

	Inbound
Geographic Coverage	UAE
Medical Services & Benefits	Limits in AED Up To
Medical expenses incurred during hospitalization (due to Covid-19)	AED 25,000
Quarantine expenses - maximum 10 days	AED 200
Travel Services & Benefits	
Personal Accident - Accidental Death	AED 7,000
Medical & Travel Assistance	
Telephone medical advice	Free service
Arrangement of hospital admission	
Monitoring of medical condition during and after hospitalization	
Medical translation service	
Delivery of essential medicine	
Emergency traveling service assistance	
Emergency interpreting assistance	

PRELIMINARY

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

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.
- **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 amount you will be responsible for paying as part of the claim (as detailed under each Section). 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 /we** means **Dubai National**
- **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 treatment** means medical treatment which is 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 to stay in hospital.
- **Pre-Existing Condition** means any medical condition in respect of which the Insured has a chronic pathology which developed over the time without being hospitalized or even diagnosed or any medical condition that has been diagnosed or treated by a medical practitioner including prescribed drugs prior to the first day the insured is included in the program. The preexisting medical condition definition also applies to injury or sickness of the family member.
- **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 Company** means the company appointed to provide various emergency assistance services.
- **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.

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 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

- 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:

Medical Services & Benefits

Medical expenses related to Covid-19

- This policy will cover the user for reasonable usual and customary (UCR) medical costs and expenses which may be incurred consequent to the user's becoming infected with an agent of an epidemic/pandemic disease, while this policy is in force, but only in respect of In-hospital confinement provided that :
- For the purpose of this clause, Epidemic/Pandemic disease shall be defined as a general and widespread sudden outbreak of an acute and severe infectious disease caused by a Defined infectious disease pathogen (including all types of viruses, bacteria,...), that affects simultaneously numerous individuals all over the territory of destination country and that is officially declared as a new, sudden and acute epidemic/pandemic disease exclusively by 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 an Epidemic/Pandemic 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. This also applies to enforced quarantine in hospital.

The cover is granted:

- if the person got infected by corona virus during his stay at the stated country
- PCR negative or Vaccine certificate stating member has taken 2 vaccine shots for less than 6 months and more than 14 days, PCR negative on arrival

Deductible	Amount
1D - 75 years	25% of each claim

• Quarantine Expenses

If the insured, after a positive PCR test, was sent to compulsory quarantine while the policy is in force, a fixed 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 10 days. The amount is paid on top of any of the insured's existing medical benefits. It is totally up to the insured to decide how to best spend the amount.

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.

Medical assistance

• Telephone medical advice

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

Upon request from the Insured, the servicing company will arrange to deliver to the Insured essential medicine, drugs and medical supplies that are necessary for a Insured's care and/or treatment but which are not available at the Insured's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. The servicing company will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

Travel assistance

• 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).

• 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.

• 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.

• 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.

Personal Accident Benefit

The insured is covered for the full amount stated in the Schedule if during the Trip he sustains accidental bodily injury, caused solely and directly by accidental external violent and visible means, and such bodily injury within 12 months of the accident is the sole and direct cause of the insured's death.

Special Condition: If an Insured Person is under 16 years of age at the date of issue of the Schedule, the amount payable in respect of death will be limited to 80% of the amount stated in the Schedule.

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 effected or the Trip was booked (whichever is the later).
- 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 vehicles unless at the time of the accident the driver is duly qualified, is in possession of a current full driving license valid in the country where the vehicle is operated and, if you or your travel companion is the driver, a valid license for operating that class of vehicle in the driver's Country of Residence, and the driver and passenger are both wearing a safety crash helmet.
- 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.
- More than one emergency evacuation and/or repatriation for any single medical condition of a 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 75 years old at the date of intervention.
- Any expense which is a direct result of nuclear reaction or radiation. (regardless of any contributory causes), 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.
- Any ambulance expenses unless accepted by the servicing company.
- Any expenses or cost of all kind of materials, prosthesis and/or orthosis replacing any functional or missing part of the human body.
- Cost of any walking or mobility aids.
- Work Related Accidents.

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.

ELIGIBILITY

- The concerned Insured is eligible for the servicing company Program following calling The Servicing Company alarm center prior to hospital admission or Medical Assistance, cases shall be rejected if requested on reimbursement basis. In case insured applies for reimbursement, and after assessment of claim, The Insurance Company may accept on exceptional basis the claim, and will pay after audit up to 85% of the accepted invoices. The Insurance Company will reject any claim on reimbursement basis presented after 6 (six) months from the date of the incident mentioned in the claim, and after 2 (two) months from the date of return of the insured to the usual country of residence (for yearly policies)
- The maximum age of enrolment is 75 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.

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 insured or anyone acting on his/her behalf to assert rights to benefit. All benefit and premium shall in such case be forfeited.
- By the insured in case of cancellation of his/her trip abroad, provided the insured has notified the travel cover agent before the effective date specified in the application form or on the amendment, and has received confirmation of cancellation from the later.
- No refund is authorized if cancellation is required after the inception date.

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.

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:

• SPAIN	+34 85 61 40 046
• UK	+44 1513 2500 56
• USA	+1 954 239 1266
• UAE	+971 4278 3514
• Thailand	+66 600 035 532
• Lebanon	+961 1 517 107

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@isasolutions.com

إجراءات المطالبة

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

• اسبانيا	+34 85 61 40 046
• المملكة المتحدة	+44 1513 2500 56
• الولايات المتحدة	+1 954 239 1266
• الإمارات المتحدة العربية	+971 4278 3514
• تايلندا	+66 600 035 532
• لبنان	+961 1 517 107

إبلاغهم بالحادث وتزويدهم بالمعلومات التالية:

- 1- الشركة المرجح: **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 بضمن 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 السفر مبيناً تاريخ الدخول إلى البلد الأجنبي

ينبغي تسليم جميع الوثائق إلى وكيل السفر في أي 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 الإلكتروني:

claims@isasolutions.com

DECLARATION:

I hereby declare the beneficiary (ies) of the travel certificate, that all declarations are true and after reviewing the conditions I agree and confirm its contents. Furthermore I confirm my (our) declaration that all preexisting cases are not covered by this certificate and coverage is valid only outside my (our) country of residence and my (our) certificate is not by any mean a prerogative to seek treatment abroad. I (we) agree that this certificate cannot be cancelled or amended after its inception.

إعلان:

أصرح بموجبه المستفيد (المستفيدين) من شهادة السفر أن جميع التصريحات صحيحة وبعد مراجعة الشروط التي أوافق عليها وأؤكد محتوياتها. وعلاوة على ذلك أؤكد بأن جميع الحالات السابقة غير مشمولة بهذه الشهادة والتغطية صالحة فقط خارج بلد إقامتي (بلدنا) وشهادتي (الخاصة بنا) ليست بأي شكل من الأشكال امتيازاً لطلب العلاج في الخارج. أنا (نحن) نوافق على أنه لا يمكن إلغاء هذه الشهادة أو تعديلها بعد إنشائها.

Name & Signature - الاسم والتوقيع:

Date - التاريخ:/...../.....