

Travel Safe Coupon

Serial No. PAT/

This policy Witnesses that in consideration of the Insured described in the Schedule hereto paying to the NATIONAL INSURANCE COMPANY LTD. (hereinafter referred to as the "Company") for the insurance hereinafter defined the sum specified as the premium in the Schedule, the Company will subject to the terms conditions and limitations contained herein or attached hereto, pay or make good to the insured or to the insured's executors or administrators or to indemnify him or them against all such loss, damage or liability as herein provided.

The due observance and fulfillment of the terms provisions and conditions hereof or attached hereto by the insured insofar as they relate to anything to be done or complied with by the insured and truth of the statements and answers in the proposal shall be conditions precedent to any liability of the Company to make any payment under this policy. No waiver of the terms provisions or limitations contained in this policy or attached hereto shall be valid unless made in writing by the company.

If the insured shall make any claim knowing the same to be false or fraudulent as regards amount or otherwise this policy shall become void and all claims hereunder shall be forfeited.

Personal Details of the Insured					
Full Name As Per Passport		AS PER ATTACHED LIST			
Passport Number	AS PER ATTACHED LIST	Date of Birth	AS PER ATTACHED LIST	Telephone Number	

Travel Plan							
From :	AMMAN	To:	AMMAN	From :	WORLD WIDE	To:	AMMAN
Excluding USA & Canada:			YES	Including USA & Canada:			NO

Period of Insurance (Both Days Inclusive)					
From :	29-06-2015	To:	19-07-2015	Number of Days	21

SECTION 1 - PERSONAL ACCIDENT

To cover the traveler against bodily injury resulting directly and independently of all other causes by means accidentally occurring during the period of cover while traveling abroad.

SCHEDULE OF BENEFITS: Accidental bodily injury which within three calendar months from the occurrence thereof shall solely and directly cause or necessarily result in:

- 1- The death of the Traveler..... U.S \$25,000
- 2- The loss by physical separation at or above the wrist of both hands..... U.S \$25,000
- 3- The loss by physical separation at or above the ankle of both feet..... U.S \$25,000
- 4- The complete and irrecoverable loss of all Sight in both eyes..... U.S \$25,000
- 5- The loss by physical separation at or above the wrist or ankle of one hand or one foot and complete and irrecoverable loss of all sight in one eye..... U.S \$25,000
- 6- The loss by physical separation at or above the wrist of one hand U.S \$10,000
- 7- The loss by physical separation at or above the ankle of one foot..... U.S \$10,000
- 8- The complete and irrecoverable loss of all sight in one eye..... U.S \$10,000
- 9- The loss of Thumb and index finger of the same hand..... U.S \$ 6,000

"Loss" shall mean actual amputation or complete and irrecoverable loss of use. Not more than one of the above sum (the greater) shall be payable for injuries resulting from any one accident.

SECTION 2- MEDICAL EXPENSES

To cover medical expenses only incurred by the Traveler consequent upon any bodily injury caused by accidental violent and external means or any disease or illness, not hereinafter excluded, contracted during the insurance period up to a maximum amount of **U.S \$50,000** subject to the agreed excess. However, medical expenses due to disease or illness cover is limited to a period not to exceed the first 60 days of the trip.

SECTION 3 – DELAY INSURANCE

To pay the Traveler following delay for more than 6 hours of flights due to any cause outside the control of the Traveler up to **U.S \$200 (\$40 for each hour)** any one event, if no compensation is payable by the airline. Expenses recoverable under this section must be reasonably supported to the satisfaction of the Company.

SECTION 4 - CANCELLATION OF FLIGHT

To pay actual expenses incurred by the Traveler following cancellation of flight due to any cause outside the control of the Traveler up to **U.S \$1000** any one event. Children under the age of 15 are compensated at 50% of the above limit. Expenses recoverable under this section must be reasonably supported to the satisfaction of the Company.

SECTION 4 – BAGGAGE INSURANCE

To cover loss of or damage to Baggage while in the custody of an airline. If no compensation is payable by the airline or excess of any amount payable by such airline up to the actual cost subject, however, to a maximum of 40 kg at U.S \$30 per kg (\$1200 per person during the trip plan).

Additional Coverage

1-Medical repatriation:

When the state of the insured so requires, The Company undertakes the actual cost of repatriation to his domicile or his usual place of residence, with agreement of the doctors in charge of his case. The benefits of medical repatriation will only be supplied by a prior approval of the Company, in close cooperation with the doctor in charge by air, by land or by sea.

2- Sending of someone close

When hospitalization for more than seven days before removal or repatriation is deemed necessary, the Company undertakes to pay a return ticket of someone close to the hospitalized beneficiary person. The costs of the stay of this person in the place of the hospitalization will be indemnified up to **USD \$50** per day for a period not to exceed 10 days.

3- Assistance to minor Children

If, following an illness or an accident, the insured is not in a position to look after children under fifteen years old traveling with him, and on a condition that these latter are also covered with the Company, the Company will send a companion to fetch the children and accompany them back to their domicile or place of usual residence and undertakes to pay the actual costs of the trip of this companion.

4- Urgent dental care

Treatment up to **U.S \$300** with **10%** deductible from each and every claim

5-Repatriation of the mortal remains

In the event of the death of the insured during the journey out of home or usual residence country, repatriation of the mortal remains, from the state in which he is at the moment of the lifting of the body, to the domicile or place of usual residence in conformity with local laws and on condition that this transfer be materially feasible.

The company will undertake to pay the costs of transport of the mortal remains up to a maximum amount of **USD 20,000**.

(Costs relative to the funeral ceremony are not borne by the company).

6-Search and Rescue

The Company will share in the costs of search and/ or rescue, undertaken by the competent authorities, up to **USD 25,000**.

Limitation of cover (EXCLUSIONS)

The following events are not covered by the Company and by this policy.

- The practice of reckless undertakings by the Insured.
- The practice of sports at high risk (parachuting, acrobatics, races on mechanical appliances, ski jumping, hang-gliding, any kind of professional sports and hunting... etc.).
- Practice, at any level of sport, using a mechanical device, or use of motorcycles.
- Leisure winter sport unless additional premium is paid.
- If the Insured provokes a substantial increase of the risk during the period covered, the Company ceases to be bound by the policy.
- War, declared or not declared, revolution, acts of sabotage, terrorism or vandalism.
- Strikes, street barricades erected at the time of public demonstrations, and generally troubles of all kinds and measures taken for restoring order.
- Telluric movements, floods, volcanic eruptions and every other kind of natural phenomenon having the nature of a natural calamity.
- All damage to health brought about by ionizing rays (nuclear radiation) and chemical and biological consequential damage.
- Pathological ailments existing prior to the date of departure of the Insured or at the conclusion of the insurance policy.
- The effect or damage due to the consumption of narcotics and/or other hallucinogenic products or of alcohol.
- Suicide or attempted suicide.
- Ablation and transplantation of organs, tissues or cells.
- Pregnancy and its consequences as well as treatment for infertility or any of its diagnostic procedure or IVF.
- Absconding and abduction.
- HIV - AIDS - ...and any consequential loss.
- Complete physical investigations, and general check-ups and relevant expenses, as also any treatment undertaken by the Insured without prior approval of the Company
- Work accidents and motor vehicle accident as they must be covered by the relevant insurance.
- Treatments for pre existing illnesses and the possible complications due to these illnesses, and treatment for vascular or cardiac diseases.
- Spontaneous consultations of doctor's specialists.
- The acquisition by the Insured of medicaments not prescribed by an authorized doctor.
- Expenses for rehabilitation, physical therapy, or chiropractic,
- Any treatment, procedure or surgical intervention of an aesthetic nature.
- Expenses for vaccinations, thermal cures, thalassotherapy and expenses for contraception.
- Any Medical Expenses after repatriation back to home or residence country,
- Treatment for cancer.
- Treatments or operations that can be postponed until return to the original point of departure.

The Insured is not covered when displacement is undertaken:

- Against medical advice.
- After the receiving of a diagnosis establishing an illness in terminal phase.
- In the intention to receive medical treatment for pre-existing illness.
- During an illness or an incapacity to work.
- During a pregnancy.
- If a doctor has ordered an operation which has not yet been performed.

Notice Of Claim

In order to benefit from the Company's services, the beneficiary or the applicant must immediately contact the Company's Claim Dept. at the following numbers:

During Normal Working Hours:

Tel +972 2 2983800

Fax +972 2 2407460 E- mail: nic@nic-pal.com

Or Contact the numbers listed below in case of emergency at any time (24 hours a day/7 days a week)

Upon receipt of notice of emergency, the Company shall issue instructions for immediate cover and make payment to the medical center/hospital/clinic.

But in any event no liability is accepted under this policy, if the said notice is not received within 30 days of hospitalization, along with the medical reports. Furthermore, should the beneficiary request reimbursement of any/all medical expenses incurred by the beneficiary, he/she must provide the Company with the following original documents within one month from the occurrence of the claim:

- Official statement of accident issued by the police authorities.
- Complete medical file established by the doctor or the hospital.
- Medical prescriptions.
- Medical and hospital bills and invoices.

In the case of medical emergency, the beneficiary must provide full details of the medical center/hospital immediately to the Company and retain copies of all medical records to be provided to the Company within one month from the occurrence of the claim.

The Company has the right to verify the validity of the claim declared.

General Conditions

1-If the same interest is covered against the same risk, and for the same period, by more than one company or insurer, in such a manner that the combined sums limits exceed the benefit limit value, the beneficiary or the applicant is obliged to inform the Company thereof without delay and in writing.

This policy will be only valid as a secondary insurance coverage when other insurance exists for the same risk or damage.

2-To receive the benefits "baggage" in case of claim, the insured is obliged to give the Company notice in writing of the accident, accompanied by the following documents:

- Formal claim file from the transportation provider "air carrier" and provided that the transportation provider has not paid the insured party its normal reimbursement for the lost checked luggage.
- Original invoices of any purchase articles.

3-The Company policy is governed by the Palestinian insurance laws, the present General Conditions, and by the special conditions appearing in every individual policy taken out by the beneficiary or the applicant; occurring during the duration of the policy and which are subject to the benefits contracted for.

4- No refund of premium for cancelled cover unless due to non-issuance of a visa.

5- Excess

- ≡ Up to age 70 year , This Policy is subject to an excess of US\$ 100.- each and every claim (excluding USA & CANADA-) and US\$ 200 .- each and every claim incase of including USA & CANADA.
- ≡ Above age 70 years ,This Policy is subject to an excess of US\$ 250.- each and every claim (excluding USA & CANADA-) and US\$ 500 .- each and every claim incase of including USA & CANADA

Summary of Benefits

Maximum limits

1- Medical expenses	US \$ 50,000
2- Personal Accident benefit	US \$ 25,000
3- Repatriation of Mortal Remain	US \$ 20,000
4- Search and Rescue	US \$ 25,000
5- Assistant to minor children	Actual cost
6- Delay of flight	US \$200
7- Cancellation of flight	US \$1,000
8- Urgent Dental care	US \$ 300
9- Loss of Baggage	US \$1,200
10- Medical Repatriation	Actual cost
11- Sending someone close	Actual cost



شركة التأمين الوطنية
NATIONAL INSURANCE COMPANY

In Case of Emergency Please Call:

+9626-5511010



Dear Sir,

Your patient (our insured) is entitled to reimbursement of medical expenses (within reasonable limits). In order to assist him to substantiate his claim, please complete the short medical report hereunder.

Note: National Insurance Company shall not be liable for any claims arising out of medical procedures, should the medical procedure be deemed not urgent and a possibility exist of postponing the treatment until the insured's return to the original point of departure.

Thanking you for your cooperation.

Yours Sincerely
National Insurance Company Ltd

1.	Surname:		First Name:			
2.	Address:					
3.	Date of Admittance:					
4.	Reason for Hospitalization: Accident /Acute illness / Chronic illness:					
5.	Diagnosis on Admittance:					
6.	Date of onset of Complaints or Symptoms:					
7.	Symptoms of Illness:					
8.	Complaints:					
10.	Past Medical History:					
11.	Has Patient Been Discharged?	Yes:		If Yes Give Date:		
12.	Diagnosis on Discharge:					
13.	Name of Hospital and Address:					
14.	Name of Attending Physician / Doctor:					
15.	If treatment took place other than Hospital:					
	A.	At office:		From:		T
	B.	At Home / Hotel:		From:		T
16.	Number of Treatments:					
17.	Bill Amount:		Currency:			
18.	Signature/Stamp:		Date:			A