

General Conditions

IMPORTANT POINTS

This policy should be read carefully. It gives full details of what is and what is not covered, and the conditions and exclusions of the cover. Failure to comply with them could prejudice an Insured's claim.

Health Conditions

1-Nature of coverage: This policy is not a general health insurance policy. Coverage is intended for use by the Insured in the event of a sudden and unexpected sickness or accident arising when the Insured is outside of his Country of residence.

2-Pre-existing Exclusion: This policy does not cover claims for any medical services arising from a pre-existing medical condition as defined in this document.

3-General health exclusion: No claims under this policy will be paid where the Insured:

- a. is travelling against the advice of a physician; or
- b. is receiving, or on a waiting list for treatment, or waiting the results of medical tests or investigations for medical treatment declared by a physician; or
- c. is travelling for the purpose of obtaining treatment; or
- d. Has received a terminal prognosis for a medical condition.

Policy limits and excesses

This policy has specific limits on the amount the Company will pay in the event of a claim.

A claim may be subject to an excess and if so this will be stated in the Schedule of Benefits. This means that the Company may not be liable for the first part of the claim and the excess amount has to be paid by the Insured.

WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

AFRO ASIAN ASSISTANCE must be contacted immediately, and within 48 hours, in the event of an Insured dying, incurring medical expenses, being involved in an accident or being admitted to hospital. If the Insured is not in a position to contact the Assistance company, notification given by a close person, the police, the hospital, the fire brigade, or any person having intervened upon the occurrence of the damage will be considered of the same worth as a call from the Insured him/herself. The Company will not be liable for any costs without the express prior approval of **AFRO ASIAN ASSISTANCE**.

AFRO ASIAN ASSISTANCE will provide a complete medical assistance service to the Insured, operating 24 hours a day/365 days a year.

AFRO ASIAN ASSISTANCE provides effective medical assistance for the Insured anywhere in the world and can be accessed by telephone or fax:

Tel.: +97317510633

Fax: +97317530242

E-mail: claims@afroasianassistance.com

For all non-emergency medical and all other claims, please refer to the "MAKING A CLAIM" section of the document on page 6.

TRAVEL INSURANCE

A-Policy periods

1-Policy Type: A single return trip, as defined in the Period of insurance, beginning and ending in the Country of residence.

2-Period of insurance: Under section 18, insurance is effective from the date of issue of the insurance certificate and terminates on commencement of the trip.

In respect of all other sections, insurance commences when the Insured leaves his place of residence or business in his Country of residence (whichever is the later) to commence the trip described in the territorial limits and shall cease with whichever occurs first of the following:

- The expiry of the policy period as shown on the insurance certificate;
- The Insured's first return home to the Country of residence, at the end of the trip;
- The Insured's first return to his Country of residence prior to the planned return at the end of the trip.

In the event of a covered injury, illness or accident occurring during the period of insurance where the Insured is medically incapable of returning to his Country of residence, this Insurance will be extended for a maximum of 30 days from the end of the period of insurance, for the treatment of Emergency medical expenses only, provided that AFRO ASIAN ASSISTANCE has authorised such extension.

B-Policy definitions

Wherever the following words or phrases appear within this policy, they will always have the same meaning.

Accident means a sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes results directly, immediately and solely in physical bodily injury which results in a loss.

The following shall also be construed to be Accidents:

- a. Asphyxia or Injuries as a consequence of gases or vapors, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- b. Infections resulting from an Accident Covered by the policy.
- c. Injuries that are a consequence of surgical operations or medical treatments resulting from an Accident Covered by the policy.

In no event shall the contracting of any disease and/or illness (including, but not limited to heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an Accident. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an Accident.

Carrier means the scheduled: airline; shipping line; railway, coach and bus operator with whom the Insured has arranged to travel.

Children mean a person from 30 days old to 18 years old unless otherwise agreed and expressed in the policy or Services Agreement.

Close relative of the Insured means Spouse (wife or husband), parents, Children, grandparents, grand Children, siblings, mother and father in law and brothers and sisters in law.

Country of residence means the Country where the insured person is a citizen or permanent resident and where the policy is issued by the authorized Insurance company/Agent/Broker.

Emergency Dental Care means any natural Dental treatment Covered by the policy due to a condition suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been documented by dentist's report.

Emergency Medical Expenses means expenses that in the opinion of the treating physician and AFRO ASIAN ASSISTANCE are medically necessary in order to maintain life and/or relieve immediate pain or distress for illness, disease or accident first manifested or occurring during a covered trip that commences during the Period of insurance.

Excess or deductible means the first amount of each claim, for each separate accident, payable by the Insured. Excess/deductible amounts are shown in the Schedule of benefits.

Immediate Family Member of the Insured means spouse (wife or husband), children, parents, grandparents and siblings.

Insured person means any person who is included on the certificate having paid the appropriate premium. The term "his" shall be held to mean "her" where appropriate.

Medical advisors mean Medical practitioners appointed by AFRO ASIAN ASSISTANCE.

Medical evacuation means transport of the insured from the place of occurrence of the accident /illness or it could not be treated in the Country of habitual residence to another place where he will receive appropriate care in a medical facility adequately equipped

Not Eligible Insured Person means

- a) Persons of less than 30 days old.
- b) Persons aged from 76 years old and above, except in case a specific Plan including such Cover for persons aged from 76 years and above are contracted.
- c) Non-residents in the country where the policy is issued.
- d) Those who have initiated the trip prior to the insurance underwriting.
- e) Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities.

Off-piste means participating in Winter sports outside regular patrolled marked runs or outside resort boundaries. Participating in Winter sports on virgin snow or snow which has not been compacted into tracks.

Orthopedic material or orthosis means anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, wheelchair, etc.).

Osteosynthesis material means parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.

Pre-existing medical condition means any sickness, whether known or unknown, for which the Insured has previously taken medication, treatment or sought medical advice at any time during the 24 months prior to purchase of this policy.

Prosthesis means any item of any kind that temporary or permanently replace the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses, biological materials (cornea), fluids, gels and synthetic or semi synthetic liquids that replace organic humors or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.

Sum insured means the maximum payable for each Insured under each section of this insurance as specified in the Schedule of benefits.

The Assistance Company means Afro Asian Assistance B.S.C. (c)- AAA, the company registered in the Kingdom of Bahrain with CR number: 74068, provided by the Reinsurer for the purpose of supplying the Benefits/Services/Covers of this policy on the Insurer's behalf.

Valuables means photographic equipment, audio, video, telecommunication and computer equipment of any kind, telescopes and binoculars, spectacles and contact lenses, sunglasses, cash, antiques, jewelry, watches, furs, silk, leather goods, animal skins, precious stones and articles made of or containing gold, silver or other precious metals.

Winter sports include the following activities: bobsleigh, cross country skiing, downhill skiing, lugeing, monoskiing, snowboarding and ice skating.

C-Policy benefits

1. Emergency Medical Expenses

In the event of Injury or Sudden Illness of the Insured occurring outside the Country of Residence the Assistance Company will meet the usual, customary, necessary and reasonable costs of hospitalization for a maximum limit as set in the schedule of benefits per person per trip or per year (in case of annual policy) and in the aggregate with a Deductible/excess of as stated in the schedule of benefits.

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

2. Emergency Medical Evacuation

In the event of Injury or Sudden Illness of the Insured, 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, depending on the situation or gravity of the condition of the latter.

Afterwards, the Company's medical team will maintain the telephone contacts necessary with the medical center 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.

3. Repatriation to the Country of residence

In the event of Injury or Sudden Illness, the Assistance Company will take charge of repatriating the Insured to his/her usual Country of residence.

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

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

Should the Insured refuse to be repatriated and elects instead to remain abroad, the Company's liability to pay any further costs under this Section, after that date, will be limited to what the Company would have paid if the Insured's repatriation had taken place. Thereafter, cover will be discontinued.

4. 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 US \$ 500. This coverage is restricted to the treatment of pain, infection and removal of the tooth affected.

5. 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.

6. Travel of one immediate family member to stay with the Insured

The cost of an economy class return-trip air transport ticket or a regular class train ticket for one immediate family member to join the Insured, provided that the immediate family member has the same Country of Residence as the Insured, the Insured was travelling alone and the Insured has been admitted to hospital for more than ten (10) days. This benefit must be approved and authorized by Afro Asian Assistance before the departure of the immediate family member.

7. Escort of dependent child

If the Insured is travelling as a lone adult with a child(ren) and is hospitalized because of a covered illness or injury and it is likely that the Insured shall be hospitalized for a period greater than 48 hours, and the child(ren) aged 15 or under is left unattended, the Company's medical advisors will arrange and pay for one way economy fare(s) less the value of applied credit from any unused travel tickets per person to their Country of residence, with an attendant if necessary.

8. Sea and Mountain search and rescue

When an incident occurs The Assistance Company will help with search and/or rescue costs incurred by the competent authority up to the limit stated in the schedule of benefits.

9. Loss of checked baggage

The Assistance Company will pay up to the amount shown in the Schedule of benefits in the event of the Insured suffering a total loss of baggage that has been checked by an International airline for an international flight. Any benefit paid will be excess of any amount received by the airline. In the event of loss baggage, the Company reserves the right to pay the intrinsic value of any loss article.

The Company shall not be responsible for:

- the excess/deductible for each claim for each separate incident as shown in the Schedule of Benefits;
- partial loss or damage to checked baggage. However, total loss or damage of an individual unit(s) of baggage shall not be construed as fallen within this exclusion;
- items valued in excess of US\$ 100 without proof of ownership. Such proof shall be presented to Swan International Assistance-Mutual Care or Lebanon Assistance when submitting your claim;
- wear, tear and depreciation of the article(s);
- claims for valuable or fragile articles in checked baggage;
- claims arising from delay, detention, seizure or confiscation by Customs or other officials;
- claims on items for which the Insured has already been reimbursed by the Airline or another party.

Specific conditions applicable to Section 9:

- The amount payable in respect of any one article, pair or set is limited to US\$ 300.
- In the event of loss of property, a Property Irregularity Report (PIR) must be obtained from the Airline immediately upon discovering the loss which must be presented to Swan International Assistance-Mutual Care or Lebanon Assistance when submitting your claim.

10. Personal Liability

The company will reimburse all damages, compensation and legal expenses for which the Insured Person becomes legally liable up to the amount stated in the Table of Benefits under the plan opted for as a result of his actions causing:

- Injury, including resultant death, of another person
- Loss of or damage to property

SPECIFIC CONDITIONS APPLICABLE TO PERSONAL LIABILITY

- It is a condition of payment that the insured person not admits fault or liability to any other person without the Company's prior written consent.
- No offer, promise, payment or indemnity may be made by the insured person without the Company's prior written consent.
- The insured person must give the company written notice with full particulars of an event that may give rise to a claim within 15 days of the conclusion of an insured Journey.
- Every letter, writ, summons and process must be forwarded to the Company as soon as possible.
- The Company is entitled to take over the defense and settlement of claim in the name of the insured Person for the Company's benefit. The Company shall have full discretion in the conduct of any proceedings and settlement of the claim.
- The Company may at any time pay the insured person the amount for which a claim can be settled less any damages already paid. The company will then be under no further liability other than for costs and expenses incurred prior to making such payment.
- No indemnity will be provided for legal liability arising from injury or loss as a result of any willful or malicious act of the insured person

SPECIFIC EXCLUSIONS APPLICABLE TO PERSONAL LIABILITY

The Company will not pay damages, compensation or legal expenses in respect of any liability directly or indirectly arising out of or in connection with:

- Injury to the Insured person or to any member of his family ordinarily residing with him; or
- Injury to the insured person or his employees arising out of or in the course of employment; or
- Loss of or damage to property owned by or in control of the insured person or any member of his family ordinarily residing with him; or
- The ownership, possession or use by or on behalf of the insured person of any caravan, mechanically propelled vehicle (other than golf carts and motorized wheelchairs), aircraft or other aerial device, hovercraft (other than hand-propelled or sailing craft in territorial waters) or animals; or
- Loss of or damage to property or injury arising out of the insured person's profession, business or trade, or out of professional advice given by him; or
- Any contact unless such liability would have arisen in the absence of that contact; or
- Judgments which are not in the first instance either delivered by or obtained from a court of competent
- Jurisdiction within the country where the policy has been issued or the country in which the event occurred giving rise to the insured person's liability; or
- Any claims for fines, penalties, punitive, exemplary, aggravated or vindictive damages.

11. Delivery of medicines abroad

The Assistance Company will take charge of delivering the medicines 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 that have a similar composition. The Assistance Company will not be responsible for the medicines expenses.

12. Relay of urgent messages to family or business contact

The Assistance Department will assist with contacting family or friends in the event of an emergency situation while the customer is traveling.

13. Long distance medical information service

When the Insured party requires long-distance medical advice, the Assistance Company puts him, at the insurer's expense, in contact with an independent doctor that is qualified to answer the questions pertaining to his state of health. The opinion provided by that doctor and the consequence that it may have are not binding on the Assistance Company.

14. 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.

15. Connection services

Whilst traveling abroad, the Insured may contact the Assistance Company to obtain miscellaneous services in the country where he is located such as rental car referral, hotel reservation, and legal and administrative information. However miscellaneous services required by the Insured that are not covered under this Policy shall remain the responsibility of the Insured and at his own expense

16. Catastrophe

If during a trip abroad, the Insured's booked accommodation is rendered uninhabitable because of a fire, flood, earthquake, storm, lightning, explosion or hurricane, the Company will pay for overseas travel expenses and overseas accommodation to allow the Insured to continue with the Covered Trip, up to the amount shown in the Schedule of Benefits.

The Company shall not be responsible for:

- the excess for each claim as shown in the Schedule of Benefits;
- any expenses that the Insured can get back from any tour operator, airline, hotel or other service provider;
- any expenses that the Insured would normally have to pay during the period of the covered Trip.
- any claim resulting from the Insured travelling against the advice of the appropriate national or local authority.
- claims occurring during any long-stay Trip; being a Trip which is longer than 185 days.

Specific conditions applicable to Section 16:

It is a condition of the cover provided under this section that:

1. the Insured must give the Company a written statement from an appropriate public authority confirming the reason and nature of the disaster and how long it lasted;
2. the Insured did not know about any events that result in a claim before the Insured left from their International point of departure.
3. the Insured must give the Company evidence of all the extra costs that had to be paid.

17. Flight cancellation

In the event that a flight is delayed for more than six (6) hours and then cancelled by the Airline, the Company will pay the Insured the amount shown in the Schedule of benefits, providing always that the Insured has checked in at the point of departure, outside his Country of residence, in accordance with his itinerary and a report obtained from the carrier with a statement confirming the length and exact nature of the delay then cancellation.

18. Trip cancellation

The Assistance Company shall indemnify the Insured Person in respect of all irrecoverable deposits, advance payments and other charges paid or due to be paid for travel and/or accommodation up to the limit stated in the schedule of benefits, in the event of the Insured Person's Covered Trip being necessarily cancelled due to:

- i) The death, accidental bodily injury or illness of the Insured Person or the death, accidental bodily injury or illness of the Insured Person's immediate family member;
- ii) The death, accidental bodily injury or illness of any person with whom the Insured Person had arranged to travel, reside or conduct business, or of the immediate family member;
- iii) The Insured Person or any person with whom the Insured Person had arranged to travel, reside or conduct business being:
 - a) Quarantined or called for witness or jury service;
 - b) Called for emergency duty as a member of the armed forces, the defense of civil administration, the police force or the fire, rescue, public utility or medical services;
 - c) Required to be present at his home or place of business in the usual country of residence following burglary or major damage within 7 days prior to the commencement of the Insured's journey or holiday;
- iv) The cancellation of scheduled or chartered transport services (including connecting publicly licensed transportation) caused by accident, strike, industrial action, hi-jack, terrorist act, criminal act, bomb scare, riot, civil commotion, fire, flood, earthquake, landslide, avalanche, adverse weather conditions or mechanical breakdown, provided that the event giving rise to such cancellation occurs, or is only announced, after the Covered Trip is booked or this Insurance is effected, whichever the later.

EXCLUSIONS APPLICABLE TO TRIP CANCELATION:

The Assistance Company shall not be liable for claims resulting from:

- Childbirth, pregnancy or any medical complications resulting there from;
- Any condition or set of circumstances known to the Insured at the time the Trip was booked or this Insurance was affected, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation of the Insured's Covered Trip;
- Lack of or unreasonable care taken by the Insured in respect of:
 - I. Travel to the airport/station
 - II. Route to the airport/station
 - III. Departure time.

19. Advance of Bail Bond

The Assistance Company will advance funds for any legal bond required on behalf of an Insured up to the amount stated in the Schedule of benefits.

The Insured will be required to repay such amount as may have been advanced within 30 days. The Assistance Company will require valid credit card authorization prior to any such fund advance.

20. Legal fees

If accused by the legal authority in the country where you are traveling, the Assistance Company will guarantee payment for any lawyer fees or translator fees required in this situation (according to the Schedule of Benefits).

21. Winter Sport extension

The Company will reimburse the Insured up to the amount shown in the Schedule of Benefits in respect of the Emergency Medical Expenses necessarily incurred as a result of the Insured sustaining accidental bodily injury whilst participating in Winter Sports.

22. Terrorism cover extension

The Insured will be covered under Emergency Medical Expenses (according to Terrorism limit in the Schedule of benefits) and Emergency Medical Evacuation (according to the Schedule of benefits) for injury sustained as an innocent bystander following an act of terrorism.

The company shall not be responsible for:

- Injury sustained as a result of any act of terrorism that involves the use of Nuclear, Chemical or Biological weapons or devices of any kind.
- Injury sustained as a result of any act of terrorism that began prior to the commencement of the trip.
- Injury sustained where the Insured is directly or indirectly involved in an act of terrorism of any kind.

D-Policy exclusions

The Company shall not be responsible for claims arising:

- 1) If Which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by the Insured from private health insurance, any reciprocal health agreements, airlines, hotels, home contents insurance or any other recovery by the Insured which is the basis of a claim.
- 2) If Double insurance: If the same interest is covered in respect of the same risk and for the same period of time by more than one insurer such that the combined sums insured exceed the insurance value, the holder is required to inform the Assistance company of this fact in writing and without delay. If the Policy holder has intentionally omitted to notify the Assistance company of this fact or if he has taken out double insurance with a view to obtaining an illicit profit by so doing, the Assistance company shall henceforth automatically be relieved of any contractual obligation in this respect.
- 3) 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 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. This exclusion will not apply for Terrorism (in accordance with the section 22 – Terrorism cover extension) when the appropriate additional premium has been paid;
 - 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 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 organised by sporting federations or similar organisations.
 - l) Hazardous winter and/or summer sports such as skiing and/or similar sports. This exclusion will not apply for Winter sports (in accordance with Section 21 – Winter sports extension) when the appropriate additional premium has been paid;
 - m) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters;
 - n) The Accidents deemed legally to be work or labour Accidents, consequence of a Risk inherent to the work performed by the Insured;
 - o) Internationally and locally recognized epidemics and endemics;
 - p) Illnesses or Injuries arising from chronic ailments or from those that existed prior to the inception date of the policy;
 - q) 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;
 - r) 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;
 - s) 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;
 - t) Illness or Injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
 - u) Mental Health diseases;
 - v) Venereal sexually transmitted diseases, such as Acquired Immune deficiency Syndrome (AIDS) or AIDS related complex and/or any illness arising as complications from these conditions;
 - w) All pre-existing, congenital and/or Chronic Medical Conditions, whether known or unknown, treated or not, to the Beneficiary and any related treatment, repatriation, evacuation or Emergency room expenses;
 - x) Any subsequent admission, related to the first one, of the Insured to the hospital or emergency room, unless diagnosed as a new pathology;
 - 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 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.

4) 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 Afro Asian 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) Medicines prescribed outside the emergency coverage of hospitalization that follows.
- d) Rehabilitation treatments;
- e) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
- f) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - o Before this insurance comes into force;
 - o With the intention of receiving medical treatment;
 - o After the diagnosis of a terminal Illness;
 - o 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;
- g) 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.

- h) Any Health Services that are received as Out-of-Hospital Benefits.
- i) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- j) Services that do not require continuous administration by specialized medical personnel.
- 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.
- 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.
- v) Diagnosis and treatment Services for complications of excluded Illnesses.
- w) 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.
- x) Travelling against the advice of a doctor or considered not fit to travel by the Assistance company.

5) If Failure by the Insured:

- a) to notify the Assistance company within 48 hours of the event calling for medical or travel assistance;
- b) to submit to the Assistance company all the documents required for setting the case of the accident.

E-General provision

Subrogation:

The rights and claims of any natural person or legal entity that benefits in whole or in part from the guarantees provided in the insurance policy as stated in the General Conditions against the third party responsible for the event shall pass to the Assistance company up to the level of compensation paid by the insurer.

MAKING A CLAIM

For non-emergency medical and all other claims you will need to complete a claim form as soon as possible after the incident has occurred or within 4 months of your return to your Country of residence.

The completed claim form, together with original invoices, proof of ownership, travel documents and any other relevant details must be sent to Swan International Assistance-Mutual Care in addition to the above and for the following:

1. Loss of baggage:
 - Copy of check reimbursed from the Airline.
 - Letter from the Airline.
2. Flight cancellation:
 - Proof of the delay then cancellation: boarding pass, letter from the Airline, flight history.
3. Trip cancellation:
 - Original receipts/invoices for expenses being claimed.
 - Hospital/doctor reports/records.
 - If the expenses are a result of an incident, copy of the police report.

Please note that if medical treatment has been received medical certificates showing the nature of the injury or illness with all original bills and receipts, if already paid, should also be attached and returned to Swan International Assistance-Mutual Care.

The Assistance company reserves the right to verify the truthfulness of the damage declared. Failure to submit such required documents within a period of four (4) months from the occurrence of the accident/sudden illness gives the Assistance company the right to deny and benefits and/or reimbursement in relation with the incurred costs.