

GOSECURE - TRAVEL & HEALTH INSURANCE

POLICY WORDING

SCOPE OF COVER

The company hereby agrees, subject to the terms, conditions and exclusions contained herein, to pay to the insured person a sum as compensation for any loss or damage as described under different sections hereunder but not exceeding the maximum Sum Insured specified for the specific sections in the Schedule and subject to applicable excess.

DEFINITIONS

“Accident” means a sudden, unforeseen, unusual and unexpected specific event caused solely or directly by external, visible and violent means which occur at an identifiable time and place resulting in injury during an insured trip and which is the sole and direct cause of accidental death or disablement.

“Accidental death” means loss of life due to an accident as determined by a physician or medical practitioner.

“Beneficiary” means the person or persons nominated by the insured person as stated on the policy schedule. If not mentioned, then the beneficiary will be the legal heirs of the insured person. In case of Family Plan selection, the beneficiary will be the insured person in case of death of the spouse or the child.

“Air Travel” means the act of boarding an aircraft for the purpose of flying therein and alighting there from following a flight.

“Children” means the insured person’s dependent children who are unmarried and not in full-time employment between the ages of 6 months and below 18 years and primarily dependent on the insured person.

“Checked - In Baggage” means the baggage containing the clothing and personal effects, handed over by the insured person and accepted by the common carrier for transportation in the same carrier in which the insured person is going to travel and for which the carrier has issued a baggage receipt to the Insured.

“Common Carrier” means any mechanically propelled conveyance operated by a company or individual licensed to carry passengers for hire, including but not limited to aircraft, bus, coach, ferry, ship or train.

“Confined” an insured person is registered as an in-patient in a hospital for a medical treatment for an injury or illness upon the recommendation of a medical practitioner and continuously stays in the hospital prior to his/her discharge. It will be evidenced by a daily room and board limit charge by a hospital.

“Company” means Adamjee Insurance Company Limited.

“Close relative” means spouse, parent, parent-in-law, son or daughter, brother or sister, brother or sister-in-law, grandchild of the insured person.

“Country of residence” means the country of which the insured person is a citizen or has permanent resident status declared by the government authority.

“Curtailment” means cutting short or abandoning of the insured trip after its commencement by immediate return to the country of residence due to a covered incidence.

“Excess” means the first amount, or period, of each and every loss payable by the insured person.

“Disease” means an illness, disorder or ailment suffered by the insured person and certified by a medical practitioner or surgeon.

“Duration” means the period chosen by the insured person as per the Policy Schedule, for which premium has been paid, starting from the departure date of cover as shown on the Policy Schedule and expiring at the end of the chosen period.

“Effective Date of Coverage” means the Departure date of cover as shown on the policy schedule. Cover cannot start after an insured person’s trip has begun.

“Emergency medical evacuation” means (1) the insured person’s medical condition warrants immediate transportation from the place where he is sick or injured to the nearest hospital where appropriate medical treatment can be obtained; (2) after being treated at a local hospital, his medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover, or both (1) and (2) above.

“Family” means insured person, spouse and unlimited children.

“Felony Assault” means an act of violence against the insured person or traveling companion requiring medical treatment in a Hospital.

“Geographical Coverage” means all over the world excluding Pakistan or any other country as mentioned hereunder.

“Hijack” means the unlawful, wrongful or illegal seizure or exercise of control of an aircraft or common carrier in which the insured person is travelling as a passenger.

“Hospital” means any licensed medical institution which (1) has full time facilities of overnight patients (2) has facilities for surgery, medical diagnosis and treating injured and sick persons (3) is run by medical practitioners (4) provides 24 hour nursing supervised by registered professional nurse (5) is not a medical institution specialized in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug addicts or alcoholics.

“Inclement Weather” means any severe, catastrophic weather conditions, which delays the scheduled arrival or departure of a common carrier. This does not include normal, seasonal climatic or weather changes.

“Injury” means accidental bodily injury solely and directly caused by external, violent, visible and evident causes.

“Insured” means the person whose name appears on the Policy, aged between 6 months and 65 years with an optional extension up to their 85th birthday to whom premium has been paid and who is a permanent resident of the Country of Policy Issuance.

For Family Plan Insured Person will mean the person whose name appear on the Policy Schedule as an Insured Person, his/her spouse, and his/her children below the age of 18 years and also whose names appears on the Policy and with respect to whom Premium has been paid and who are permanent residents of the country of policy issuance.

“Insurable Event” shall mean an event, loss or damage for which the Insured person shall be compensated under this policy.

“Insured Trip” a trip not exceeding the period of travel and within the area of travel as shown in the policy schedule that begins and ends in the country of residence during the insurance period and for whom appropriate premium has been received.

“Illness” sudden and unforeseen change in health, sickness or disease of the insured person contracted and commenced during the insured trip as certified by a physician. The illness must be serious enough to consult a physician for the purpose of medical treatment and for which prevents the normal continuation of the insured trip.

“Medical practitioner / Physician” means a person other than the insured person, family or close relative who is qualified by degree in medicine and legally authorized to practice medicine, render medical and surgical services.

“Policy” means all issued policy documents outlining information and policy details such as Insurance Certificate, the Schedule, the Company’s covering letter to the insured person, but not limited to terms and conditions, premium, covers, benefits, limits, exclusions and conditions either at inception along with any endorsements issued to or forming part thereof or during the Period of Insurance.

“Permanent total disablement” disablement which for fifty two (52) consecutive weeks immediately following an accident entirely prevents the insured person from attending their usual occupation if employed or if not employed, from attending employment of any and every kind. Disablement at the end of that time should be beyond reasonable hope of improvement, total, continuous and permanent.

“Pre-existing condition” means the insured person received medical treatment, diagnosis, consultation, or prescribed drugs, or a medical condition for which the insured person is on a waiting list for hospital in-patient treatment. Or an ongoing or recurring medical condition for which medical advice or treatment was recommended by a medical practitioner within a two (2) year preceding the insured trip abroad including their consequences. Further to that any Chronic Disease hence proved to be existing before the commencement of trip **whether known or unknown to the insured** shall be considered as pre existing

“Epidemic” An epidemic is the rapid spread of infectious disease to a large number of people in a given population within a short period of time, usually two weeks or less.

“Pandemic” A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

“Outbreak of Disease” An outbreak is a sudden increase in occurrences of a disease in a particular time and place. It may affect a small and localized group or impact upon thousands of people across an entire continent.

“Reasonable Additional Expenses” means any expenses for meals and lodging which are necessarily incurred by the Insured as the result of a Trip Interruption or Trip Delay and does not include meals and lodging provided by the Common Carrier or any other party free of charge.

“Reasonable and Customary Charges” means usual amount charged for treatment, supplies or medical services in the locality where such expense is incurred and does not include charges that would not have been made if no insurance existed.

“Schedule” means the Schedule of Benefits attached to this policy.

“Serious Illness” An injury which in the opinion of a physician or TPA involves risk of death.

“Service Provider” means any person, organization or institution that provides services to the Insured for an Insured Event covered under this policy and that is liable to be paid by the Company.

“Sum Insured” means the maximum amount payable under each cover of the policy schedule as set to be payable by the policy’s terms and conditions.

“Sound Natural Teeth” means natural teeth that are either unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

“Traveling Companion” means an individual or individuals traveling with the insured person during the policy Period, provided that, the Insured and such individual(s) is/are also insured under the Company’s Travel Policy.

“Third Party Administrator (TPA)” means such person or persons as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this policy.

“Trip” means booked and planned travel out of, and back to Pakistan.

“Trip Duration” means the length of time period commencing from the date when the Insured travels out of Pakistan and ending on the date of return of the Insured to Pakistan, both days inclusive and calculated according to Pakistan Standard Time (PST).

“Valuables” means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

Important conditions relating to health

It is a condition of this Policy that the following will not be covered under the GoSecure Travel Insurance Policy:

1. Any Pre-Existing condition, diagnosed/undiagnosed treatment related to Cancer, Terminal Prognosis, Aesthetic/Cosmetic treatment any Chronic Disease hence proved to be existing before the commencement of trip
2. The insured is traveling against the advice of a Medical Practitioner or would be traveling against the advice of a Medical Practitioner had you sought his/her advice.
3. The insured is traveling with the intention of obtaining medical advice/treatment outside of the Country of Residence.

You must be able to comply with these conditions to have the full protection of this Policy. Otherwise, unless you have been given our prior written agreement, you will not be covered under the following Sections:

Benefits, Covers & Exclusions

Section 1 – Medical and related benefits

Benefit 1: Emergency medical expenses – Accident & Sickness

What it covers?

The Company shall pay for all necessary and reasonable medical expenses if the insured person suffers from injury or illness during his/her insured trip incurred in a hospital, subject to any excess, up to maximum amount as stated in the table of benefit of emergency medical expenses.

The company may guarantee the medical expenses incurred by the insured in the hospital up to the maximum amount as stated in the table of benefits, if the insured is admitted to a hospital as an inpatient. This will be decided solely by the Third Party Administrator and the Company based on the medical necessity.

Please note that this is not a private medical insurance policy and does not provide cover for elective or non emergency procedures.

Specific Exclusions;

The Company will not pay for any emergency medical expenses for:

1. Any or all Pre-Existing medical conditions for which advice, medical care or treatment was acquired from a medical practitioner within a two year period preceding the departure date, or a condition for which surgery or hospitalization was required within a five year period preceding the departure date.
2. Any costs incurred in connection with diagnosed/undiagnosed treatment of cancer.
3. Any cardiac or cardiovascular or vascular or cerebral vascular illness or conditions or sequelae thereof or complications that, in the opinion of a medical practitioner appointed by the company, can reasonably be related thereto, if the insured person has received medical advice, treatment or prescribed medication for hypertension within 2 years prior to the commencement of the insured trip.
4. Medical treatment which is not determined as essential and necessary by a medical practitioner.
5. Medical expenses not approved in advance and/or not arranged by the Third Party Administrator.
6. Surgery or medical treatment, which could reasonably be delayed until the Insured's return to the country of residence in the opinion of the qualified medical practitioner of the TPA & the company.
7. Any and all types of cosmetic and aesthetic treatments/surgeries, refractive errors of eyes or hearing aids.

8. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
9. Any costs related to stress, anxiety, mental, psychiatric or nervous disorders.
10. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
11. Any medical expense or loss arising from any travel against the advice of a medical practitioner or for the purpose of receiving medical treatment.
12. The cost of non-emergency treatment or surgery including exploratory tests which are not directly related to the illness or injury.
13. Illness or injury arising from you being under the influence of or use of alcohol or drugs.
14. Any medical treatment or surgery which is not substantiated by a written report from the qualified medical practitioner.
15. Rehabilitation or physiotherapy or the costs of prosthetics or artificial aids.
16. Illness or injury caused by bacterial infections except which shall occur through an accidental wound or cut or any other kind of disease.
17. Charges in excess of Reasonable and Customary Charges incurred on account of an Insurable Event as per the determination by TPA.
18. Medical treatment in government hospital or services for which there is no expense or charges.
19. Expenses occurred in the Country of Residence.

Benefit 2 – Emergency Dental Care

What it covers?

The Company shall pay for necessary and reasonable emergency dental treatment expenses for the alleviation of pain in a sound natural tooth by a qualified dentist. Dental benefits cover for the filling of the tooth or surgical treatment, services or supplies, subject to a maximum limit of US\$ 100 per tooth. These expenses will form part of the benefit amount as stated in the table of benefits.

Specific Exclusions;

The Company will not pay for any emergency dental care expenses for:

1. The cost of repairs to, or for the provision of, dentures, or artificial teeth or for any dental work involving the use of precious metals.
2. Any dental treatment which could be delayed till the insured's return to the country of residence.
3. For any procedures relating to the dental or oral hygiene.

Benefit 3 – Emergency Medical Evacuation

What it covers?

The company shall pay for the necessary & reasonable expenses incurred in the necessary emergency evacuation of the insured resulting from an illness or injury during an insured trip up to the maximum amount as stated in the table of benefits of emergency medical expenses, for the following;

- The cost of transportation, medical services and medical supplies necessarily and unavoidably incurred for the emergency medical evacuation of the insured person to a hospital better equipped to provide medical treatment, or which is closer to the country of residence or to the country of residence.

All transportation arrangements made for evacuating the insured person must be by the most economical route possible. Expenses for emergency medical evacuation must be arranged and authorized by the TPA and recommended by the attending medical practitioner.

Specific Exclusions;

As mentioned in the Benefit 1 and the General exclusions section.

Benefit 4 – Compassionate visit

What it covers?

The company will reimburse, in the event that the insured person has suffered injury or illness during the insured trip and being confined in a hospital for over seven (7) consecutive days, for up to the cost of an economy class round-trip airfare and accommodation expenses up to US\$100 per day for a close relative to travel to, stay or escort the insured person. The coverage must be recommended by a medical practitioner and approved by the company and TPA.

Benefit 5 – Repatriation of mortal remains

What it covers?

The company will pay up to the maximum amount as stated in the table of benefits of emergency medical expenses, in the event of death of the insured person due to an accident, sickness or injury during an insured event, for the reasonable and necessary costs of repatriating the body to the country of residence or an equal amount for local burial or cremation.

Benefit 6 – Return of Dependent Children

What it covers?

The company will reimburse the insured person in the event the insured has suffered from injury or illness during the insured trip and is confined to the hospital, for an economy class airfare for each of the child to travel back to the country of residence. The child must be travelling with the insured person and is left unattended due to insured

person's injury, sickness or confinement to the hospital. This coverage must be approved and recommended by the TPA.

Benefit 7 - Delivery of Medicines

What it covers?

The TPA of the company shall arrange medicines prescribed as urgent by a medical practitioner not available at the place insured is being treated for a covered sickness or injury during the insured trip.

Benefit 8 - 24/7 worldwide assistance services

What it covers?

The insured person when in need of medical, travel, and legal assistance shall immediately call our 24-hour emergency assistance hotline:

+971 4601 8823

For the following services:

1. For emergency medical assistance resulting from sudden accident, sickness or injury. The TPA will assist in referral at the nearest hospital at the location of the insured and deciding the best course of action. The TPA will then respond to the medical emergency by taking appropriate action but not limited to recommending or securing the availability of services of a local physician and arranging for appropriate hospital according to the medical emergency.
2. For emergency medical evacuation, the TPA will decide the best course of action for the repatriation to the country of residence based on the seriousness of the medical emergency. These may include air ambulance, regular airline, railroad or any other appropriate means of transportation.
3. To obtain information concerning Medical Service Provider name, address, telephone number and if available, office hours for physicians, hospitals, clinics, dentists, and dental clinics. The final selection of the Medical Service Provider shall be the responsibility of the Insured.
4. To obtain information concerning visas and inoculation requirements for foreign countries worldwide.
5. To obtain the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
6. To obtain directions for recovery of lost luggage or passport.
7. To obtain name, address, telephone numbers, if available, for referred lawyers and legal practitioners. The Company will not provide any legal advice and/ or will not accept any consequences of the usage of any services of the referred lawyers and practitioners by the insured.
8. To obtain the address, telephone number and hours of operating of Interpreters worldwide.
9. For emergency cash advances.

For all the above services, the TPA will acquire your travel insurance policy information, dates of entry and brief description of the emergency at hand.

Specific Exclusions;

1. The above services are purely on referral or arrangement basis only. The Company or the TPA shall not be responsible for any third party expenses incurred which shall be the responsibility of the Insured.
2. The selection of Medical Service Provider shall be the responsibility of the Insured and the Company or TPA will not assume any responsibility for determining the appropriate medical specialist nor for providing medical diagnosis or treatment.
3. The Company and/ or the TPA shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Services Provider referred by the Company or TPA.
4. Any exclusion mentioned in the 'General Exclusions' section of this policy.

Section 2 - Personal Accident benefits

Benefit 9 - Accidental Death, Common Carrier & Permanent Total Disablement

What it covers?

The Company shall pay the Insured or beneficiary upto the maximum amount as stated in the table of benefits of personal accident, in accordance with the percentage stated in the compensation table hereunder, if the insured person suffers an injury from an accident resulting in an event outlined in the compensation table hereunder, provided that such an Injury results in any event listed in the compensation table within one year from the date of the accident.

Under this section the company will also pay if the body of the insured person has not been found within one year after the date of disappearance and a death certificate is issued from the country of residence officials due to disappearance, sinking or wrecking of the aircraft or other common carrier in which the insured person was travelling at the time of accident and under such circumstances as would be otherwise covered hereunder, it will be presumed that the insured person suffered death resulting from an accident covered by this policy at the time of such disappearance, sinking or wrecking.

Compensation table	
Event	Percentage of maximum benefits
1. Accidental Death	100%
2. Permanent total disablement	100%
3. Permanent paralysis of all limbs	100%
4. Permanent total loss of both eyes	100%
5. Permanent total loss of two limbs	100%
6. Loss of speech & hearing	100%
7. Permanent total loss of hearing in both ears	75%
8. Loss of or the permanent total loss of one limb	50%
9. Permanent total loss of sight of one eye	25%
10. Permanent total loss of hearing in one ear	15%

Special Conditions

1. Accidental death coverage for dependent child in a family policy is limited to the 25% of the maximum limit and subject to the percentage as stated in the above compensation table.
2. If the accident affects parts of the body or senses whose loss or inability is not dealt with above, the governing factor in determining the benefit payable will be the degree to which the normal physical capabilities are impaired, solely from a medical point of view, as ascertained by the TPA.
3. If the accident affects any physical function, which was already impaired, a deduction will be made proportionately.
4. In the event of permanent disablement, the Insured will be under obligation:
 - a) To have himself/ herself examined by doctors appointed by the Company/ TPA and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required.

Specific Exclusions;

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same.
2. Damage to health caused by curative measures, radiations, infection, poisoning except where these arise from an accident.
3. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of death.
4. Any other claim after a claim for death has been admitted by the Company and becomes payable.
5. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi-engine, commercial aircraft.
6. Any claim arising out of an accident related to pregnancy or childbirth, venereal Disease or infirmity.
7. Any claim related directly or indirectly to any disease, physical defect, infirmity or illness which existed before the start of trip.
8. Any claim if the insured person engages in any activity where this policy states that person accident cover is excluded.
9. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Section 3 - Travel Inconvenience benefits

Benefit 10 - Baggage Loss - Checked In

What it covers?

The company will reimburse upto the maximum amount as stated in the table of benefits of baggage loss for the replacement of the baggage and its contents and subject to the sub-limits as shown below for the accidental damage, theft or loss of the personal checked-in baggage by the common carrier, during the insured trip which are normally worn or carried and owned by the insured person.

Sub-limits for the baggage are;

- Per bag limit is upto 50% of the maximum amount as stated in table of benefits of Baggage of any one insured person.
- Per item limit shall not exceed 10% of the maximum amount as stated in the table of benefits for any one article, pair, set or collection in respect of any one insured person.

The company shall make payment, reinstate, or repair subject to due allowance for wear and tear and depreciation at their own opinion. Any claim amount will be in excess of any amount paid or is payable by the common carrier responsible for the loss.

Specific Exclusions;

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for the following:

- Money including cheques, travellers cheques, credit and debit cards and its value, coupons or securities, bonds, negotiable instruments, tickets or documents.
- Business goods or sample, foodstuffs, medicines, contact lenses, dentures or its appliances, animals, motor vehicle accessories, household furniture, antiques, jewellery or accessories, mobile phones, tablet pcs and laptops.
- Any loss caused by wear, tear, gradual deterioration, insects, vermin, corrosion, rot, fungus, atmospheric conditions, action of light, heating, drying, cleaning, dyeing, alteration, repair or scratching, denting, breakdown, misuse, faulty workmanship or design, use of faulty materials or its resulting loss.
- If the transportation company denies your claim based on the fact that you did not file a claim or that the claim was not filed in time, we will also deny your claim since we are secondary to the transportation company.
- Loss of property unless a Property Irregularity Report, travel tickets, tags and relevant receipts usually issued by the common carriers in the event of loss of Checked-In Baggage along with a statement from the carrier showing the compensation received from carrier, has been procured and submitted to the Company.
- Items contained within the Checked-In Baggage which are valued in excess of US \$ 100 without appropriate proof of ownership.
- Losses arising from any delay, detention, confiscation by custom officials or other government authorities.
- Any Checked-In Baggage loss in Pakistan.
- Any exclusion mentioned in the 'General Exclusions' section of this policy.

Benefit 11 - Baggage Delay - Checked In

What it covers?

The company shall reimburse the insured person upto the maximum amount as stated in the table of benefits of baggage delay, subject to any excess, in the event the insured person's checked-in baggage being delayed or temporarily misplaced by the common carrier upon arrival the scheduled destination abroad for the following;

- The actual costs of emergency purchase of essential clothing, medication or toiletries.

Provided that:

1. The delay of Checked-In Baggage is more than eight (8) hours from the actual arrival time of the Common Carrier at the destination.
2. Insured provides the Company written proof of delay from the Common Carrier.

3. Insured provides the Company with the receipts for the necessary emergency purchases of toiletries, medication and clothing that the insured person needed to buy.

Important Note: In the event that the claims are submitted for the total loss as well as temporary delay of Checked-In Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-In Baggage during any one Period of Insurance.

Specific Exclusions;

- Any loss unless a Property Irregularity Report or any written confirmation issued by the common carrier substantiating the no. of hours and the reason for the delay not procured and submitted to the Company.
- Losses arising from any delay, detention, confiscation by custom officials or any other public authorities.
- Any Checked-In Baggage delay in Pakistan.
- Any exclusion mentioned in the 'General Exclusions' section of this policy.

Benefit 12 – Flight Delay

What it covers?

The company will pay the insured person up to the maximum amount stated in the table of benefits of flight delay for the Reasonable Additional Expenses incurred by the Insured, except hotel stay and subject to any excess, in the event that the common carrier in which the insured person is travelling is delayed for more than twelve (12) hours from the departure or arrival time specified in the itinerary as a result of mechanical or electrical breakdown of the common carrier, adverse weather conditions or strike. Incurred expenses must be accompanied by supporting receipts. This benefit is payable for only one delay per Insured per Trip.

Specific Exclusions;

- Any loss not substantiated by written confirmation from the common carrier on the no. of hours and the reason for such delay along with the scheduled departure times and confirmation of the insured person's check-in.

Benefit 13 – Passport Loss

What it covers?

The company will reimburse the insured person up to the maximum amount as stated in the table of benefits of passport loss, subject to any excess, for necessary and reasonable cost of obtaining a replacement passport following the accidental and unintentional loss or damage during the insured trip.

Specific Exclusions;

This section does not cover;

- Any loss not reported to the local police, local embassy, consulate or the common carrier within 24 hours of the occurrence of the incident.
- Loss or damage due to delay, confiscation or detention by the customs, police or government authorities.
- Loss or damage due to it being left unattended or forgotten by the insured in a public place, hotel or apartment.
- Loss or damage not substantiated by a written confirmation from the local police, embassy, consulate or common carrier.
- Any exclusion mentioned in the 'General Exclusions' section of this policy.

Benefit 14 - Credit Card Loss - Cash Advance

What it covers?

The TPA on behalf of the company will advance funds to the insured person maximum amount as stated in the table of benefits of credit card loss, in the event the insured person is deprived of cash due to loss or theft of credit card on during the insured trip. The insured person will be required to repay any such amount within 45 days of receiving it. The TPA will require valid guarantee prior to making any such advance.

Specific Exclusions;

This section does not cover;

- Any loss not substantiated by the written confirmation from the local police within 24 hours from the occurrence of the incident.
- Cards that have been expired, cancelled or withdrawn.

Benefit 15 - Trip Cancellation and Curtailment

What it covers?

The company will reimburse the insured person up to the maximum amount as stated in the table of benefits of trip cancellation and curtailment, for any irrecoverable and unused travel fare, accommodation expenses and other pre-paid charges which have been paid in advance or contracted to be paid for which the insured person is legally liable, due to;

- Unforeseen Illness, Injury or accidental death of the Insured or Insured's family member. Injury or Illness must be so disabling as to reasonably cause an insured trip to be cancelled or interrupted.

Trip Cancellation Benefits: The Company will reimburse for the forfeited, non - refundable prepaid payments, made prior to the Insured's departure.

Trip Curtailment Benefits: In addition to the above, the Company will reimburse any additional economy transportation expenses incurred by the Insured to return to Pakistan.

Specific Exclusions;

This section does not cover;

- Any condition or set of circumstances announced or known to exist to the insured person before the insurance period.
- Any medical condition or other circumstances known to have existed before the insurance period.
- Failure to notify the travel agency, tour operator, common carrier or other provider of any service forming part of the booked itinerary of the need to cancel or curtail the travel arrangement immediately when it found necessary to do so.
- Common carrier caused cancellations including an announced, organized sanctioned union labor strike.
- Adverse changes in the financial circumstances of the Insured, any family member, or a traveling companion.
- Any government regulation or prohibition.

Benefit 16 – Personal Liability

What it covers?

The Company will indemnify the insured person upto the maximum amount as stated in the table of benefits of personal liability, subject to any excess, in the event the insured person becomes legally liable to pay as compensation for an accident to a third party occurring during the insured trip as a result of the following;

- Injury or accidental death to a third party
- Loss or damage to property of a third party

Special Conditions

1. The Company shall be responsible for contesting unjustified claims against the Insured and providing indemnity for damages, which the Insured has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law.
2. If there is a legal action in process against the insured over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured at the Company's sole discretion.
3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured the defense of any claim and

will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.

4. In the event, the Company, at its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this policy would have otherwise been had it not exercised its rights under this condition.

Specific Exclusions;

This section does not cover liability arising from;

- Any claim arising out of Insured's Contractual Liability or through promises made by the Insured.
- Any claim of Personal liability of the insured person towards family, close relatives and traveling companions.
- Any claim arising from transmission of an illness or disease by the insured person.
- Any claim for damage resulting from any business, profession or trade.
- Any claim for liability arising from or due to:
 - a) The possession of animals, birds, reptiles, insects etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs etc.
 - b) The ownership or possession of vehicles, aircrafts, watercrafts or activities of the Insured involving parachuting, hang-gliding, hot air ballooning or use of firearms.
 - c) Any willful, malicious or unlawful act.
 - d) Insanity, the use and consequences of use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
 - e) Any supply of goods or services on the part of the insured person.
 - f) Any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- Any exclusion mentioned in the General Exclusions section of this policy.

GENERAL EXCLUSIONS

Applicable to all sections of the policy, the company will not cover loss, injury, damage or legal liability caused by, sustained or arising directly or indirectly from:

1. **Any pre-existing condition, congenital and hereditary condition.**
2. **Claims pertaining to outside Geographical Coverage or arising in the country of residence.**
3. **Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.**

4. If the insured was not present in Pakistan at the time of policy issuance.
5. If the insured has not travelled from Pakistan on and/or after the policy start date.
6. Any claim if the insured person:
 - a) Is traveling against the advice of a physician or for the purpose of obtaining treatment or undergoing tests or investigations abroad or has been diagnosed as suffering from terminal illness.
 - b) Is receiving, or is on a waiting list to receive, specified medical treatment declared in a physician's report or certificate.
 - c) Has received terminal prognosis for a medical condition.
 - d) Is taking part in a naval, military or air force operation or armed force services including being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
7. Any claim arising out of illness or accidents that the Insured has caused intentionally or by committing a crime including suicide, attempted suicide, self inflicted injury or as a result of drunkenness or addiction of drugs or alcohol or its consequences thereof.
8. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and/ or HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and/ or any mutant derivative or variations thereof howsoever caused.
9. Illness and accidents that are results of war and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
10. Any act of terrorism which means an act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/ or to put the public, or any section of the public in fear.
11. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
12. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional, semi-professional or amateur sport.
 13. Any claim arising from driving or riding any kind of motor racing, or engaging in a sport in a professional capacity or where the insured person would or could earn income or remuneration from engaging in such sport.
 14. Any claim arising out of participation in piloting an aircraft, skydiving, parachuting, hand gliding, bungee jumping, scuba diving, mountain climbing, contests of speed using a motor vehicle, boat, motorcycle or bicycle.
 15. Any claim arising from flying in an aircraft owned, leased or operated by or on behalf of the insured person, family member or close relative.
 16. Engaging in any kind of manual labour work, engaging in offshore activities like commercial diving, oil rigging, engaging in occupational activities underground or aerial photography; handling or requiring use of explosives, performing as an actor, being a site worker, fisherman, cook or kitchen worker, tour guide or tour escort.
 17. Sexually transmitted diseases.
 18. Any condition resulting from pregnancy, childbirth or miscarriage, abortion, pre-natal care, post -natal care and other complications arising therefrom infertility or other problems related to inability to conceive a child, birth control including surgical procedures and devices.
 19. Travel into or through Afghanistan and Syria.
 20. Any claim not meeting the pre-defined criteria of Claim procedure.
 21. Any claim directly or indirectly arising from an epidemic, pandemic or outbreak of an infectious disease, or the threat or perceived threat of any such epidemic, pandemic or outbreak.

GENERAL CONDITIONS

The following conditions apply to this insurance;

1. This policy including application, policy schedule, endorsements and attachments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by the company.
2. The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particular in the Application Form, personal statement declaration and/ or any other connected document.
3. Minimum age of the Insured shall be six (06) months and maximum age shall be sixty five (65) years.
4. Maximum 180 days are covered per Single Trip.
5. Policy start date should be on or before the insured trip start date (Departure date).
6. All deductibles will be charged on each and every loss basis.
7. Policy is applicable for one way travel also, including travel for immigration purposes, however the maximum duration of coverage shall be 60 days only.
8. The Insured shall take all reasonable precautions to prevent Injury, Illness and Diseases in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy.
9. The company shall be entitled in the case of non-fatal injury to call for examination by a medical practitioner appointed by the company or TPA whenever required and in the event of death to have a post-mortem examination at the company's expense.
10. In the event of payment the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organization, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.
11. If at the time of the happening of any loss or damage covered by this policy, there exists any other insurance covering the same, then the Company shall not be liable to pay or contribute more than its reasonable proportion of any loss or damage.
12. The insured person must follow the company's advice or instruction otherwise claim will be declined wholly or partially.
13. The premium is payable in advance and the company shall not be liable for any such claim arising under this policy that occurs prior to receipt of premium. The company shall not be obliged to accept premium tendered or to any intermediary after such date.
14. If any difference arises to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision

of two Arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required in writing to do so by either of the parties or in case the Arbitrators do not agree, to an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meetings and the making of an award shall be a condition precedent to any right of action against the Company.

15. All the personal information collected or held with the company may be used or disclosed to any individual or organization within or outside Pakistan to assess and service the policy, provide marketing material and to conduct insurance claims or analysis.
16. Insurance rules and laws are applicable as per Pakistan Jurisdiction.

CLAIM PROCEDURE:

- a) The Insured shall immediately contact the Help Line of Third Party Administrator stating the necessary details. The phone numbers of the Help Line are:

From anywhere in the World	(+ 971 4601 8823)
In Pakistan	(0800-00242)

- b) In the event of an accident or sudden Illness where it is not possible to contact the Help Line before consulting a physician or going to a hospital, the Insured shall contact the Help Line Number as soon as possible. In either case, when being admitted as a patient, the insured person shall show the concerned physician or personnel, this policy, if requested.
- c) Written notice of claim must be given to the company within 21 days of the date of the incident causing loss, or else the intimation will be declared as 'null and void' unless approved otherwise by the company.
- d) The company will send the claim forms to the claimant within 7 days of the notice of claim.

CLAIMS SETTLEMENT

- a) Direct settlement of medical claims in Schengen States only.
- b) If the procedure stated above is complied with, TPA, as the case may be, will guarantee to the service provider the costs of hospitalization, emergency medical evacuation and financial emergency assistance. All costs will be directly settled by the TPA on Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder.

- c) If the service provider does not accept the guarantee of payment from TPA, the Company cannot be held liable for the same. The cost will then have to be borne by the Insured. These costs will then be reimbursed by the Company/ TPA on submission of the required documents.
- d) Reimbursement of all claims will be made by the Company in Pakistan Rupees on the Insured's return to Pakistan, at the exchange rate specified by the State Bank of Pakistan, as applicable on the date of loss.
- e) The insured person must give all the documents needed to deal with any claim and must pay all the costs involved in doing so.
- f) The company may refuse to reimburse the insured person any expenses for which receipts, bills or any claim supporting documents deemed necessary to process the claim.
- g) Insured with an immigrant visa, going abroad permanently and having declared an immigrant status on the policy will be reimbursed their claims while they are abroad.
- h) Intimated claims (non-litigation) will be considered outstanding, if no response is received within 90 days of intimation/last correspondence, and will be closed on 'No Loss/No Claim' basis.

Cancellation of Policy Due to Non Utilization:

Policy can be cancelled, upon written request of the insured due to non utilization of cover only if:

- a) The insured person returns the original policy insurance certificate along with a request letter for cancellation.
- b) The insured person request to cancel the policy before the effective date.
- c) The person submits his full passport copy (photo state) as a proof that he/ she has not traveled the effective date written on the policy or,
- d) Original letter from the consulate requesting for the cancellation of the policy.
- e) On fulfilling the above requirements, the premium will be refunded after deduction of service charges.
- f) Refund will not be accepted if the request is made after 120 days from the effective date of coverage in case of incomplete documents.

Note:- Policy cancellation will not applicable if visa is granted for the countries where travel insurance is mandatory to obtain the visa.

Cancellation by us:

We may cancel this policy by giving **you** at least seven days notice at **your** last known address. **We** reserve the right to amend policy terms, conditions and exclusions.

Note:- A cancellation charge equivalent to Administrative Surcharge and stamp duty will be deducted from all types of refunds.

Complaints:

If you have any complaints about your policy, please contact:

Travel Insurance team

Adamjee Insurance Company Limited,

Head Office,

9th Floor, Adamjee House,

I.I. Chundrigar Road,

Karachi - PAKISTAN.

Tel: +9221 32414162, 32426592

Fax: +9221 32426593

E-mail: complaint@adamjeeinsurance.com

