

Geographic Coverage	UAE
<b>Medical Services &amp; Benefits</b>	<b>Limits in AED</b>
Medical expenses incurred during hospitalization	150,000
Covid19, up to	150,000
Repatriation	7,500
Repatriation for the Deceased	10,000
*Quarantine expenses per day up to 14 day (if selected)	183
<b>Travel Assistance</b>	
Loss of Passport	400
<b>Medical Assistance</b>	
Telephone medical advice	Free service
Arrangement of hospital admission	
Monitoring of medical condition during and after hospitalization	
Medical translation service	
Delivery of essential medicine	
* Limits are per original policy for the "Covid-19 - UAE Inbound excluding Quarantine" and distributed as follows: Quarantine expenses Nil	

#### PRELIMINARY

This contract governs the general and the particular conditions of Visa International Assistance program issued by the Insurance Company.

#### PART 1. DEFINITION

**Pre-Existing Condition** means any medical condition in respect of which the User 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 user is included in the program.

**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 User's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the User's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

**Insurance Company** means Dubai National Insurance Company.

**Servicing Company** means April Assistance

**Services** means the medical and travel assistance to be provided by the servicing company.

**Usual Country of Residence** means Country of the User permanent home address, as stated in the policy.

**User** means an individual who is covered under an insurance policy issued by Dubai National Insurance Company.

**Common Carrier:** Refers to different means of public transportation methods used such as: plane, train, taxi, bus.

**Cover dates:** Starts the first day the user enters the UAE as stamped on the passport, subject to informing the Insurance Company, and run for the same duration as the originally policy period.

**Sum Insured:** means the maximum aggregate payable for each insured under each section of this insurance as specified in the Table of Benefits.

#### PART 2. GEOGRAPHICAL SCOPE OF SERVICES

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 user'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 user's stay outside or inside his Usual Country of Residence.

The Services provided by the servicing company under this Agreement are rendered worldwide. 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 User/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.

#### PART 3. SCOPE OF SERVICES

- The servicing company shall make available operation coordinators answering in different languages for the Users by telephone at its fully-manned **non free call alarm centre** in France 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 User while the User is on the telephone. In all other cases, the servicing company will provide the information to the User by the quickest possible means.
- The servicing company shall, subject to the terms and conditions as defined hereunder, provide the following Services to a User calling the servicing company:

#### A- Medical Expenses

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.

#### • Medical expenses due to Covid-19

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.

#### • Arrangement and payment of 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.

• **Arrangement and payment of transportation of mortal remains**

The servicing company will arrange for transporting the User's mortal remains from the place of death to the Home Country and the servicing company Underwriters will pay for all expenses reasonably and unavoidably incurred in the air and/or surface transportation so arranged by the servicing company or alternatively pay the cost of burial at the place of death as approved by The Servicing Company.

**vii. Quarantine Expenses**

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.

**B- Travel Assistance**

• **Loss of Passport**

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

**Exclusion Applicable:**

- ii. 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.
- iii. Any fine or penalties incurred due to non-replacement or late replacement of the passport by the insured.
- iv. Passport renewal.
- v. Loss or damage due to delay, confiscation or detention by customs or other authorities.
- vi. Any unexplained loss or mysterious disappearing.
- vii. Any loss not substantiated by a written confirmation from the police, local embassy, consulate, issuing authority and/ or public common carrier.
- viii. The claim of both temporary and permanent version of the same passport; In the event of such loss, the insured may claim either one (1) version.
- ix. Loss or theft of to your passport 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.

**C- Medical Assistance**

• **Telephone medical advice**

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

• **Arrangement of hospital admission**

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

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

The servicing company will monitor the User'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 User 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 User, the servicing company will arrange to deliver to the User essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the

User's location. The servicing company will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

• **Emergency traveling service assistance**

The servicing company shall assist the User 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 User over the telephone on an emergency basis.

• **Emergency document delivery**

The servicing company shall assist the User to arrange for emergency document(s) to be delivered to the User's friend, relative or business associate, upon the User'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 User's responsibility.

**PART 4. 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).

- 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.

- 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, 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 90 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.

- Ambulance and any other Transportation expenses such as a Taxi and others.

- 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 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 accidents, pedestrian accidents and any other type of traffic motor

collision. Knowing that it should be covered under the involved car compulsory insurance.

#### **PART 5. 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 ask for translated documents if not available and may accept on exceptional basis the claim, and will pay after Auditing the provided invoices, deducting the appropriate amount and covering under Standard/ Regular Admission Class up to 75% of the approved amount (if the claim is eligible). 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 90 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

#### **PART 6. 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.

By the user in case of cancellation of his/her trip abroad, provided the user 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.

#### **PART 7. EXAMINATIONS**

The servicing company shall have the right and opportunity through its medical representative to examine the User whenever and as often as may reasonably require.

#### **PART 8. 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 user 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.

#### **PART 9. COMPETENT JURISDICTION AND GOVERNING LAW**

In case of dispute between the user and the issuing company, parties are obliged to refer to the courts of the UAE.

This contract shall be governed and construed in accordance with the laws of the UAE.

## Claims Procedure

## إجراءات المطالبة

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

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

• Worldwide	+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

• جميع أنحاء العالم	+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

Providing the following:

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

إبلاغهم بالحادث وتزويدهم بالمعلومات التالية:

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

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

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

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:

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

- 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.

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

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

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.

Other Documents may be required if relevant to the Case.

من الممكن طلب وثائق أخرى بحسب صلتها بالمطالبة.

In case you wish to contact ISA claims, you may email us on: [claims@isasolutions.com](mailto:claims@isasolutions.com)

في حال كنت ترغب بالتواصل بمطالبات **ISA**، يمكنك على البريد الإلكتروني: [claims@isasolutions.com](mailto:claims@isasolutions.com)