



للتأمين
التكافلي

GENERAL & SPECIFIC POLICY CONDITIONS

Below is our comprehensive Travel Health Policy (For Inbound Travelers/Visitors) policy wording. It is not necessarily that you are eligible for all its benefits. Your coverage is limited by the schedule of benefits provided.

PERSONAL ASSISTANCE

1) MEDICAL, HOSPITALIZATION, PHARMACEUTICAL EXPENSES, AND SURGICAL EXPENSES ABROAD, DUE TO ACCIDENT / SUDDEN ILLNESS

In the event of an Accidental Injury or Sudden Illness of the Insured occurring outside the Usual Country of Residence, the Assistance Company will meet the usual, customary, necessary, and reasonable costs of hospitalization (until stabilization), surgery, medical fees, and pharmaceutical products prescribed by the attending Doctor for a maximum of (as the Schedule of Benefit) per person per trip or per year (in case of annual policy) and in the aggregate with a Deductible of (as the Schedule of Benefit).

All Plans			
Deductible amount (*) Each and Every Claim according to "Age"			
From 0 years to 70 years old	From 71 years to 75 years old	From 76 years to 80 years old	From 81 years to 86 years old
USD 100	USD 250	USD 500	USD 1000

The Assistance Company's medical team will maintain the telephone contacts necessary with the Centre and with the Doctors attending to the Insured to supervise the provision of proper health care.

This policy is not a general health policy. It is intended only for use of an Insured Person in the event of a serious sudden and unexpected illness or accident. Further treatments and non-emergency surgeries must be done in the home country.

2) SPECIAL CONDITIONS FOR COVID-19 COVERAGE

When the appropriate additional premium has been paid, the Assistance Company shall cover the medical hospitalization of the Insured in case of illness related to the COVID-19 for a maximum limit as set in the Schedule of Benefits. This coverage will be only granted, if PCR positive, 72 hours after the Insured arrival to his/her destination. Any negative diagnostic assessment will not be covered by this contract. It is to be noted that the hospitalization of the Insured will be limited to 10 days maximum which will be strictly due to medical complications related to COVID-19 and not to any preexisting known or unknown pathology.

3) EMERGENCY DENTAL CARE ABROAD

If necessary, the Assistance Company will provide the Insured party with the dental assistance required abroad. The maximum limit of the expenses for this benefit is (as the Schedule of Benefit) per case and (as the Schedule of Benefit) per annum and in the aggregate. This coverage is restricted to the treatment of pain, infection and removal of the tooth affected.

4) TRANSPORT TO A PROPERLY EQUIPPED MEDICAL FACILITY/ REPATRIATION IN CASE OF ACCIDENT / SUDDEN ILLNESS (MEDICAL EVACUATION & REPATRIATION)

In the event of an Accidental Injury or Sudden Illness, the Assistance Company will take charge of transferring the Insured to a proper equipped medical facility.

The Company, through its medical team, will decide if transferring is necessary, otherwise, the Company, through its medical team, will decide if repatriation is necessary, depending on the situation or gravity of the condition of the latter.

Dubai Insurance Company

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical Centre and with the doctors attending to the Insured, and on the basis thereof will decide whether to transfer the Insured, and on the most suitable means of transport to use.

Transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

5) EXTENSION OF STAY OF A BENEFICIARY OUTSIDE THE COUNTRY OF RESIDENCE DUE TO ACCIDENT/ SUDDEN ILLNESS

In the event of an Accidental Injury or Sudden Illness of an insured person occurring outside the Usual Country of Residence, the Assistance Company will meet the costs of hotel or other accommodation of the Insured Person where an extension of the Insured's stay outside the Usual Country of Residence is necessary as a result of such Accident/ Illness if certified by attending doctor.

6) CATASTROPHE BENEFIT

In the event of a Catastrophe, the Assistance Company under this benefit will meet any additional costs the insured person has to pay for travel or standard accommodation (which is irrecoverable) incurred to continue with their trip or in the event that the trip cannot be continued, to return the insured person to their country of residence.

Any claim where the insured person has not obtained, in writing a report from a local or national authority confirming the catastrophe will not be covered. This report must be sent to the Assistance Company with the insured person's claim.

7) DELIVERY OF MEDICINES OR DISPATCHED OF A SPECIALIZED PHYSICIAN ABROAD

The Assistance Company will take charge of delivering the medicines or Dispatched of a Specialized Physician outside the country of resident prescribed urgently by a doctor for the Insured during the trip and which cannot be found in the place where he/she had travelled to or to be replaced by medicines or specialized Physician that have a similar composition.

The Assistance Company will not be responsible for the medicine's expenses.

8) MEDICAL REFERRAL/APPOINTMENT OF LOCAL MEDICAL SPECIALIST ABROAD

Through the Assistance Company call center, the insured will be given access and referred to any agreed medical center or medical practitioner of the Company's international network, when the insured is outside the country of residence.

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9) REPATRIATION OF MORTAL REMAINS TO THE COUNTRY OF RESIDENCE

In the event of the death of the Insured, the Assistance Company will make the arrangements necessary for his/her transport or repatriation and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence. Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

10) COMMUNICABLE DISEASE EXCLUSION

1. Notwithstanding any provision to the contrary within this reinsurance agreement, this reinsurance agreement excludes all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment (Except for Emergency Medical Expenses and Stabilization), defense cost, sot, expenses or any other incurred by or accruing to the reinsured directly or indirectly and regardless of any other cause or event contributing concurrently or in any sequence originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Communicable Disease or the dear or threat (whether actual or perceived) of a Communicable Disease.

2. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

- a. The substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed 8 b. property damage.

An Emergency is defined as the sudden onset of an illness, injury or medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) requiring immediate and unscheduled medical care, and if left untreated could result in placing the person's life and/or health in serious jeopardy; serious impairment to bodily functions; serious dysfunction of a bodily organ or part; serious disfigurement; until stabilization. Stabilization may occur in the Emergency Department or following emergency In-Patient admission till the patient is deemed stable.

The patient is considered stable to a condition where:

- 1) Continue treatment outside the Emergency department/inpatient
- 2) Or they can be transferred to their residence /Accommodation

Or can travel back to country of residence without the need for immediate medical care. Stabilization does not include routine or non-life-threatening conditions or symptoms.

GENERAL EXCLUSIONS

- 1) 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 defense 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 outside European Territory, 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 organized by sporting federations or similar organizations.
 - l) Hazardous winter and/or summer sports such as skiing and/or similar sports.
 - m) Permanent resident and students outside of resident country.
 - n) The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
 - o) The Accidents deemed legally to be work or labor Accidents, consequence of a Risk inherent to the work performed by the Insured.
 - p) Internationally and locally recognized epidemics.
 - 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 suicide and/or 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 Assistance 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.

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- v) Mental Health diseases including stress, anxiety, depression and nervous disorder.
 - w) Venereal sexually transmitted diseases.
 - x) Gynecological diseases.
 - y) All pre-existing, congenital, psychiatric and/or Chronic Medical Conditions.
 - z) Any cardiac or cardiovascular 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 Assistance 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.
 - aa) Diagnosis and treatment services for complication of excluded illnesses.
 - 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.
 - Travelling against the advice of a doctor or considered not fit to travel by the assistance company.
 - Travelling to seek immigration or political asylum.
 - bb) Consequential loss of any kind.
- 2) 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 Swan International Assistance - the Assistance Company, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the Assistance 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, orthopedic 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:
 - Before this insurance comes into force.
 - With the intention of receiving medical treatment.
 - After the diagnosis of a terminal illness.
 - 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 Country 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).
 - p) 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.
 - q) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
 - r) Treatments and Services related to viral hepatitis and associated complications, except for treatment and Services related to Hepatitis A.
 - s) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation Services.
 - t) Medical Services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
 - u) Any test or treatment not prescribed by a doctor.

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- v) Diagnosis and treatment Services for complications of excluded illnesses.
- w) One way or open tickets (Return tickets should be purchased before commencing the trip and should end within the period of insurance).
- x) Operational duties as a member of the armed forces.
- y) Policies not declared to Swan International Assistance within the agreed intervals.
- z) Policies commencing 120 days or more from the date of policy issuance.
- aa) Expenses and contingencies which are directly or indirectly caused by known epidemics or/ and under the control of public authorities.
- bb) Claims not submitted within a maximum of 30 days from the date of occurrence.
- cc) Medical claims not submitted within a maximum of 30 days from the date of first treatment.
- dd) Your travel to a country, specific area or event when the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or regulatory authority in a country to/from which you are travelling has advised against all travel.
- ee) Your failure to obtain any recommended vaccines, inoculations or medications prior to your trip.

HOW TO REQUEST ASSISTANCE?

The Reinsured/Cedant will insert “clear indications” in the issued policies advising the “Insured” to contact The Assistance Company seeking the Covered Benefits and Services and avoid reimbursement procedures.

Since the appearance of an event that could be included in any of the guarantees described previously, the Beneficiary or any person acting in his place will necessarily contact, in the shortest possible time, in every case, the Alarm Centre (24 Hrs./7 days) mentioned below, which will be available to help any person.

In the event of any claim covered under this policy, the liability of the Assistance Company shall be conditional on the Insured claiming indemnity or Benefit having complied with and continuing to comply with the terms of this Policy. If a Benefit Covered by the policy or assistance is needed, the Insured shall:

- 1) Take all reasonable precautions to minimize the loss.
- 2) As soon as possible contact Swan International Assistance to notify the claim stating the Benefits required:

Available 24 Hrs. / 7 days	
Country	Contact Numbers
USA / Canada	+1 514 448 4417
France / Europe	+33 9 70 73 22 47
International	+961 9 211 662
Email: request@swanassistance.com	

- 3) Freely provide all relevant information.
- 4) Make “NO” admission of liability or offer a promise or payment of any kind.

In the cases where the Insured, only due to force majeure or any reason beyond his control cannot contact Swan International Assistance directly to request the Services or Benefits Covered by the policy, the Insured can seek expenses reimbursement in writing as follows:

- a. Contact Swan International Assistance to obtain a “CASE NUMBER”.
- b. Send an explanation letter of the circumstances of why the “Services or Benefits” for which expenses are being claimed were not requested or obtained from Swan International Assistance directly.
- c. Send the official documents (such as Medical Report, Police Report or Notification of Loss or Theft, Airline Report of Delay, Cancellation, Lost Luggage, etc.) and original receipts of the expenses incurred.

Swan International Assistance is NOT liable in respect of any Benefit, which would otherwise be payable under this Policy, should there be another insurance in force covering the same contingencies. Swan International Assistance, at its discretion, will consider reimbursing any expenses, totally or partially, after an internal assessment and case study is done.

The amounts (if any) reimbursed, will not exceed under any circumstance the amounts the Assistance Company would have paid to provide the Services directly if it was contacted in due time and manner by the Insured at the time the claim occurred.