Insured, upon request, the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The servicing company shall not be responsible for providing medical diagnosis or treatment. Although the servicing company shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured. The servicing company, however, will exercise reasonable care and diligence in selecting the Medical Service Providers.

- **Arrangement of hospital admission**

If the medical condition of the Insured is of such gravity as to require hospitalization, the servicing company will assist such Insured in the hospital admission.

- **Monitoring of medical condition during and after hospitalization**

The servicing company will monitor the Insured's medical condition during and after hospitalization, subject to any and all obligations in respect of confidentiality and relevant authorization.

- **Medical translation service**

The servicing company will arrange for the provision of medical translation to the Insured over the telephone. Where the servicing company uses an external service provider to provide the translation service, the quality of the translator cannot be guaranteed. The Servicing Company will however exercise reasonable care and diligence in selecting such service providers.

- **Delivery of essential medicine**

The Assistance Company will take charge of delivering the medicines outside the country of residence 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 medicine's expenses.

- **Inoculation and visa requirement information**

Upon request from the Insured, the servicing company shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas).

- **Lost luggage assistance**

Upon request from the Insured, the servicing company will assist the Insured who has lost his/her luggage while traveling outside the Usual Country of Residence by referring the Insured to the appropriate authorities.

- **Interpreter referral**
  Upon request from the Insured, the servicing company will provide the names, telephone numbers and, if possible and requested, hours of opening of interpreters' office in foreign countries. Although the servicing company shall make such referrals, it cannot guarantee the quality of the service provider and the final selection of a service provider shall be the decision of the Insured. The Servicing Company, however, will exercise care and diligence in selecting the service providers.
- **Emergency traveling service assistance**
  The servicing company shall assist the Insured in making reservations for air ticket or hotel accommodation on an emergency basis when traveling overseas.
- **Emergency interpreting assistance**
  The servicing company will arrange for the provision of interpreting assistance to the Insured over the telephone on an emergency basis.
- **Embassy referral**
  The servicing company shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- **Emergency document delivery**
  The servicing company shall assist the Insured to arrange for emergency document(s) to be delivered to the Insured's friend, relative or business associate, upon the Insured's request to do so.
  The above assistance Services are purely on referral or arrangement basis. The servicing company shall not be responsible for any third-party expenses, which shall be solely the Insured's responsibility.

GENERAL EXCLUSIONS

The following treatment, items, conditions, activities and their related or consequential expenses are excluded unless the servicing company has given its prior written approval and the Insured has paid the appropriate fees:

- Trips booked or commenced where the insured is travelling against medical advice or after receipt of a terminal prognosis or with the intention of obtaining medical treatment or convalescent care.
- Any circumstance which could reasonably have been foreseen as likely to give rise to a claim by the Insured Person at the time that the insurance was issued or the Trip was booked (whichever is the later).
- 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.
- Medical expenses for a client that has been discharged as follow up visits and investigation
- Sports or leisure activities where there is a significant risk of bodily injury (except for those as specified under sports activities section, and where any applicable additional premium has been paid) such as mountaineering normally requiring the use of ropes and guides, caving or potholing, rafting/kayaking/canoeing involving white water rapids in excess of grade 5, canyoning, scuba diving (if you are diving at a depth of more than 30 meters; or if you are not qualified for the dive undertaken or accompanied by a qualified instructor; or diving alone; or diving on or in wrecks; or cave or ice diving), motorsports or competitions, hunting on horseback, point-to-pointing and steeple-chasing, equestrian competitions, yachting or boating outside coastal waters (20km limit) and any other sports or leisure activity involving physical contact or where there is significant risk of bodily injury.
- Competitive races involving the use of vehicles or watercraft.
- Professional sports, competitions or sports on sponsored basis (except for those as specified under sports activities section, and where any applicable additional premium has been paid).
- Losses arising from accidents on two wheeled motorized or non-motorized vehicles.
- Needless self-exposure to peril except in an attempt to save human life.
- The bankruptcy, negligence, default or insolvency of a travel agent, tour operator, Carrier or accommodation provider
- Errors or omissions in your booking arrangements, your failure to obtain appropriate visas and/or prevention of access by the government of a country into which you wish to enter.
- Any expenses incurred as a result of a Pre-Existing Condition, congenital and/or Chronic medical condition and any related treatment, repatriation, evacuation or Emergency room expenses.
- More than one emergency evacuation and/or repatriation for any single medical condition of an Insured during the term of the Agreement, subject to a maximum of one year.
- Any costs or expenses not expressly covered by the servicing company Program and not approved in advance and in writing by the servicing company and/or not arranged by The Servicing Company. This exception shall not apply to emergency medical evacuation from remote or undeveloped areas when the servicing company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured.
- Any event occurring when the Insured is within the territory of his/her Usual Country of Residence.
- Any expenses for rest and recuperation following any prior accident, illness or Pre-Existing Condition.
- Any expenses for medical evacuation or repatriation if the Insured is not suffering from a Serious Medical Condition, and/or in the opinion of the servicing company physician, the Insured can be adequately treated locally, or treatment can be reasonably delayed until the Insured returns to his/her Home Country or Usual Country of Residence.
- Any expenses for medical evacuation or repatriation where the Insured, in the opinion of the servicing company physician, can travel as an ordinary passenger without a medical escort.
- Any treatment or expenses related to childbirth, miscarriage or pregnancy.
- Any expenses incurred for emotional, mental or psychiatric illness and Panic Attacks.
- Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.
- Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.
- Any expenses related to the insured engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.
- Any expenses related to the insured engaging in the commission of, or the attempt to commit, an unlawful act.
- Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.

- Any expenses incurred as a result of the Insured engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.
- Any hospital admission required for a diagnostic reason or for investigation.
- Any consultation for medical assessment or treatment not requiring hospitalization including medicines (pharmacy) and all outpatient medical treatment procedures.
- Any expenses in respect of the insured being more than 65 years old at the date of intervention.
- Any expense which is a direct result of nuclear reaction or radiation. regardless of any contributory causers), involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war.
- Teeth and gum treatment or surgery.
- Ambulance and any other Transportation expenses such as a Taxi and others.
- Any expenses or cost of all kind of materials, prosthesis and/or orthoses replacing any functional or missing part of the human body.
- Cost of any walking or mobility aids and rehabilitation treatment.
- Work Related Accidents.
- Any medical expenses related to extraordinary natural phenomena such as landslides, volcanic eruptions and any other natural disasters.
- Pharmacy including OTC drugs, Vitamins and other out-patient prescriptions.
- Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes and others).
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- All healthcare services & Treatments for In-Vitro Fertilization (IVF), embryo transport ovum and male sperm transport.
- Treatments and Services related to hepatitis and associated complications except hepatitis A.
- Medical services and associated expenses for organ and tissue transplants, irrespective of whether the insured is a donor or recipient.
- Internationally and locally recognized epidemics, pandemics and endemics except COVID-19.
- Medical expenses related to motor vehicle or any type of two wheeled vehicles (such as electric scooter, etc….) accidents, pedestrian accidents and any other type of traffic motor collision. Knowing that it should be covered under the involved car or the related vehicle compulsory insurance.
- Medical expenses incurred while using transportation services other than flights such as buses, cruise ships, boats, trains, or any other public transportation.
- Any Investigational/Diagnostic Test not related directly to the main diagnosis.
- Any claim arising while the client holds supplementary, duplicate travel insurances.
- Any policy issued for the purpose of claim coverage.

General Conditions that apply to all Sections

- The insured must observe and fulfill all the terms and conditions of this insurance by completing anything to be done or complied with by him or anyone acting on your behalf.
- For In-Patient care, emergency repatriation or curtailment the Assistance Company must be notified within 48 hours of admission to hospital and, for curtailment, prior to departure back to the usual Country of Residence.
- That the insured uses Reciprocal Health Care Agreements where they are available. If in doubt he should contact Assistance Company.
- the insured must immediately notify the insurance company in the event of any occurrence likely to give rise to a claim under this insurance in accordance with the instructions contained herein but in any event within 31 days of the end of his Trip.
- The insured provides at his own expense, all certificates, information and evidence required by the insurance company's appointed representatives or by the insurance company.
- That no person will admit liability or make any offer or promise of payment without by the insurance company's prior written consent.
- The insured acknowledge that the insurance company may at its own expense take action in the insured's name to recover compensation from a third party in respect of any payment made under this insurance and that any amount recovered shall belong to the insurance company.
- In the event of the insured's death, the insurance company shall have the right to have a post mortem carried out at its expense.
- The insured has read and accepted the cover provided by this insurance including its cover limits, terms, conditions and exclusions. the insurance company will accept no liability arising from his failure to do so, or his failure to purchase this insurance with sufficient time prior to departure to do so.
- That the insured take all reasonable care to avoid or minimize any loss that might result in him making a claim under this insurance and he acts at all times as if this insurance were not in force.
- The insured may not transfer his interest in this insurance.
- The Law of the usual Country of Residence will apply if it is a legal requirement. If it is not a legal requirement French Law will apply.
- In the event of a fraudulent claim being made by the insured or anyone acting on his behalf all cover under this insurance shall be forfeited.

CLAIMS ELIGIBILITY

The concerned Insured is eligible for the servicing company Program following calling The Servicing Company alarm center prior to hospital admission emergency or Medical Assistance.

Direct Payment

1. As a standard procedure, the Insured must contact the 24/7 International Alarm Center. The insured must provide the required documents, a description of the medical condition, the exact location, a reachable phone number, and an email address. The assistance company will direct the client to the nearest medical facility where the client will receive the necessary treatment.

The assistance company shall settle the payments of claims directly to the administrator's Participating Provider and not to the Insured, based on an Approval of Coverage, as defined hereinafter, and up to the limits authorized. The Approval of Coverage is a decision taken by the assistance company on behalf of the Insurance company, to cover a healthcare service sought by an Insured; this decision may also determine the conditions and extent of the approved coverage.

2. The Approval of Coverage for direct payment provided for hereafter is only applicable in the following cases:

(i) cases of emergency admission for at least an overnight stay, as defined in the Policy, Approval of Coverage must be requested by the Insured from the assistance company, immediately upon admission

(ii) In cases of admission to an emergency room not requiring an overnight stay
3. The assistance company may, upon the evaluation of each case, grant or deny the approval of coverage based on the Terms, Conditions, Limitations, Deductibles and Exclusions of the Policy.

Reimbursement payment:

The Insured may be reimbursed for the total or partial incurred fees and expenses of covered benefits and assistance services under this Policy, subject to complying with a special reimbursement procedure provided for hereinafter.
A written request for reimbursement must be addressed directly to the insurance company or the assistance company together with all the requested supporting documents.

The amounts (if any) reimbursed, will not exceed under any circumstances 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.

- The Insurance Company will not be able to interfere nor provide a Guarantee of Payment (GOP) for any claim on reimbursement basis where the insured had paid a deposit or settled the invoices partially or totally after him being discharged from the hospital and having left the country of claim occurrence.
- The Insurance Company will reject any claim on reimbursement basis presented or followed up after 2 (two) months from the date of the incident mentioned in the claim.
- After submitting the claim, in case the insurer requested additional or missing documents, a grace period of 1 month from the initial date of claim submission will be granted to the insured to provide them; otherwise, the claim will be automatically declined.
- The maximum age of enrolment is 64 unless otherwise advised in writing by The Insurance Company.
- The Insured shall be eligible for Services when he/she travels outside the Usual Country of Residence and only when the policy is issued before his departure from the same.

The reimbursement procedure may be applicable exclusively in the following cases:
(i) In cases of medical necessity, and the treatment requested is not available within the Assistance company Area of Participating Provider, provided that the Insured has secured a prior approval of Coverage from the assistance company. The reimbursement of the incurred fees and expenses will be settled based on the preferential tariffs applicable at a participating Provider at the time of the incurred expenses. The reimbursement of the incurred fees and expenses will be settled at a rate of 75% (seventy- five percent) of the preferential tariffs mentioned above.
(ii), the reimbursement of the incurred fees and expenses will be effected based on the average daily cost per the number of hospitalization days, approved by the assistance company, which is calculated as follows: The daily average of fees and expenses incurred for usual and/ or intensive care hospitalization at an equivalent Participating Provider is retained for all kinds of surgical procedures (if the bill, subject of the claim is a surgical procedure) or for all kinds of medical procedures (if the bill, subject of the claim is a medical procedure). It is based on standard/regular class, which the Insured benefits from. In all the above instances, the total approved fees and expenses cannot exceed the amount of the invoice subject of the claim. In all the instances payment is settled on the condition that the Insured has filed a claim with the assistance company within: fifteen (15) days from hospital discharge services abroad. The reimbursement of all claims will be paid in USD converted at the exchange rate applicable at the date of discharge from the healthcare provider; as such date is evidenced by the bill.
(iii) In the case of claims related to the following: Loss of Passport, Luggage Delay, Luggage Loss (up to 40 Kg), Flight Delay, Trip Cancellation, Trip Curtailment or Change in Ticket/postponed flight, the company will Provide reimbursement according to the table of benefits and general conditions of the policy after submitting the following as per the claim type:

1. Medical Claims: Policy, passport, ticket, medical report, hospital invoices, receipts.
2. Luggage Delay: Policy, passport, Entry Stamp, luggage tag, airline delay report, retrieval document, receipts for essentials.
3. Luggage Loss: Policy, passport, ticket, luggage tag, airline loss report, compensation document (if applicable)
4. Loss of Travel Documents/Passport: Policy, passport, ticket, police report (within 48 hours), document replacement receipt.
5. Quarantine Expenses/Change in Ticket: Policy, passport, ticket, PCR results, hotel/meal invoices, cancelled and new tickets.
6. Loss/Theft of Money: Policy, passport, ticket, police report (within 48 hours).
7. Trip Cancellation: Policy, passport, ticket, old/new tickets, medical/official cancellation document, receipts for prepaid charges.
8. Flight Delay: Policy, passport, ticket, old/new tickets, airline delay report, receipts for meals/accommodation/essentials.
9. Trip Curtailment: Policy, passport, old/new tickets, medical/official curtailment document, receipts for prepaid charges.
10. Other Claims: Follow the policy's general conditions

CANCELLATION

The contract can be cancelled by the insurance company immediately, if any claim or declaration shall in any way respect be false or fraudulent means or devices are used by the user or anyone acting on his/her behalf to assert rights to benefit. All benefit and premium shall in such case be forfeited. No refund is authorized.
No cancelation authorized if required after the inception date.
The user may request cancellation in the case of a visa refusal, provided that a refusal letter from the relevant embassy is submitted for review

EXTENSION AND RENEWAL

Policy extensions or renewals will not be granted if the user has already departed from their country of residence.

EXAMINATIONS

- The servicing company shall have the right and opportunity through its medical representative to examine the Insured whenever and as often as may reasonably require.
- In case of reimbursement claims, the servicing company shall have the right to examine and audit the final invoices and cover fees as per the standard prices in the country of claim.

WAIVER OF MEDICAL CONFIDENTIALITY

The insurance company shall have the right and opportunity to inquire about the Insured past and actual state of health and its evolution, examine him/her and investigate the circumstances of any and all claims (e.g. review the medical and administrative files), whenever and as often as it may reasonably require prior to, during and after any healthcare service, the policyholder and the insured hereby waive the right of medical confidentiality to the benefit of the assistance company and grant the aforementioned full authority to access all medical and administrative information regarding the insured from any healthcare provider(e.g. hospitals, clinics) and/or any risk taker or guarantor.

ACCEPTANCE OF TERMS, CONDITIONS, AND EXCLUSIONS

I have read and agree to the terms, conditions, and exclusions of the contract. Therefore, if the company applies any special restrictions or exclusions, I, as the policyholder, and/or the insured, along with my family members, are deemed to have accepted them upon receipt of the travel policy without any reservation, effective from the start date of the policy without refund of the premiums paid.

ARBITRATION IN RESPECT OF MEDICAL OPINION

Any difference in respect of medical opinion in connection with the result of an accident or illness will be settled between two medical experts, one appointed by the insured and one appointed by the issuing company.

Any difference in opinion between the two medical experts shall be referred to the French syndicate of physicians who shall be appointed in writing by the two medical experts.

COMPETENT JURISDICTION AND GOVERNING LAW

In case of dispute between the insured and the issuing company, parties are obliged to refer to the courts of the country of policy issuance if it is a legal requirement. If it is not a legal requirement French Law will apply

This contract shall be governed and construed in accordance with the laws of the country of policy issuance if it is a legal requirement. If it is not a legal requirement French Law will apply.

Claims Procedure

In case of a claim, the user should contact the assistance company ISA on the following numbers:

• Worldwide	**+457 87 23 479**
• UK	**+44 1513 2500 56**
• USA	**+1 954 239 1266**
• UAE	**+971 8000 651 21 26**
• Thailand	**+66 600 035 532**
• Lebanon	**+961 1 517 107**
• ISA ASSIST APP:	**a convenient tool designed to provide support and assistance to travelers since it allows easy access to emergency services and medical providers abroad, swift contact with the International Assistance Center and fast claims filing.**

Scan The below QR Code to download the App

App Store

Google Play

Providing the following:

1- Company reference: **ISA**.
2- Full name.
3- Policy number and expiry date.
4- Reason for hospital admission.

In case diagnosis is covered as per policy terms and conditions, the assistance company will guarantee directly the payment for admission.

In case, for a good reason, the user could not contact the assistance company and in case of Direct claim the below documents are required:

1- Full detailed medical report, past medical history
2- Original Invoices from the Service providers.
3- Copy of the travel insurance policy.
4- Copy of the passport showing entry date to the foreign country.

All documents must be delivered to the travel agent in any country where ISA operates. All documents will be verified and, if the case is covered, the amount covered will be refunded under the terms of the document

Other Documents may be required if relevant to the Case.

In case you wish to contact ISA claims, you may email us on: claims@isa-assist.com

إجراءات المطالبة

في حال وقوع أي حادث، يجب على المؤمن الإتصال بشركة ISA المساعدة الطبية على الارقام التالية:

• جميع انحاء العالم	**+457 87 23 479**
• المملكة المتحدة	**+44 1513 2500 56**
• الولايات المتحدة	**+1 954 239 1266**
• الإمارات المتحدة العربية	**+971 8000 651 21 26**
• تايلندا	**+66 600 035 532**
• لبنان	**+961 1 517 107**
• تطبيق ISA ASSIST	**أداة مريحة مصممة لتوفير الدعم والمساعدة للمسافرين لأنها تتيح سهولة الوصول إلى خدمات الطوارئ والخدمات الطبية في الخارج، والاتصال السريع بمركز المساعدة الدولية وتقديم المطالبات بسرعة.**

- **امسح رمز الاستجابة السريعة أدناه لتنزيل التطبيق**

إبلاغهم بالحادث وتزويدهم بالمعلومات التالية:

1- الشركة المرجع: **ISA.**
2- الإسم الكامل.
3- رقم وثيقة التأمين.
4- معلومات عن الإصابة / الحالة الصحية.

إذا كانت الحالة مغطاة ضمن شروط التأمين، فسوف تقوم شركة المساعدة الطبية بضمان الدفع مباشرة للمستشفى.

في حال عدم قدرة المؤمن على الإتصال بشركة المساعدة الطبية لسبب وجيه، وفي حال المطالبة المباشرة الرجاء تزويدنا بالوثائق التالية:

1. تقرير طبي كامل ومفصل.
2. الفواتير الأصلية من المستشفى ووصل بالمبلغ المدفوع
3. نسخة عن وثيقة التأمين.
4. نسخة عن جواز السفرمبيناً تاريخ الدخول إلى البلد الأجنبي

ينبغي تسليم جميع الوثائق إلى وكيل السفر في اي من البلاد حيث تعمل **ISA**. وسوف يتم التحقق من جميع الوثائق، وإذا كانت الحالة مغطاة فسوف يتم استرداد المبلغ المغطى بحسب شروط الوثيقة.

من الممكن طلب وثائق أخرى بحسب صلتها بالمطالبة.

في حال كنت ترغب بالتواصل بمطالبات ISA، يمكنك على البريد الالكتروني: claims@isa-assist.com

DECLARATION:

By purchasing or using this travel insurance policy, you acknowledge and agree that your personal data may be collected, processed, and shared as necessary for the purposes of providing insurance coverage, managing claims, and complying with legal and regulatory obligations. All personal data will be handled in accordance with applicable data protection laws and our Privacy Policy.

إعلان:

من خلال شرائك أو استخدامك لوثيقة تأمين السفر هذه، فإنك تقر وتوافق على أنه يجوز جمع بياناتك الشخصية ومعالجتها ومشاركتها حسبما تقتضيه الحاجة لأغراض توفير التغطية التأمينية، وإدارة المطالبات، والامتثال للالتزامات القانونية والتنظيمية. سيتم التعامل مع جميع البيانات الشخصية وفقاً لقوانين حماية البيانات المعمول بها وسياسة الخصوصية الخاصة بنا .