

INBOUND TRAVEL INSURANCE GENERAL CONDITIONS



Welcome to Arabia Insurance S.A.L.

Thank **You** for choosing **Us** for **Your Travel Insurance**. **You** are now covered by one of the leading insurance companies in the Middle East. This **Policy** is specially designed to provide **You** with the finest coverage. You'll find in this booklet a detailed wording of **Our Travel Insurance Policy**. It lists all the general conditions and explains what is covered. It also guides **You** on how to make a claim should **You** need to.

Please take a moment and go through it thoroughly. Make sure **You** understand **Your** coverage, rights and responsibilities. Do not hesitate to contact **Our** call center or one of **Our** branches. **We** are happy to take **You** through each of the points. Please keep this document in a safe place for future reference. It is proof of **Our** dedication to give **You** the best protection possible.

Thank **You** once again for choosing **Arabia Insurance** and have a good day.

This policy is for residents of countries requiring a visa to visit the Destination Country.

This policy does not cover claims relating to pre-existing and chronic conditions.

Important Telephone Numbers

Customer Services:	UAE +971 4 270 8705
24hr emergency medical assistance:	UAE +971 4 270 8702
Claims:	UAE +971 4 270 8705

Important Note Related to Medical Expenses:

*For all claims related to medical expenses where **Your** medical fees are likely to exceed **250\$**, **You** must obtain **our** pre-approval by contacting Allianz Travel 24-hour emergency medical services at +971 4 270 8702 or email international_dept@nextcarehealth.com*

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PART 1. INTRODUCTION

Thank **You** for choosing **ARABIA INSURANCE COMPANY SAL** for **Your** Travel Insurance. This **Policy** is specially designed to provide **You** with a simple coverage for **You** during **Your** trip and much more.

You will find in this booklet the wording of **Your** Travel Insurance. It tells **You** what is covered and what is not, as well as the terms and conditions which apply.

On receipt of Your Policy

To ensure that **Your Policy** gives **You** the protection **You** need, **We** recommend that **You** read it carefully in conjunction with the attached **Certificate of Insurance** and return it immediately to be amended if any details are incorrect.

The **Certificate of Insurance** specifies the cover **You** have selected; it is **Your** evidence of insurance and may be required in the event of a claim.

Operation of Cover

We will provide insurance within the terms of this **Policy** for the plan specified in the **Certificate of Insurance**.

This **Policy**, and the **Certificate of Insurance** should be read together and form the contract of insurance.

Keeping us informed

It is important **You** let **Us** know immediately of changes affecting the information **You** have provided **Us** with. Changes will only take effect after **We** have agreed and issued an endorsement to the **Policy**.

PART 2. SUMMARY OF COVER

The following is only a summary of the main cover limits. **You** should read the rest of this policy for the full terms and conditions.

Benefits	Limit (Up To)	Excess
Section1: Emergency Medical Expenses & Associated Benefits (Including being diagnosed with COVID 19)		
Emergency Medical & Associated Expenses (including being diagnosed with COVID-19)	\$20,000	\$50
Emergency Medical Evacuation	Included Above	
Repatriation of Remains	\$2,000	
Accommodation costs related to COVID-19 quarantine: If diagnosed with COVID-19	\$100 per day (Max 14 days)	N/A
Section 2: Loss of Travel Documents		
Loss of Travel Documents	\$250	\$25

PART 3. IMPORTANT INFORMATION

Thank **You** for taking out Inbound Travel Insurance with **Arabia Insurance Company S.A.L.**

Your Certificate of Insurance shows the sections of the policy **You** have chosen, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **You** need. If there is anything **You** do not understand **You** should call **Us** on telephone **UAE +971 4 270 8705** or write to NEXtCARE Claims Management L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O.Box:80864 Dubai UAE or Email: travel@nextcarehealth.com

The Insurer

Your Inbound travel insurance is underwritten by **Arabia Insurance Company S.A.L., Beirut, Lebanon.**

How your policy works

Your policy and **Certificate of Insurance** is a contract between **You** and **Us**. **We** will pay for any claim **You** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**. **Your** policy does not cover all possible events and expenses. Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

Telling us about relevant facts

At the time of taking out this insurance **You** must tell **Us** about anything that may affect **Your** cover, for example:

- The health of a close **relative** who is not travelling with **You**, but whose health may affect **Your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or
- **Your** redundancy.

If **You** are not sure whether something is relevant, **You** must tell **Us** anyway. **You** should keep a record of any extra information **You** give **Us**. If **You** do not tell **Us** about something that may be relevant, **Your** cover may be refused and **We** may not cover any related claims.

Cancellation rights

Once the policy has been issued, premium can't be refunded.

Policy excess

Under some sections of **Your** policy, **You** will have to pay an **excess**. This means that **You** will be responsible for paying the first part of the claim for each **person insured**, for each section, for each claim incident. The amount **You** have to pay is the **excess**.

Data protection

Information about **Your** policy may be shared between **Arabia Insurance**, **NEXtCARE** Claims Management or any member of **Allianz Travel** for underwriting purposes.

You should understand that the sensitive health and other information **You** provide will be used by **Us**, **Our** representatives (if appropriate), the **insurer**, other **insurers** and industry governing bodies and regulators to process **Your** insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **Your** information is held securely.

Your information will not be shared with third parties for marketing purposes. **You** have the right to access **Your** personal records.

Governing law

This policy will be in English. The insurance will be governed by the law of the country of the Destination Country as stated in the **Certificate of Insurance**.

Third party rights

This contract of insurance is intended solely for the benefit of **You** and **Us**. Unless otherwise specifically provided, nothing in this contract of insurance shall be constructed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this contract of insurance.

PART 4. DEFINITIONS OF WORDS

When the following words and phrases appear in the policy document or **Certificate of Insurance**, they have the meanings given below. These words are highlighted by the use of **bold** print.

Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

Area of cover

Destination Country

Business associate

Any person in **Your home** country that **You** work closely with, whose absence from work means that the director of **Your** business needs **You** to cancel or curtail **Your journey**.

Doctor

A legally qualified **doctor** holding the necessary certification in the country in which they are currently practicing, other than **You** or a **relative**.

Epidemic

A contagious disease recognized by the World Health Organization (WHO) or an official government authority in **Your** country of residence or **Your** trip destination.

Excess

The deduction **We** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident.

Home

Your usual place of residence outside the Destination Country.

In-Patient

A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

Insurer

Arabia Insurance Company S.A.L., Arabia HO Building, Beirut, P.O.BOX: 11-2171 Beirut – Lebanon.

Journey

A trip that takes place during the **period of insurance** which begins when **You** arrive in the Destination Country or expiry date mentioned on the **Certificate of Insurance** as per the chosen plan beginning from the date of arrival from the **home country**, whichever occurs first.

For single trip cover

- **You** will only be covered if **you** are aged 65 or under at the date **your Certificate of Insurance** was issued.
- Trips within **Your home country** are not covered.
- Any other trip which begins after **You** get back is not covered.
- A trip which is booked to last longer than 90 days is not covered.

For multi-trip cover

- **You** will only be covered if **You** are aged 65 or under at the start date of **Your** Policy.
- Cover is for short trips of 90 days or less per trip only. There is absolutely no cover offered by this Policy whatsoever for trips which are longer than the 90 days per trip. This would include not insuring **You** for any part of a trip that is longer than 90 days in duration, unless **We** agree otherwise in writing.
- Trips within **Your home country** are not covered.

Out-Patient / day-patient

A patient who attends hospital and discharged the same day.

Pandemic

An **epidemic** that is recognized as a **pandemic** by the World Health Organization (WHO) or an official government authority in **your** country of residence or **your** trip destination.

Period of insurance

Cover starts upon arrival or legal entry in the country of issuance of policy and finishes when **You** leave the country of issuance of policy to return to **Your** country of residence.

All cover ends on the expiry date shown on **Your Certificate of Insurance**, unless **you** cannot finish **Your journey** as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, **We** will extend cover free of charge until **You** can reasonably finish that **journey**.

Note: This policy must be purchased before the Person Insured travels out of their home country.

Pre- Existing Condition

A **pre-existing condition** means:

- An ongoing medical or dental treatment or dental condition which **You** are aware or related complication **You** have, or the symptoms of which **You** are aware
- A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior the issue of the policy.
- Any condition for which **You** take prescribed medicine or see a medical specialist.
- Any condition for which **You** have had surgery within 12 months prior the issue of the policy.

Quarantine

Mandatory confinement of a maximum of 14 days, intended to stop the spread of a contagious disease to which Insured Person has been exposed.

Relative

Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

Resident

A person who has their main **home** outside the Destination Country and has not spent more than six months abroad during the year before the policy was issued.

Travelling companion

Any person that has booked to travel with **You** on **Your journey**.

We, our, us

NEXtCARE Claims Management, and Allianz Travel which administers the insurance on behalf of the **insurer**.

You, your, person insured

Each person shown on the **Certificate of Insurance**, for whom the appropriate insurance premium has been paid.

PART 5. 24-HOUR EMERGENCY MEDICAL ASSISTANCE

Please tell **Us** immediately about any serious illness or **accident** abroad where **You** have to go into hospital or **You** may have to return **home** early or extend **Your** stay because of any illness or injury. If **You** are unable to do this because the condition is life, limb, sight or organ threatening, **You** should contact **Us** as soon as **You** can. **You** must also tell **Us** if **Your** medical expenses are over **US\$250**. If **You** are claiming for a minor illness or **accident** **You** should, where possible, pay the costs and reclaim the money from **Us** when **You** return. **You** can call 24 hours a day 365 days a year or email.

Phone UAE +971 4 270 8702

Email international_dept@nextcarehealth.com

Please give **Us** **Your** name, age and **Your** policy number. Say that **You** are insured with **Arabia Insurance** for Inbound trips to the Destination Country. Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

We will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **You** have a valid claim.

Repatriation

If **Our** medical advisers think it would be in **Your** medical interests to bring **You** back to **Your home** or to a hospital or nursing **home** in **Your home** country, **You** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **We** will use an air ambulance. **We** will consult the treating **doctor** and **Our** medical advisers first. If **You** need to go **home** early, the treating **doctor** must provide a certificate confirming that **You** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

You can contact **Us** at any time day or night. **You** will be answered by one of **Our** experienced assistance coordinators who **You** should give all relevant information to. Please make sure **You** have details of **Your** policy before **You** phone.

PART 6. HEALTH DECLARATION & HEALTH EXCLUSIONS

Exclusions relating to **Your** health

1. **You** will not be covered for any directly or indirectly related claims (see note below) arising from the following if at the time of taking out this insurance or booking **Your journey** (whichever is later), **You**:
 - a) are being prescribed regular medication;
 - b) have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
 - c) are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 - d) are awaiting treatment or the results of any tests or investigations;
2. If **We** are unable to cover a medical condition, this will mean that any other **person insured by Us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.
3. **You** will not be covered if **You** travel against the advice of a **doctor** or where **You** would have been if **You** had sought their advice before beginning **Your journey**.
4. **You** will not be covered if **You** know **You** will need medical treatment or consultation at any medical facility during **Your journey**.
5. **You** will not be covered for any directly or indirectly related claim if, before **Your journey**, a **doctor** diagnosed that **You** have a terminal condition.
6. **You** will not be covered if **You** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **Your** policy was issued.
7. **You** will not be covered if **You** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

Exclusions relating to the health of someone not insured on this policy, but whose health may affect **Your** decision whether to take or continue with **Your journey**

You will not be covered for any directly or indirectly related claims (see note below) arising from the health of a **travelling companion**, someone **You** were going to stay with, a close **relative** or a **business associate** if at the time **Your** policy was issued:

- **You** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **You** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **You** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

Note

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **You** already have.

Sometimes these conditions can lead to the development of other conditions. For example if **You**:

- Suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **You** are more likely to get a chest infection.
- Have high blood pressure, high cholesterol or diabetes, **You** are more likely to have a heart attack or a stroke.
- Have osteoporosis, **You** are more likely to break or fracture a bone.
- Have or have had cancer, **You** are more likely to suffer with a secondary cancer.

Level of medical cover provided

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of **accident** or unexpected illness occurring during **Your journey**.

PART 7. GENERAL EXCLUSIONS

The following exclusions apply to the whole of **Your** policy:

We will not cover **You** for any claim arising from, or consisting of, the following:

1. A relevant fact that **You** knew about before **You** travelled, unless **We** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.
3. Any **epidemic** or **pandemic** except as expressly covered under Emergency Medical Expenses and Associated Benefits
4. **You** not following any suggestions or recommendations made by any government or other official authority including the Ministry of External Affairs during the **period of insurance**.
5. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
6. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
7. Any currency exchange rate changes.
8. The failure or fear of failure or inability of any equipment or any computer program, whether or not **You** own it, to recognize or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and sections).
9. **You** acting in an illegal or malicious way.

10. The effect of **You** alcohol, solvent or drug dependency or long term abuse.
11. **You** being under the influence of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
12. **You** not enjoying **Your journey** or not wanting to travel.
13. Any loss caused as a direct or indirect result of anything **You** are claiming for, for example loss of earnings, unless it says differently in the policy.
14. Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **Your journey**.

PART 8. CONDITIONS

The following conditions apply to the whole of **You** policy. Please read these carefully as **We** can only pay **Your** claim if **You** meet these:

1. **You** are a non-**resident** in the Destination Country.
2. **You** are 65 years old or under.
3. **You** take reasonable care to protect yourself and **Your** property against **accident**, injury, loss and damage and act as if **You** are not insured and to minimize any potential claim.
4. **You** have a valid **Certificate of Insurance**.
5. **You** accept that **We** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 90 days or **You** know **You** will be making a claim.
6. **You** contact **Us** as soon as possible, but within 30 days of **Your** return **home**, with full details of anything that may result in a claim and give **Us** all the information **We** ask for. Please see section 'Making a claim' for more information.
7. **You** accept that no alterations to the terms and conditions of the policy apply, unless **We** confirm them in writing to **You**.

We have the right to do the following:

1. Cancel the policy if **You** do not tell **Us** about a relevant fact or if **You** tell **Us** something that is not true, which influences **Our** decision as to whether cover can be offered or not. Depending on the circumstances **We** may report the matter to the police.
2. Cancel the policy and make no payment if **You**, or anyone acting for **You**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **You** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **Your** claim. **We** may in these instances report the matter to the police.
3. Only cover **You** for the whole of **Your journey** and not issue a policy if **You** have started **Your journey**.
4. Take over and deal with, in **Your** name, any claim **You** make under this policy.
5. Take legal action in **Your** name (but at **Our** expense) and ask **You** to give **Us** details and fill in any, which will help **Us** to recover any payment **We** have made under this policy.

6. With **You** or **Your** Personal Representative's permission, get information from **Your** medical records to help **Us** or **Our** representatives deal with any claim. This could include a request for **You** to be medically examined or for a postmortem to be carried out in the event of **Your** death. **We** will not give personal information about **You** to any other organization without **Your** specific agreement.
7. Send **You home** at any time during **Your journey** if **You** are taken ill or injured. **We** will only do this if the **doctor** treating **You** and **Our** medical advisers agree. If there is a dispute, **We** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **You** refuse to follow advice from the treating **doctor** and **Our** medical advisers.
9. Not refund or transfer **Your** premium if **You** decide to cancel the policy.
10. Not to pay any claim on this policy for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **You** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, **home** contents **insurer** or any other claim amount recovered by **You**. In these circumstances **We** will only pay **Our** share of the claim.
11. If **You** cancel or cut short **Your journey** all cover provided on **Your** policy will be cancelled without refunding **Your** premium.
12. Ask **You** to pay **Us** back any amounts that **We** have paid to **You** which are not covered by this policy.

PART 9. MAKING A CLAIM

To claim:

Phone **UAE +971 4 270 8705** and ask for a claim form or

Write to NEXtCARE Claims Management L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road, PO80864 Dubai UAE or

Email: travel.claims@nextcarehealth.com

You should fill in the form and send it to **Us** within 30 days of **Your** return **home** with all the information and documents **We** ask for. It is essential that **You** provide **Us** with as much detail as possible to enable **Us** to handle **Your** claim quickly. Please keep photocopies of all information **You** send **Us**.

You will need to obtain some information about **Your** claim while **You** are away. Below is a list of the documents **We** will need in order to deal with **Your** claim.

For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **You** have to pay.

- Original bills or invoices **You** are asked to pay.
- Details of any other insurance **You** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **Your** claim.

Medical expenses

- Always contact **Our** 24-hour emergency medical service when **You** are hospitalized (including being diagnosed with COVID-19), require repatriation or where medical fees are likely to exceed **US\$ 250**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **You** are advised by a **doctor** at **Your** resort that **You** cannot go on **Your** pre-booked excursions because of medical reasons, **You** should obtain a medical certificate from them confirming this.

For Lost travel documents

- Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

PART 10. MAKING A COMPLAINT

We aim to provide **You** with a first class policy and service. However, there may be times when **You** feel **We** have not done so. If this is the case, please tell **Us** about it so that **We** can do **Our** best to solve the problem. If **You** make a complaint **Your** legal rights will not be affected.

In the first instance, please contact:

Customer Services Manager
NEXtCARE Claims Management L.L.C ,
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,
Umm Al Sheif, Sheikh Zayed Road
Dubai – UAE
PO80864
Dubai UAE
Telephone: UAE +971 4 270 8705
Email: travel@nextcarehealth.com

Please supply **Us** with **Your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **Us** to deal with **Your** complaint, in the shortest possible time.

PART 11. BENEFITS

Section 1 - Emergency Medical Expenses & Associated Benefits (Including being diagnosed with COVID 19)

If **You** are taken into hospital or **You** think **You** may have to come **home** early or extend **Your** **journey** because of illness or **accident**, or if **Your** medical expenses are over **US\$250** **We** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

WHAT YOU ARE COVERED FOR

We will pay **You** or **Your** Personal Representatives for the following necessary and unforeseen emergency expenses if **You** die, are injured, have an **accident** or are taken ill during **Your** **journey**. (including being diagnosed with COVID-19).

It is mandatory to contact **Us** on the number provided in the policy as soon as possible in case **You** tested positive for COVID-19. **Your** expenses will only be settled directly with the hospital, clinic or other medical facility. If **You** pay, **You** will not be able to claim these expenses later. Services which have not been organized by **Us** will not be reimbursed or paid

Up to the amount shown in **Your** summary of cover for reasonable fees or charges **You** incur for:

- **Treatment**

Medical, surgical, medication costs, hospital, nursing **home** or nursing services outside **Your** **home** country.

- **Emergency medical evacuation**

Up to the amount shown in **Your** summary of cover emergency medical evacuation for **Your** return **home** or **Your** transportation to the nearest medical facility or the most suitable health center to provide the required care for **Your** health condition. **You** may be accompanied by a medical professional if deemed medically necessary by **Us**.

- **Repatriation of mortal remains**

Up to the amount shown in **Your** summary of cover for the cost of transporting the body of the **person insured** to their **home**.

- **Accommodation costs related to covid-19 quarantine**

If **You** are placed in individual **quarantine** during the trip by order or other requirement of a government, public authority, or travel supplier based on a positive COVID-19 **epidemic/pandemic** test. This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where **You** are traveling to, from, or through.

We will cover **Your** accommodation costs on direct billing, up to the amount limits stated in the summary of cover.

WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **Your** summary of cover.
- The cost of replacing any medication **You** were using when **You** began **Your journey**.
- Any condition stated under Health declaration and health exclusions.
- Extra transport and accommodation costs which are of a higher standard to those already used on **Your journey**, unless **We** agree.

Anything caused by:

- **You** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **Your** suicide, self-injury or deliberately putting yourself at risk (unless **You** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all persons insured are wearing crash helmets;
- **You** taking part in any hazardous activity.
- Any costs incurred 12 months after the date of **Your** death, injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments **You** receive within **Your home** country.
- Services or treatments **You** receive which the **doctor** in attendance and **We** think can wait until **You** get back to **Your home** country.
- Medical costs over **US\$250**, **In-patient** treatment or repatriation costs which **We** have not authorized.
- The extra costs of having a single or private room in a hospital or nursing **home**.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **Your home** country.
- Replacing or repairing false teeth or artificial teeth (such as crowns)
- Dental work involving the use of precious metals.
- **COVID 19**
 - **You** must not have travelled against **Your home country's** government advice or against local authority advice at **Your** trip destination
 - The care must be medically necessary.
 - This coverage will not pay for any care provided after **Your** coverage ends
 - This coverage will not pay for non-emergency care or services.
 - Any test cost related to COVID-19 (PCR or else) is not covered
- **The consequences**
 - of exposure to chemical agents of a combat gas type

- of exposure to incapacitating agents,
- of exposure to neurotoxic agents or agents with residual neurotoxic effects which require a **quarantine** period or specific preventive or monitoring measures by the local and/or national health authorities of the country in which **You** are staying

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

Section 2 - Loss of Travel Documents

WHAT YOU ARE COVERED FOR

We will pay the following if **Your** passport or visas are lost, stolen or destroyed on **Your journey**.

Costs for issuing a temporary travel documents

Up to the amount shown in **Your** summary of cover for the cost of extra transport, accommodation and administration costs **You** have to pay to get a temporary passport or visa to enable **You** to return to **Your home** country.

WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

PART 12. COMPANY OFFICES

Arabia Offices

Lebanon	Arabia Insurance Company s.a.l. – Paid up capital L.L. 51,000,000,000 – Commercial Court Register 1889 – Insurance Register 2, dated 22/6/1968 – Subject to Decree 9812 of 4/5/1968 MOF # 4976		
			arabia-lebanon@arabiainsurance.com
Ain Mreisseh	(961-1) 360 889/893	Fax: 360 071	
Tripoli	(961-6) 440 974	Fax: 424 190	For claims:
Chtaura	(961-8) 545 210	Fax: 545 310	P&CClaims.lb@arabiainsurance.com
United Arab Emirates	Arabia Insurance Company s.a.l. - Foreign Company - Paid up Capital L.L. 51,000,000,000 - Commercial Register no.41691 Dubai - Commercial Register no.21159 Sharjah - Trade License no. 201756 Dubai - Trade License no. 12903 Sharjah - Trade License no. CN-1001344 Abu Dhabi - Trade License no. CN-1002574 Al Ain - Subject to UAE Federal Law no.6/2007 - Insurance Authority no.20		
Dubai	(971-4) 228 0022	Fax: 227 0022	arabia-uae@arabiainsurance.com
Sharjah	(971-6) 517 1666	Fax: 517 1667	For claims:
Abu Dhabi	(971-2) 674 4700	Fax: 674 5700	P&CClaims.UAE@arabiainsurance.com
Al Ain	(971-3) 764 1196	Fax: 764 3785	
Bahrain	Arabia Insurance Company s.a.l. – Paid up capital L.L. 51,000,000,000 - Commercial Court Register 532-1 – Regulated by Central Bank of Bahrain - Insurance License No: OI/004, dated 10/05/1961		
			arabia-bahrain@arabiainsurance.com
Manama	(973-17) 211 174	Fax: 213 985	For claims: P&CClaims.Bn@arabiainsurance.com
Kuwait	Arabia Insurance Company s.a.l. – Paid up capital L.L. 51,000,000,000 – Commercial Register No. 44 Kuwait - Subject to Insurance Companies and Agents Law No. 24/1961 - Insurance License No. 7 - General Agents: Mohamed Abdul Rahman Al Bahar Est.		
			arabia-kuwait@arabiainsurance.com
Kuwait	(965) 2262 1041	Fax: 2265 9492	For claims: P&CClaims.Kw@arabiainsurance.com
Qatar	Arabia Insurance Company s.a.l. – Paid up capital L.L. 51,000,000,000 – Registered in the Lebanese Commercial Court under No: 1889 — Commercial Registration no: 347 - Licensed by Qatar Central Bank License no: 1966/4, in accordance with the provisions of the QCB Law and the Financial Institutions Regulations issued by law number 13 for the year 2012.		
			arabia-qatar@arabiainsurance.com
Doha	(974) 4442 2682	Fax: 4444 6487	For claims: P&CClaims.Qt@arabiainsurance.com