

Policy Schedule	
Policy No.	GAF1/2022/002068 Ren. Pol. No (GAF1/2021/002062)
Insurer	GULF INSURANCE AND REINSURANCE COMPANY K.S.C.C.
Policy Type	Annual Group Travel Insurance
Insured	Platinum and Gold members of Oasis Club of Kuwait Airways as on Policy Inception date and based on the list provided by OASIS CLUB - KUWAIT AIRWAYS. Only members who held Platinum and Gold status ON 01-06-2022 If list is not provided within 15 days from inception date, the list of expiry period will be used.
Period of Insurance	Covering travels of Insured persons that occur From 01.06.2022 To 31.05.2023 Both days inclusive. Cover is automatically renewed unless 30 days' notice to expiry is served by either party in writing.
Plan Type	Family Worldwide except country of residence.
Geographical Limit	Worldwide except the country of residence
Maximum Limit of Liability	USD 50,000/- per trip and subject to sub-limits as per the table of benefits.
Aggregate Limit per event	The indemnity limit for all Insureds affected by the same accident is USD 500,000 (five hundred thousand USD), regardless the number of Insured persons or policies involved
Coverage	- Section A: Medical expenses as attached - Section B: Travel inconvenience benefits as attached
Trip Duration limit	Duration of the trip up to 92 consecutive days in Annual Multi-Trip.
Cover limits	As per the Policy Terms and Conditions provided and agreed as attached
Conditions	<ul style="list-style-type: none"> Covers annual multi trips of Insured persons during the Period of Insurance Warranted: maximum 92 days' consecutive days per trip. Policy cannot be transferred and/or assigned. No refund premium in respect of member deletion if a claim is reported or paid. Claims are handled, administer and settled by Mapfre Assistancia affiliates. Eligible age of insured: 3 months to 65 Law & Jurisdiction – State of Kuwait
Premium:	
Total Member at Inception	2495 – As per list provided in our file.
Signed on behalf of Gulf Insurance & Reinsurance Company K.S.C.C.	



مجموعة الخليج للتأمين
GULF INSURANCE GROUP

D: 65

ID: 101035

Page 1 of 13

Policy No. GAF1/2022/002068

ANNEX I
Travel Program - Benefits table

Benefits	Limits
SECTION A: Medical Expenses Benefits	
Emergency Medical Expenses (Accident & Sickness) - (COVID-19 INCLUDED)	\$50,000
Deductible	\$100
Emergency Medical Evacuation	Included in Emergency Medical Expenses
Repatriation of Remains	\$2,500
Medical Evacuation Transportation Assistance	Included
Physician, Hospital, Dental, Vision Referrals	Included
Medical Monitoring	Included
Medical & Safety Advisories	Included
SECTION B: Travel Inconvenience Benefits	
Baggage Loss (Common Carrier)	\$500
Per Bag	\$250
Per Item	\$25
Baggage Delay	\$50 per hour up to \$500
In Excess	6 Hours
Legal Fees	\$2,500
Bail Bond	\$2,500
Personal Liability	\$75,000
Loss of Passport	\$200
Deductible	\$30
Pre-Trip Travel Information	Included
Travel Document and Immunization Requirements	Included
Currency Conversion	Included
Cash Transfer Assistance	Included
ATM Locator	Included
Lost Passport, Travel Document Assistance	Included
Embassy or Consulate Information	Included
Telephone Interpretation	Included
Baggage Tracking and Assistance	Included
Legal Referrals Assistance	Included
Urgent Message Relay to Family or Business Contact	Included
Flight, Hotel, Car Re-Bookings	Included
Emergency Return Travel Arrangements	Included
Delivery of Medicine	Included
Assistance Department (24 Hours / Worldwide Services)	Covered

Policy Terms and Conditions

Definitions

Insured Person Means: The person whose name is in the insurance policy issued within the validity period of this Agreement and notified to the Company before his/her travel.

Company, Underwriter, Insurer all means Gulf Insurance & Reinsurance Co. K.S.C.C.

Geographical coverage: Outside country of residence.

Period of cover: As per purchased Insurance program up to a maximum of (92 days consecutive) abroad per trip.

Maximum Insured Age: 65 years for worldwide travel insurance package including USA, Canada & Australia.

Usual Place Of Residence Means: The home or residence of an Insured in the usual place of Residence.

Illness: Any change in health diagnosed and confirmed by a legally recognized doctor during the life of the policy and which is not comprised in either of the two groups below:

- Congenital disease: that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- Pre-existing disease: that the Insured suffered prior to the date of taking out the insurance.

Serious illness: A change in health that requires admission to hospital and which, in the opinion of the Company's medical team, which involves risk of death.

Injury: A medical problem caused by a sudden and severe external reason beyond the control of the Insured, within the validity period of this policy.

Serious injury: An injury, which in the opinion of the Company's medical team, which involves risk of death.

Cover: Consequent upon an unforeseen event happening during the course of a journey outside the Usual Place of Residence, the Company will provide the Insured with the immediate material assistance as specified under the benefits set out in this Policy, provided that the event does not occur outside the Geographical Limits.

Cover Trip: A Cover trip mean a trip undertaken by the Insured Person outside his usual place of residence. The Covered Trip commences when the Insured Person starts the direct journey from home to the exit point of his usual place of residence and ceases when the Insured Person first returns home. The maximum duration of anyone Covered Trip must not exceed 92 days.

SECTION A: MEDICAL EXPENSES BENEFITS

1. Emergency Medical Expenses (Accident & Sickness):

In the event of illness or injury of the insured occurring outside the Usual Place of Residence, The Insurer will pay the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor.

The Assistance Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors who attend to the Insured to supervise the provision of proper health care.

2. Emergency Medical Evacuation

In the event of an accident or sudden illness, that is not pre-existing and which is acute, the Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual place of residence.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by The Assistance Company.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

3. Repatriation of Mortal Remains

In the event of the death of the Insured, The Assistance Company will make the necessary arrangements for the return of the Insured's remains to the Insured's country of residence and the Company will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual place of residence.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

4. Physician, Hospital, Dental, Vision Referrals:

Through the assistance company call centre, the insured will be given access and referred to any agreed medical centre or medical practitioner of the Re Insurance international network.

5. Medical Monitoring:

Follow-up Medical Expenses incurred upon return to the usual place of residence:

We will reimburse the Insured for the necessary follow-up medical, hospital and treatment expenses reasonably incurred by the Insured in usual place of residence within 10 days after his/her return to the usual place of residence. Follow-up treatment is only covered in the case of sudden illness or injury happened and treated abroad during his/her journey covered under our policy. The expenses covered under this section will be net of the Medical Expenses incurred under this policy. The maximum limit is USD 2,000.

We cover select treatment costs following repatriation. Pre-existing illness is not covered in Follow up treatment.

6. Medical & Safety Advisories:

The medical information will be provided to the Insured by Company's doctor upon request from the insured. The service is not to be considered in any case as a diagnosis but it is a connection service.

SECTION B: TRAVEL INCONVENIENCE BENEFITS

1. Baggage Loss (Common Carrier):

The Company will supplement the compensation for which the carrier is liable up to a limit provided by the selected Plan, as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier.

Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organisations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company shall not be less than 21 days.

This cover is subject to a limit provided in the ANNEX I

Money, jewellery, debit/credit cards, cheques and any type of document are excluded from this guarantee.

2. Baggage Delay

In the event of a delay of more than 6 hours in delivering the baggage checked in, since the arrival of the flight on an IATA Member Airline, the Company will cover up to a limit specified in ANNEX I, to purchase prime necessity items (those that are indispensable while the Insured awaits the arrival of the delayed baggage), provided that the relevant original copies of the invoices are furnished.

All such claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

3. Legal Defence

If the Insured is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him, the Assistance Company will, if required, provide him with the name of an attorney who can represent him in any necessary legal matters.

The Insurer will cover the expenses of legal defence abroad of the beneficiaries in the penal or civil procedures which are generated against the beneficiaries as a result of false arrest or wrongful detention.

4. Bail Bond

The Company will advance funds for any legal bond required on behalf of an Insured up to the amount provided in ANNEX I.

The Insured will be required to repay such sum as may have been advanced within 45 days. The Assistance Company will require valid credit authorisation prior to any such fund advance.

5. Personal Liability:

The Company guarantees the Insured to pay the compensation for which the Insured may be civilly liable by law, for bodily or material damages caused involuntarily to third parties and products during the lifetime of the insurance contract, according to the definitions, terms and conditions set out in the policy and for incidents arising from the risk specified therein.

- Save express agreement to the contrary, the Company will assume the legal supervision as regards the claim by the damaged party, and will meet the cost of the defence expenses that arise. The Insured shall provide the collaboration necessary to assist the legal supervision assumed by the Company.
- If in the court procedures brought against the Insured there should be a conviction, the Company will decide whether it is appropriate to appeal to the competent higher Court; if it does not deem the appeal appropriate, it will inform the Insured thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favourable to the interests of the Company, it will be obliged to meet the cost of the expenses arising from such appeal.
- When any conflict arose between the Insured and the Company, prompted by the latter having to maintain in the loss interests contrary to the defence of the Insured, the Company will inform the Insured thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defence. In this case, the Insured may choose between maintaining the legal supervision provided by the Company or entrusting its own defence to another person. In this last

event, the Company will be obliged to pay the expenses of such legal supervision up to the limit agreed in the Policy Schedule.

When in the civil part an amicable agreement was reached, the defence in the criminal part is discretionary on the part of the Company and is subject to the prior consent of the defendant.

6. Recoveries

In the event of concurrence of the Company and of the Insured against a liable third party, the amount recovered will be shared out between them both in proportion to their respective interest.

Specific exclusions to Personal Liability cover

In addition to the General Exclusions, applicable to all Coverage and Sections of this policy, the consequences of the following events and damages are not covered:

- a) Damage which has its origin in the breach of or voluntary failure to observe positive Legal rules or of those governing the activities object of the insurance.
- b) Damage to goods or animals that are in the possession of the Insured, or the person for whom the latter is answerable, for his/her own use, or that have been entrusted or rented out to him/her to use, look after, transport, use for working purposes or operate.
- c) Damage caused by the contamination of the ground, waters or the atmosphere, unless the cause thereof should be accidental, sudden and unforeseen or not anticipated by the Insured.
- d) Damage caused by risks that should be object of compulsory insurance cover.
- e) Damage arising from the use and running of motor vehicles, and of the elements towed or incorporated therein.
- f) The contractual obligations of the Insured.
- g) Damage caused to ships, aircraft or any device destined for navigation or water or air support, or caused by them.
- h) Damage caused by the transport, storage and handling of corrosive, toxic, inflammable and explosive substances and gases.
- i) The payment of penalties and fines, as well as the consequences of failure to pay them and the furnishing of court bonds to guarantee the criminal results of the procedure.
- j) Liability arising from labour accidents sustained by the personnel in the service of the Insured.
- k) Damage caused by products, completed works and services rendered, after they have been delivered to clients or after they have been rendered.
- l) Damage caused to movable or immovable property which, for their use or enjoyment, handling, transformation, repair, safe-keeping, deposit or transport, have been entrusted, assigned or rented to the Insured, or which are in his/her possession or sphere of control.
- m) Financial losses that are not the consequence of a material damage covered by the policy, as well as the financial losses that are the consequence of a bodily harm or material damage not covered by the policy.
- n) Damage caused by engaging in obviously dangerous sports, such as mountaineering, underwater activities, shooting or similar.
- o) Injury to employees of the Insured.
- p) Liability arising out of:
 - Any wilful act or misconduct;
 - The carrying on of any trade profession or business.
- q) Liability to members of the Insured's family or any employee.
- r) Liability for which indemnity is provided to the Insured under any other insurance.

7. Loss of Passport:

In case of loss of the Insured's passport, while abroad, the Assistance Service Provider will take charge of the expenses of the replacements necessary for obtaining a new passport or equivalent consular document provided always that the lost passport is reported immediately to the concerned authorities.

This cover is subject to a limit provided in ANNEX I

Exclusions applicable on Loss of Passport:

- a. Loss of passport while it is unattended is not covered.
- b. Loss of the passport while it is not in the custody of the Insured is not covered.
- c. If the loss of passport is not reported to the concerned authorities within 24 hours of the loss is not covered unless a genuine reason is furnished.

8. Pre-Trip Travel Information

Prior to the insured departure, the assistance Company will provide basic useful information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and warnings about travel to certain locations.

9. Travel Documents and Immunization Requirements:

The medical information and immunization information will be provided to the Insured by Company's doctor upon request from the insured. The service is not to be considered in any case as a diagnosis but it is a connection service.

10. Currency Conversion:

In case the card holder needs to know any equivalent amount in any currency he may contact us and we will provide him the equivalent amount in the currency request.

11. Cash Transfer Assistance

If, during a trip abroad, the Insured were deprived of cash as a result of robbery, loss of baggage, illness or accident, duly proved by the presentation of the corresponding documentary proof (receipts, certificate, formal complaints, etc.), the Company shall arrange to forward up to the sum specified in the referred plan, provided that the amount requested is deposited beforehand at the registered offices of Company in the form of Cashier's Payment Order (CPO) or cash.

12. ATM Locator

The policy holder needs the location of the nearest ATM Machine MAPFRE Asistencia will provide him the location of nearest ATM machine to his Place.

13. Loss of Passport, Travel Documents Assistance:

In case of loss of the Insured's passport, travel documents while abroad, the Company will take charge of the expenses of the replacements necessary for obtaining a new passport, travel documents or equivalent consular document.

14. Embassy or Consulate Information

MAPFRE ASISTENCIA will assist insured members who have lost important travel documents (e.g. passport, credit cards) by providing instructions for recovery or replacement.

15. Telephone Interpretation

In the event of an emergency situation, MAPFRE ASISTENCIA will provide personal telephone translation services and referrals of interpreter services through its alarm centre network.

16. Baggage Tracking and Assistance

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them.

In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual place of residence.

In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

17. Legal Referrals Assistance

MAPFRE ASISTENCIA will provide the insured member with names, addresses, telephone numbers and if available operating hours for lawyers or legal practitioners within the area where the member is located.

18. Urgent Message Reply to Family and Business Contact

At the Insured's request, the Company will arrange to convey urgent or justified messages relating to matters which are covered under Sections.

19. Flight, Hotel, Car Re-Booking

In case the policies miss his flight because of no fault of his self, MAPFRE assistance will help him to rearrange a booking (Flight, Hotel and Car).

20. Delivery of Medicines

The Insurer will cover the expenses of sending medicines, in case of emergency, which are prescribed by the Doctor of the Insured, even if this prescription is previous to the trip, and are not available at the place where she/he is staying.

The costs of the medicines are excluded from this guarantee.

21. Assistance Department (24 Hours/worldwide Services)

As soon as the Assistance Company is notified about a medical emergency resulting from the Insured's accident or illness, the Assistance Company will contact the medical facility or location where the Insured is placed and confer with the Physician at that location of the Insured to determine the best course of action to be taken.

If possible and if deemed appropriate by the Assistance Company, the Insured's Physician will be contacted to in order to have a better knowledge of the medical conditions of the Insured, The Assistance Company will then analyse the situation and recommend the most appropriate way of providing the assistance benefits, as well as arranging hospital admission of the Insured where, in discretion, of The Assistance Company is appropriate.

THE COMPANY'S LIABILITY CONDITIONS

- 1) In the event of any claim the liability of the Company shall be conditional on the insured claiming indemnity or benefit having complied with and continuing to comply with the terms of this Policy.
- 2) In the event of a claim under this Policy the Insured shall:
 - a) Take all reasonable precautions to minimize the loss.
 - b) As soon as possible telephone the Company to notify the claim stating the

Benefits required.

Freely provide the Company with all relevant information.

Make no admission of liability or offer promise or payment of any kind.

- 3) The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly.

GENERAL EXCLUSIONS

- Loss, damage, illness and/or injury directly or indirectly caused by, arising out of, and/or during, and/or in consequence of the following are excluded from the guarantee/cover granted under this Policy:
 - a) The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions including those actions of the Insured in a state of derangement or under psychiatric treatment costs for which are themselves excluded;
 - b) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon any other type of natural disaster;
 - c) Events arising from terrorism, mutiny or crowd disturbances;
 - d) Events or actions of the Armed Forces or Security Forces in peacetime;
 - e) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
 - f) Those caused by or resulting from radioactive materials and nuclear energy;
 - g) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity;
 - h) Illness or injuries existing prior to the claim , unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium;
 - i) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
 - j) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing , pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is known to be dangerous;
 - k) Participation in competitions or tournaments organised by sporting federations or similar organisations.
 - l) Hazardous winter and/or summer sports such as skiing and/or similar sports.
 - m) Permanent resident and students outside of country of residence.
 - n) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters; and,
 - o) The accidents deemed legally to be work or labour accidents, consequence of a risk inherent to the work performed by the Insured.
 - p) Internationally and locally recognized epidemics. This exclusion does not apply to the "Emergency Medical Expenses due to Covid19" benefit.
 - q) Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy;
 - r) Death as a result of suicide and the injuries or after-effects brought about by attempted suicide or any self-inflicted injuries.

- s) Illness, injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance;
- t) Illness or injuries resulting from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical service;
- u) Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
- v) Mental Health diseases.
- w) Venereal sexually transmitted diseases.
- x) All pre-existing, congenital and/or Chronic Medical Conditions.
- y) Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Company, can reasonably be related thereto, if the insured person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.
- In addition to the foregoing General Exclusions, the following benefits are not covered by this insurance:
 - a) The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Assistance Company, except in the case of an extreme emergency/urgent necessity. In that *event*, the Insured shall furnish the Company with the vouchers and original copies of the invoices;
 - b) Assistance or medical services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications.
 - c) Rehabilitation treatments;
 - d) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
 - e) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - 1) Before this insurance comes into force;
 - 2) With the intention of receiving medical treatment;
 - 3) After the diagnosis of a terminal illness;
 - 4) Without prior medical authorisation, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip;
 - f) Expenses that arise once the Insured is at his/her usual place of residence, those incurred beyond the scope of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the Agreement have elapsed or after 90 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
 - g) Any Health Services that are received as Out-of-Hospital benefits.
 - h) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
 - i) Services that do not require continuous administration by specialized medical personnel.
 - j) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
 - k) Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency.
 - l) Prosthetic devices and consumed medical equipment's.
 - m) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling , bungee jumping and any professional sports activities.
 - n) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
 - o) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products, non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency). Services rendered by any medical

- provider relative of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
- p) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
- q) Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
- r) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
- s) Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
- t) Any test or treatment not prescribed by a doctor.
- u) Diagnosis and treatment services for complications of excluded illnesses.

The Company is exempt from liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

Requested documents for Travel Assistance claims

In case of any claim related to anyone of the below benefits, please make sure to provide the full mandatory required documents.

❖ Direct Services - Medical

Once the Insured contact our call center, we need all the following details that must be provided by the insured in order to find the insured details in our record and provide the service which will be available to help any person 24h/24 7d/7.

By dialling our Emergency number, he/she will be prompt to provide:

- Passport or Identity card number.
- Quote the Policy No.
- Full name of the injured and the principal insured.
- The cause of the call.
- The place he/she are located (Hotel/City/Address/Phone number)

Emergency Numbers / Contact Details:

Kuwait	22583600
Saudi Arabia	8008973222 / 8008500007
Bahrain	80001222
UAE	800035702829
Qatar	080097305 / 44320918
Oman	2478548624785486
International	+ (962) 65008210 + (973) 17 216839 + (962) 65008205
Ireland	+ (353) 91 560621
Germany	+ (49) 180511 5610
France	0800918040
Spain	+ (34) 915811821
USA	+ (1) 5672692968

Email

TRAVELA@.mapfre.com

❖ **Reimbursement cases**

The documents we need to process the reimbursement cases:

1. Medical claim:

- An explanatory letter (explaining the cause why the insured did not call the alarm center to request the assistance).
- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- The initial medical report in detail (Date of admission, Past Medical History, Physical Examination and initial diagnosis) plus all the Medical Reports that have been made for the patient.
- Original Detailed invoices. Please note that receipts are not sufficient.

2. Lost Luggage:

- An explanatory letter (explaining the cause why the insured did not call the alarm center to request the assistance).
- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- The compensation paid by the carrier (if exists) or letter of the carrier saying that they will not compensate the insured.
- Property Irregularity Report (PIR) made by the Airline Company.
- Copy of the Tag Number.
- List of the contents including the estimated price and date of purchase of each item.

3. Delay Luggage:

- An explanatory letter (explaining the cause why the insured did not call the alarm center to request the assistance).
- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- Property Irregularity Report (PIR) made by the Airline Company.
- Tag Number.
- Detailed Invoices of the items bought as first needs.

4. Delay Flight:

- An explanatory letter (explaining the cause why the insured did not call the alarm center to request the assistance).
- Copy of the policy showing the policy number, the period of coverage and the covered benefits.
- Copy of the passport, first page (has to include the pages where we can see the stamp with the day of departure of the country of residence and the one with the day of entrance to the foreign country).
- Letter from the Airline explaining the reason of the delay and for how many hours.
- Copy of the Airline Ticket.

- Compensation paid by the carrier (if exists) or letter of the carrier saying that they will not compensate the insured.
- Invoices of the expenses used during the delay (transport and hotel accommodation, as well as meals).

Premium Review condition

Premium Revision: The (Re)insurer will have the right to review the premiums and the terms and conditions of the agreement twice a year as well as annually in each anniversary renewal term of this agreement. After the review, the premium rates and the conditions of the policy may change if agreed mutually taking into account the loss ratio, combined ratio and the size of the company.

When the loss ratio reaches (including IBNR) 85% of the underwriting premium or when considered necessary, the (Re)insurer will have the right to review the premiums.