

TRAVEL INSURANCE POLICY

SECTION I - GENERAL DEFINITIONS

Crescent Star Insurance Company Limited (“the Company”), having received an application/proposal and the premium from the applicant named in the schedule and the said application and declaration together with any statement, report or other document leading to the issue of this policy and referred to therein having been accepted and agreed to by the company and the applicant as the basis of this contract do, by this policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the schedule with all its parts, and further, subject to the terms and conditions contained in this policy, as set out in the schedule with all its parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this policy, the capital sum insured/ appropriate benefit will be paid by the company.

SCOPE OF COVER

The company hereby agrees, subject to the terms, conditions and exclusions contained herein, to pay to the Insured a sum as compensation for any loss or damage as described under different sections hereunder but not exceeding the Sum Insured specified for the specific section in the Policy Schedule and subject to applicable deductible excess. The aggregate total payable of all benefits in the policy schedule is limited to the sum insured.

DEFINITIONS

“**ACCIDENT**”- means a sudden, unforeseen, and unexpected physical event beyond the control of the insured caused by external, visible and violent means.

“**AIR TRAVEL**”- means the act of boarding a Commercial aircraft for the purpose of flying therein and alighting there from following a flight.

“**CHECKED - IN BAGGAGE**”- means the baggage handed over by the Insured and accepted by the carrier (airline) for transportation in the same carrier in which the Insured is going to travel and for which the carrier has issued a baggage receipt to the Insured.

“**COMMON CARRIER**” - means any commercial public airline, railway, bus transport, or water borne vessel operating under license issued by the appropriate authority for transportation of passengers.



“COMPANY”- means Crescent Star Insurance Limited.

“DEDUCTIBLE EXCESS”- means the amount of expenses to be incurred by the Insured before the compensation under the cover shall become payable and shall not be reimbursed by the Company.

“DEPENDENT”- means the lawful spouse of the Insured not above the age of 65 years and any non-earning child of the Insured below the age of 18 years.

“DISEASE”- means an illness, disorder or ailment suffered by the Insured and certified by a physician.

“DISAPPEARANCE” - means we will pay benefit for loss of life if the body of an insured person cannot be located within 365 days after the forced - landing stranding, sinking or wrecking of a conveyance in which such person was a passenger or as result of any acts of God, in which case it shall be deemed, subject to all other terms and provision of the policy, that such insured person shall have suffered loss of life within the meaning of the policy.

“EMERGENCY EVACUATION” - means (a) the insured person medical condition warrants immediate transportation from the place where he/she is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local hospital, his medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover; or (a) and (b) above (c) both.

“EMERGENCY MEDICAL EXPENSES” - means expenses incurred in a hospital by the insured person during the course of an insured journey for services and supplies, which are recommended by the attending physician.

“FAMILY”- means the primary Insured, his/her lawful spouse below the age of 60 years or insured and his/ her children below the age of 18 years.

“FELONIOUS ASSAULT” - means an act of violence against the Insured or a Traveling Companion requiring medical treatment in a hospital.

“GEOGRAPHICAL COVERAGE” - means the destination country.

“HIJACKING” - means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which The Insured Person are traveling as a passenger.

“HOSPITAL” - means any licensed medical institution which (1) has full time facilities of overnight patients (2) has facilities for surgery, medical diagnosis and treating injured and sick persons (3) is run by medical practitioners (4) provides 24 hour nursing supervised by registered professional nurse (5) is not a medical institution specialized in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug addicts or alcoholics.

“ILLNESS” - mean sickness or disease contracted and diagnosed on a Trip during the period of insurance for which immediate medical treatment is required and cannot be delayed till return to Pakistan.

“IMMEDIATE FAMILY MEMBER” - mean an insured person’s legally wedded spouse; siblings; siblings in law; parents; parents in law; legal guardian; ward; step parents; who reside in Pakistan.

“INCLEMENT WEATHER”- means any severe, catastrophic weather conditions, which delays the scheduled arrival or departure of a common carrier. This does not include normal, seasonal climatic/ weather changes.

“INJURY”- means accidental bodily injury solely and directly caused by external, visible and violent means.

“INSURED JOURNEY” - means any journey undertaken during the Trip which commences when the passenger boards the common carrier from Pakistan for onward overseas journey and terminates when he disembarks on return to Pakistan or the expiration date whichever is earlier.

“INSURED”- means the individual whose name specifically appears as such in of the schedule to this policy.

“INSURABLE EVENT” - means an event, loss or damage for which the Insured shall be compensated under this policy.

“PERIOD OF INSURANCE” - means the departure date from Pakistan till return to Pakistan for a Trip to the Destination country within the Effective dates stated on the policy. Cover cannot start after an insured person Trip has already begun.

“PERMANENT TOTAL DISABILITY” - means disability lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by us.

“PHYSICIAN” - means a person who is qualified to practice medicine or is a surgeon and has a valid license issued by the appropriate authority for the same, provided that this person is not a member of the Insured’s Family.

“POLICY” - means Insured’s Application, the Policy document with Schedule, and any endorsement attaching to or forming part thereof, either at inception or during the Period of Insurance.

“PRE-EXISTING CONDITION” - means the chronic Illnesses, or ailments and consequences of such illnesses or ailments existing known or unknown to exist at the commencement of the Trip abroad, even if the same had not been treated, or for illnesses treated or for which medical advice has been sought before commencement of the Trip abroad including their consequences.

“REASONABLE ADDITIONAL EXPENSES” - means any expenses for meals and lodging which are necessarily incurred by the Insured as the result of a Trip Interruption or Flight Delay and does not include meals and lodging provided by the Common Carrier or any other party free of charge.



“REASONABLE AND CUSTOMARY CHARGES” - means usual amount charged for treatment, supplies or medical services in the locality where such expense is incurred and does not include charges that would not have been made if no insurance existed

“SCHEDULE” - means the Schedule of Benefits mentioned or attached to this policy.

“SERVICE PROVIDER” - means any person, organization or institution that provides services to the Insured for an Insured Event covered under this policy and that is liable to be paid by the Company.

“SUM INSURED” - means the maximum amount of coverage, as specified in the Schedule attached to this Policy, that the Insured is entitled to in respect of all benefits and as applicable per Trip under this Policy.

“SOUND NATURAL TEETH” - means natural teeth that are either unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

“TRANSPORTATION” - means any land, water or air conveyance required to transport an insured person during an emergency evacuation. Transportation includes, but is not limited to air ambulances, land ambulances and private motor vehicles.

“TRAVELING COMPANION” - means an individual or individuals traveling with the Insured during the policy Period, provided that, the Insured and such individual(s) is/ are also insured under the Company’s Travel Policy.

“THIRD PARTY ADMINISTRATOR (TPA)” - means such person or persons as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this policy.

“TRIP” - means in respect of any Single Trip plans, means the travel You are undertaking & commences from the time You leave your home or place of departure in Pakistan to start Your Trip until You return home or until the end of the Effective Date shown on the policy, whichever is sooner. For Multiple Trip policy, the length of single Trip cannot exceed ninety (90) days in Comfort Plus and Smart Plus plans and sixty (60) days in all other plans.

“VALUABLES” - means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry, furs and articles made of precious stones and metals.

“USUAL COUNTRY OF RESIDENCE” - means the country where the Policy was issued (Pakistan).

“WE, OUR & COMPANY” - The Crescent Star Insurance Limited.

“YOU, YOUR” - means the policyholder shown in the policy

Benefit 1 - Personal Accident

What it Covers?

The Company shall compensate the Insured or his/her nominee (in case of death of the Insured) for any accidental Injury suffered by the Insured during the Period of Insurance whilst on a Trip abroad, as per Table of Benefits appended below, but not exceeding the Sum Insured, for the following:

1. Death of the Insured:

If such an Injury results in his/her death within one year from the date of the accident.

2. Permanent Disablement of the Insured:

If such an Injury results in the permanent impairment of the Insured's physical capabilities, provided such impairment occurs within one year of the accident.

Table of Benefits

Benefits (expressed in percentage of Sum Insured)

Contingency	Per Cent of Accidental Death Sum Insured Payable
1. Accidental Death	100%
2. Loss of two limbs or both eyes or one Limb and one eye	100%
3. Loss of speech and hearing (both ears)	100%
4. Loss of speech	50%
3. Loss of arm above the elbow	50%
4. Loss of arm below the elbow	45%
5. Permanent total deafness (both ears)	50%
6. Permanent total deafness (one ear)	25%
7. Loss of one eye	50%
8. Loss of thumb	17.50%
9. Loss of index finger	7.50%
10. Loss of any other finger	5%
11. Loss of leg above knee	50%
12. Loss of leg below knee	35%
13. Loss of great toe	5%
14. Loss of any other toe	3%
15. Other permanent total disablement	5%

Special Conditions

1. If the accident affects parts of the body or senses whose loss or inability is not dealt with above, the governing factor in determining the benefit payable will be the degree to which the normal physical capabilities are impaired, solely from a medical point of view, as ascertained by the TPA;
2. If the accident affects any physical function, which was already impaired, a deduction will be made proportionately;
3. In the event of permanent disablement, the Insured will be under obligation;
 - (i) To have himself/ herself examined by doctors appointed by the Company/ TPA and the Company will pay the costs involved thereof;
 - (ii) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required

What it does not cover?

Exclusions Applicable of Benefit 1; Personal Accident:

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same;
2. Damage to health caused by curative measures, radiations, infection, poisoning except where these arise from an accident;
3. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of death;
4. Any other claim after a claim for death has been admitted by the Company and becomes payable;
5. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi-engine, commercial aircraft;
6. Any claim arising out of an accident related to pregnancy or childbirth, venereal Disease or infirmity;

7. Any claim related directly or indirectly to any disease, physical defect, infirmity or illness which existed before the start of trip;
8. Any claim if the insured person engages in any activity where this policy states that person accident cover is excluded;
9. Any exclusion mentioned in the General Exclusions section of this Policy

Benefit 2 - Emergency Medical Expenses Cover

What it Covers?

The Company shall compensate the insured for any expenses incurred in a Hospital for availing emergency medical treatment required on account of any illness contracted or injury sustained on a Trip abroad by the insured during the period of insurance, but are not due to a pre-existing condition & not exceeding the sum insured mentioned in the attached schedule of benefits for this specific cover and subject to the applicable deductible excess in respect of this benefit each and every loss.

Please note that this is not a private medical insurance policy and does not provide cover for elective or nonemergency procedures.

What these do not cover?

Exclusions Applicable to Benefit 2; Emergency Medical Expenses:

1. Any or all related to Pre-Existing medical conditions.
2. Any costs incurred in connection with diagnosed/undiagnosed treatment of cancer, orthopedic, degenerative diseases.
3. Any cardiac or cardiovascular or vascular or cerebral vascular illness or conditions or sequelae thereof or complications that, in the opinion of a medical practitioner appointed by the company, can reasonably be related thereto, if the insured person has received medical advice, treatment or prescribed medication for hypertension.
4. Routine medical or medical treatment which is not determined as essential and necessary by a medical practitioner.
5. Physical examination for sports.
6. Medical expenses not approved in advance and/or not arranged by the Third-Party Administrator/Company.
7. Surgery or medical treatment, which could reasonably be delayed until the Insured's return to the country of residence in the opinion of the qualified medical practitioner of the TPA & the company.



8. Any and all types of treatment for removal of physical flaws or anomalies, cosmetic and aesthetic treatments/surgeries, plastic surgery, provision of prostheses / prosthetics (artificial limbs), refractive errors of eyes or hearing aids.
9. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
10. Any costs related to stress, anxiety, mental, psychiatric or nervous disorders.
11. Pregnancy, childbirth and medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
12. Any medical expense or loss arising from any travel against the advice of a medical practitioner or for the purpose of receiving medical treatment.
13. The cost of non-emergency treatment or surgery including exploratory tests which are not directly related to the illness or injury.
14. Illness or injury arising from you being under the influence of or use of alcohol or drugs.
15. Any medical treatment or surgery which is not substantiated by a written report from the qualified medical practitioner.
16. Rehabilitation or physiotherapy or the costs of prosthetics or artificial aids.
17. Illness or injury caused by bacterial infections except which shall occur through an accidental wound or cut or any other kind of disease.
18. Charges in excess of Reasonable and Customary Charges incurred on account of an Insurable Event as per the determination by TPA.
19. Medical treatment in government hospital or services for which there is no expense or charges.
20. Expenses occurred in the Country of Residence.
21. Any exclusion in the General Exclusions section.



Benefit 3 - Emergency Dental Treatment

What it Covers?

The Company shall compensate the Insured against the reasonable emergency dental treatment for the immediate relief of pain of a Sound Natural Tooth or Teeth by a qualified dentist during a Trip abroad within the Period of Insurance. Such compensation shall be limited by the Sum Insured mentioned in the Schedule for this specific benefit, subject to the applicable deductible excess in respect of this benefit each and every loss.

What it does not cover?

Exclusions Applicable to Benefit 3 - Dental Treatment:

Exclusions Applicable the Company shall not be liable to make any payments under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for the following:

1. Treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad;
2. Routine dental examinations;
3. Dental expenses due to sports;
4. Any or all related to Pre-Existing medical conditions;
5. Any dental treatment which could be delayed until the Insured's return to the country of residence.
6. Charges in excess of Reasonable and Customary Charges incurred on account of an Insurable Event as per the determination by TPA;
7. The cost of dental treatment involving the provision of dentures, artificial teeth, permanent crowns, bridgework, oral hygiene or the use of precious metals;
8. Any exclusion mentioned in the General Exclusions section of this policy

Benefit 4 – COVID-19

What it Covers?

The Company shall compensate the Insured against reasonable emergency medical expenses for hospitalization abroad if the insured person suffers from Covid-19 during his/her trip up to maximum amount as stated in the schedule table subject to Covid-19 option taken by the insured at the time of issuance of policy as specifically mentioned in the policy.

Conditions:

1. Medical coverage for Covid-19 will only be applicable if the Covid-19 coverage option is taken at the time of issuance of policy as specifically mentioned in the policy.
2. Medical coverage for Covid-19 is up to the Covid-19 sublimit which is included within the overall sum insured/Limit of emergency medical expenses & hospitalization abroad and is not in addition.
3. Policy coverage validation will only be subject to Negative result of Covid-19 test undertaken 96 hours prior to commencing the journey from Pakistan.
4. In case of positive Covid-19 test result abroad from any Government authorized Centre, the Hospitalization would be covered.
5. US \$100 is deductible on claims arising from Covid-19
6. Hospitalization coverage due to Covid-19 is covered up to 70 years of age only.

What it does not cover?

Exclusions

1. Self-quarantine in private hotels or hospitals or at home is not covered.
2. Hospitalization coverage due to Covid-19 of persons above 70 years of age.
3. Any exclusion mentioned in the General Exclusion section.

Benefit 5 - Repatriation of Mortal Remains

This benefit is included under the medical expenses cover and is not a separate benefit. In the event of death of the insured due to an insurable event, the company shall compensate for the costs of transporting the remains of the deceased insured back to Pakistan or up to an equivalent amount for local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the schedule. This benefit is included within the overall sum insured and is not in addition. Covered expenses include are

- a. embalming;
- b. cremation;
- c. coffins; and transportation

Benefit 6 - Emergency Medical Evacuation and/ or Repatriation

This benefit is included under the medical expenses cover and is not a separate benefit. The company will pay only once for necessary & reasonable expenses incurred in the necessary emergency evacuation of the insured due to an insurable event. An emergency evacuation must be ordered by the assistance service or a physician who certifies that the severity or the nature of the insured person injury or sickness warrants his evacuation. Covered expenses are those for transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with the emergency evacuation. All transportation arrangements made for evacuating the insured person must be by the most direct, economical route possible and only compensate the expenses incurred for one way economy class airfare expenses for transportation must be: (a) recommended by the attending physician; (b) required by the standard regulations of the conveyance transporting; and (c) arranged and authorized in advance by the Assist Service. This benefit is included within the overall sum insured and is not in addition.

What it does not cover?

Exclusions Applicable of Benefit 5; Emergency Medical Evacuation:

1. Transportation unless by common carrier is not covered particularly chartered planes or similar means of transport.

Benefit 8 - Total Loss of Checked in Baggage

What it Covers?

The Company shall compensate the Insured for the total loss of Checked-In Baggage caused by a Common Carrier on the Trip abroad during the policy period, the insurance company acts as a secondary insurance carrier. The primary coverage is provided by the transportation company. The company will reimburse up to the maximum amount as stated in the table of benefits of baggage loss for the replacement of the baggage and its contents and subject to the sub-limits as shown below for the accidental damage, theft or loss of the personal checked-in baggage by the common carrier, during the insured trip which are normally worn or carried and owned by the insured person.

Sub-limits for the baggage are;

- Per bag limit is up to 50% of the maximum amount as stated in table of benefits of Baggage of any one insured person.
- Per item limit shall not exceed 10% of the maximum amount as stated in the table of benefits for any one article, pair, set or collection in respect of any one insured person.
- The company shall make payment, reinstate, or repair subject to due allowance for wear and tear and depreciation at their own opinion. Any claim amount will be in excess of any amount paid or is payable by the common carrier responsible for the loss.



What it does not cover?

Exclusions Applicable of Benefit 7 - Total Loss of Checked - In Baggage

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for the following:

1. If the transportation company denies your claim based on the fact that you did not file a claim or that the claim was not filed in time, we will also deny your claim since we are secondary to the transportation company;
2. Valuables, currency/cheques, business goods or sample, foodstuffs, medicines, eyeglasses, contact lenses, hearing aids, prosthetic limbs and musical instruments dentures or its appliances, birds, animals, motor vehicle accessories, household furniture, antiques, jewelry or accessories, mobile phones, tablet pcs, laptops brittle and fragile items.
3. Any loss caused by wear, tear, gradual deterioration, insects, vermin, corrosion, rot, fungus, atmospheric conditions, action of light, heating, drying, cleaning, dyeing, alteration, repair or scratching, denting, breakdown, misuse, faulty workmanship or design, use of faulty materials or its resulting loss.
4. Loss of property unless a Property Irregularity Report or any other such report usually issued by the carriers in the event of loss of Checked-In Baggage along with a statement from the carrier showing the compensation received from carrier, has been procured and submitted to the Company;
5. Any partial loss of the items contained within the Checked-In Baggage;
6. Items contained within the Checked-In Baggage which are valued in excess of US \$ 100 without appropriate proof of ownership;
7. Losses arising from any delay, detention, confiscation by custom officials, government or other public authorities;
8. Losses due to complete/ partial damage of the Checked-In Baggage;
9. Any Checked-In Baggage loss in Pakistan;
10. Any exclusion mentioned in the General Exclusions section of this policy.

Benefit 9 - Loss of Passport

What it Covers?

The Company shall compensate the Insured for cost of obtaining a replacement passport following the accidental and unintentional loss or damage whilst on a Trip abroad during the policy period but not exceeding the Sum Insured



mentioned in the Schedule for the specific cover subject to applicable deductible excess in respect of this benefit each and every loss.

What it does not cover?

Exclusions Applicable of Benefit 8 - Loss of Passport

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for the following:

1. Loss of passport due to delay or confiscation or detention by the customs, police or public authorities;
2. Loss of passport due to theft unless it has been reported to the police within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in this regard;
3. Loss of passport due to it being left unattended or forgotten by the insured in a public place or public transport, hotel or apartment;
4. Loss or theft of the passport from a private place or from a private vehicle, unless it was locked and forcible and violent means were used to gain access to it;
5. Any exclusion mentioned in the General Exclusions" section of this policy

Benefit 10 - Baggage Delay

What it Covers?

The Company shall compensate the Insured for the temporary delay of Checked-In Baggage being transported during a Trip abroad during the period of Insurance subject to Baggage Delay option taken by the insured at the time of issuance of policy as specifically mentioned in the policy. The payment for this benefit will be limited to the travel destinations specified in the policy.

The compensation will not exceed the Sum Insured for this coverage, mentioned in the Schedule and will be subject to an applicable deductible excess mentioned therein and deductions due to any recovery from the Carrier.

The Company will pay for the costs of necessary emergency purchases of toiletries, medication and clothing in the event the Insured suffering temporary delay of his/ her Checked-In Baggage provided that: The delay of Checked-In Baggage is more than 12 hours from the actual arrival time of the Common Carrier at the destination.

1. Insured provides the Company written proof of delay from the Common Carrier.
2. Insured provides the Company with the receipts for the necessary emergency purchases of toiletries, medication and clothing that he/ she needed to buy.



Important Note: In the event that the claims are submitted for the total loss as well as temporary delay of Checked-In Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-In Baggage during any one Period of Insurance.

What it does not cover?

Exclusions Applicable of Benefit 9 - Baggage Delay

1. Loss of property unless a property irregularity report or any other such report usually issued by the carriers in the event of delay of checked - in baggage, has been procured and submitted to the company
2. Losses arising from any delay, detention, confiscation by custom officials or any other public authorities
3. Any checked - in baggage delay in Pakistan
4. Any exclusion mentioned in the General Exclusions section of this policy

Benefit 11 - Flight Delay

What it covers?

The Company shall compensate the Insured for the Reasonable Additional Expenses incurred by the Insured, subject to Flight delay option taken by the insured at the time of issuance of policy as specifically mentioned in the policy, if the Insured's trip is delayed due to Common Carrier for more than twelve (12) hours from the scheduled time until travel becomes possible. Incurred expenses must be accompanied by supporting receipts. This benefit is payable for only one delay per Insured per Trip.

The compensation under this cover will not exceed the specific Sum Insured for this coverage as mentioned in the policy schedule subject to applicable deductible excess in respect of this benefit mentioned therein each & every loss.

Benefit 12 - Trip Cancellation and Curtailment

What it covers?

The Company shall compensate the Insured subject to Trip Cancellation and Curtailment option taken by the insured at the time of issuance of policy as specifically mentioned in the policy for all irrecoverable deposits, advance payments and other charges paid or due to be paid for travel and/ or accommodation in the event of the Insured persons covered Trip being necessarily cancelled or curtailed due to:

1. Unforeseen Illness, Injury or death of the Insured or Insured's family member. Injury or Illness must be so disabling as to reasonably cause a Trip to be cancelled or interrupted.
2. Inclement weather conditions.



Trip Cancellation Benefits: The Company will reimburse for the forfeited, non - refundable prepaid payments, made prior to the Insured's departure.

Trip Curtailment Benefits: In addition to the above, the Company will reimburse any additional transportation expenses incurred by the Insured to return to Pakistan.

The above compensation will be limited to the specific Sum Insured for this coverage as per schedule.

What it does not cover?

Exclusions Applicable to Benefit 11 - Trip Cancellation and Curtailment

The insurers shall not be liable to make any compensation for claims arising due to:

1. Any condition or set of circumstances known to the Insured at the time of the Trip booking or purchase of this insurance, whichever is later, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the Trip.
2. Lack of reasonable care taken over means of travel, route or departure time.
3. Common Carrier - caused cancellations including an announced, organized sanctioned union labor strike.
4. Changes in the plans by the Insured, an immediate family member or traveling companion.
5. Adverse changes in the financial circumstances of the Insured, any family member, or a traveling companion.
6. Any business or contractual obligations of the insured, any family member or traveling companion except for termination of employment or layoff as defined above.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to commencement of this insurance.

Benefit 13 - Travel and Stay Over of One Immediate Family Member

What it covers?

This benefit is included under the Medical Expenses Cover and is not a separate benefit. The Company shall compensate the Insured for the expenses incurred for one economy class airfare and accommodation expenses for ten (10) days, maximum US\$ 100/- per day, for an immediate family member or a person appointed by the Insured, if the Insured is hospitalized for more than seven (7) consecutive days whilst on a Trip abroad during the period of Insurance.



Benefit 14 - Return of Dependent Children

What it covers?

This benefit is included under the Medical Expenses Cover and is not a separate benefit. The Company shall compensate the Insured for any expenses incurred for one way economy class airfare in the event of dependent children of the Insured below 18 years of age are left unattended whilst on a covered Trip within the period of insurance; in consequence of an insured event provided their hired means of transportation becomes unusable. This coverage must be approved and recommended by the TPA/service provider.

Benefit 15 - Personal Liability

What it covers?

The Company shall compensate the Insured in the event the Insured becomes legally liable to a third party under statutory liability provisions in private law for an incident which results in death, Injury or damage to the health of such third party or damage to his/ her property. Such compensation shall be limited to the specific Sum Insured for this coverage mentioned in the Policy Schedule subject to the applicable deductible excess, each and every loss.

Special Conditions

1. The Company shall be responsible for contesting unjustified claims against the Insured and providing indemnity for damages, which the Insured has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law.
2. If there is a legal action in process against the insured over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured at the Company's sole discretion.
3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured the defense of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.
4. In the event, the Company, at its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this policy would have otherwise been had it not exercised its rights under this condition.

What it does not cover?

Exclusions Applicable to benefit 15 - Personal Liability

The Company shall not be liable to make any payment under this benefit for any expenses whatsoever incurred by the Insured for the following:

1. Any claim arising out of Insured's Contractual Liability or through promises made by the Insured.
2. Any claim of Personal liability of the Insured towards his/ her family, relations and traveling companions.
3. Any claim arising from transmission of an illness or disease by the Insured.
 - (i) Any claim for damage resulting from professional activities involving the Insured. Any claim for liability arising from or due to:
 - (ii) The possession of animals, birds, reptiles, insects etc. and their byproducts like skin, hair, feathers, horns, fur, ivory, bones, eggs etc.
 - (iii) The ownership or possession of vehicles, aircrafts, watercrafts or activities of the Insured involving parachuting, skydiving, hang-gliding, hot air ballooning, bungee jumping, scuba diving, mountain climbing, recreational activities considered dangerous/risky, contests of speed using a motor vehicle, boat, motorcycle or bicycle or use of firearms.
 - (iv) Any willful, malicious or unlawful act.
 - (v) Insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
 - (vi) Any supply of goods or services on the part of the Insured.
 - (vii) Any ownership or occupation of land or buildings other than the occupation of any temporary residence.
4. Any exclusion mentioned in the General Exclusions section of this policy.

Benefit 17 - On Travel Services, Medical, Legal and Communication

What it covers?

Whilst traveling abroad during the Period of Insurance, the Insured will be entitled to contact the TPA/Service Provider in order to obtain information/ referrals in the country where he/ she is located for the following services:

1. To obtain medical advice over phone, however it shall be noted that a telephone conversation cannot establish a diagnosis and shall be considered as an advice only.



2. To obtain information concerning Medical Service Provider name, address, telephone number and if available, office hours for physicians, hospitals, clinics, dentists, and dental clinics. The final selection of the Medical Service Provider shall be the responsibility of the Insured.
3. To obtain information concerning visas and inoculation requirements for foreign countries worldwide.
4. To obtain the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
5. To obtain directions for recovery of lost luggage or passport.
6. To obtain name, address, telephone numbers, if available, for referred lawyers and legal practitioners. The Company will not provide any legal advice and/ or will not accept any consequences of the usage of any services of the referred lawyers and practitioners by the insured.
7. To obtain the address, telephone number and hours of operating of Interpreters worldwide.

What it does not cover?

Exclusions Applicable to Benefit 16 - On Travel Services Legal and Communication

1. The above services are purely on referral or arrangement basis only. The Company or the TPA shall not be responsible for any third-party expenses incurred which shall be the responsibility of the Insured.
2. The selection of Medical Service Provider shall be the responsibility of the Insured and the Company or TPA will not assume any responsibility for determining the appropriate medical specialist nor for providing medical diagnosis or treatment.
3. The Company and/ or the TPA shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Services Provider referred by the Company or TPA.
4. Any exclusion mentioned in the „General Exclusions“ section of this policy.

What you need to watch out for?

GENERAL EXCLUSIONS (Applicable to All Benefits Under This Policy)

Without prejudice to anything contained in this policy, the company shall not be liable to make any payments in respect of:

1. Any or all related to Pre-Existing medical conditions.

2. Claims pertaining to outside Geographical Coverage or arising in the country of residence.
3. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
4. If the insured was not present in Pakistan at the time of policy issuance.
5. If the insured has not travelled from Pakistan on and/or after the policy start date.
6. Any claim if the insured:
 - (i) Is traveling against the advice of a physician or for the purpose of obtaining treatment or undergoing tests or investigations abroad or has been diagnosed as suffering from terminal illness.
 - (ii) Is receiving, or is on a waiting list to receive, specified medical treatment declared in a physician's report or certificate.
 - (iii) Has received terminal prognosis for a medical condition.
 - (iv) Is taking part in a naval, military or air force operation, driver, operator or any other crew member including being in service or duty with or undergoing training with any military or police force, or militia or paramilitary organization.
7. Any claim related directly or indirectly to any disease, physical defect, infirmity or illness which existed before the start of trip.
8. Any claim arising out of pandemic, epidemic, endemic, tropical disease or natural disaster.
9. Any claim arising out of illness or accidents that the insured has caused intentionally or by committing a crime including suicide, attempted suicide, self-inflicted injury or as a result of drunkenness or addiction of drugs or alcohol or its consequences thereof.
10. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and/ or HIV related Illness including AIDS (Acquired Immuno Deficiency Syndrome) and/ or any mutant derivative or variations thereof howsoever caused.
11. Illness and accidents that are results of war and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

12. Any act of terrorism which means an act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/ or to put the public, or any section of the public in fear.
13. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - (i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - (ii) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
14. Any claim arising out of participation in piloting an aircraft, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, recreational activities considered dangerous/risky, contests of speed using a motor vehicle, boat, motorcycle or bicycle, sporting activities, participation in competitions of professional, semi-professional or amateur sport.
15. Any claim arising from flying in an aircraft owned, leased or operated by or on behalf of the insured person, family member or close relative.
16. Any condition resulting from pregnancy, childbirth or miscarriage, abortion, pre-natal care, post –natal care and other complications arising therefrom infertility or other problems related to inability to conceive a child, birth control including surgical procedures and devices.
17. Engaging in any kind of manual labor work, work related or occupational activities, engaging in offshore activities like commercial diving, oil rigging, engaging in occupational activities underground or aerial photography; handling or requiring use of explosives, performing as an actor, being a site worker, fisherman, cook or kitchen worker, tour guide or tour escort.
18. Sexually transmitted diseases;
19. Travel into or through countries where war like situation exists, such as Afghanistan, Syria etc.
20. Any claim not meeting the pre-defined criteria of Claim procedure.



What you need to remember?

GENERAL CONDITIONS (Applicable to All Benefits Under This Policy)

1. This policy, policy schedule, endorsements and attachments, if any, will constitute the entire contract between the parties. No agent or other person has authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by the company.
2. The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material, personal statement declaration and/ or any other connected document.
3. Insured must be present in and travelling from Pakistan at the time of policy issuance.
4. Post-Departure from Pakistan, Policy coverage period cannot be revised or extended.
5. In case of the insured and insured's family being insured ("Family Plan"), the minimum age of the insured persons shall be 6 months and maximum age shall be 65 years for the parents. Under family plan, the maximum persons that may be covered under a policy shall be 6 inclusive of the insured and his/her lawful spouse and maximum of four (4) dependent children below the age of 18 years. In case of family plans, minimum age of the insured shall be six (06) months and maximum age shall be sixty-five (65) years.
6. The maximum number of travel days that may be insured, under the single trip policy, shall be 90 days. The policy may be extended further, at the sole discretion of the company, for a maximum number of 180 days at a premium to be decided.
7. Multiple Trip policy, the length of single Trip cannot exceed ninety (90) days in Comfort Plus and Smart Plus plans and sixty (60) days in all other plans.
8. Maximum of 30 days are covered per trip under Multi Trip policy in Schengen plan.
9. Policy start date should be on or before the trip start date (Departure date from Pakistan).
10. All deductibles will be charged on each and every loss basis.
11. The insured shall take all reasonable precautions to prevent injury, illness and diseases in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy.
12. In the event of payment, the company shall be subrogated to all the insured's rights or recovery thereof against any person or organization, and the insured shall execute and deliver instruments and papers necessary to secure such rights.

13. If at the time of the happening of any loss or damage covered by this policy, there exists any other insurance covering the same, then the company shall not be liable to pay or contribute more than its reasonable proportion of any loss or damage.
14. A policy may not be extended if a claim is already filed by the insured. If the insured does not declare the claims filed or the claims that will be filed on the policy for the original policy duration, the extension is deemed to be invalid. No refund of premium will be given. The company will also not be liable to pay any claim filed on these policies.
15. The insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record.
16. If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the arbitrator or arbitrators have made their award, all benefits under this policy shall be forfeited.
17. The company may at any time, cancel this policy, by giving 7 days" notice in writing by registered post acknowledgment due post to the insured at his last known address in which case the company shall be liable to repay on demand a rate able proportion of the premium for the unexpired term from the date of the cancellation. The insured may also give 7 days" notice in writing, to the company, for the cancellation of this policy, in which case the company shall from the date of receipt of notice cancel the policy and retain the premium for the period this policy has been in force at the company's short period scales.
18. If any dispute or difference shall arise as to the quantum to be paid under this policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single arbitrator within 30 Days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators - one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Pakistan arbitration and conciliation act and the seat of the Arbitration tribunal shall be in Karachi, Pakistan and the arbitration tribunal shall apply the overall governing laws of Pakistan. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

19. If required by the company, an agent/representative of the company including a loss assessor or a surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the insured be permitted at all reasonable times to examine into the circumstances of such loss. The insured shall on being required so to do by the company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the company so far as they relate to such claims or will in any way assist the company to ascertain in the correctness thereof or the liability of the company under the policy.
20. We, at our own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. We also have the right to have an autopsy made unless prohibited by law.
21. Insurance rules and laws are applicable as per Pakistan jurisdiction.
22. We reserve the right to amend policy terms, conditions and exclusions.

What do I do in case of a claim?

CLAIM PROCEDURE:

The Insured shall immediately contact the Help Line of Third-Party Administrator stating the necessary details. The phone numbers of the Help Line are:

From anywhere in the World (00961 4 548648)

In Pakistan (0092 213 869 1254)

1. TPA Help Line Number will verify the identity of the caller by asking information such as mother's maiden name.
2. In the event of an accident or sudden illness where it is not possible to contact the Help Line before consulting a physician or going to a hospital, the Insured shall contact the Help Line Number as soon as possible. In either case, when being admitted as a patient, the Insured shall show the concerned physician or personnel, this policy, if requested.
3. Written notice of claim must be given to the company within 21 days of the date of the incident causing loss, or else the intimation will be declared as „null and void“ unless approved otherwise by the company.

How do I get my claim?

CLAIMS SETTLEMENT

1. If the procedure stated above is complied with, TPA, as the case may be, may guarantee to the service provider the costs of hospitalization, transportation for accompanying person and financial emergency assistance. All costs may be directly settled by the TPA on Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder.
2. If the service provider does not accept the guarantee of payment from TPA, or the TPA does not give guarantee of payment, the Company cannot be held liable for the same. The cost will then have to be borne by the Insured. These costs will then be reimbursed by the Company to the insured on submission of the required documents and if the claim is accepted by the company.
3. The insured person must give all documents needed to deal with any claim and must pay all costs involved in doing so.
4. The insured person is required to submit all original documents, including but not limited to medical reports & summaries, claimed bills & paid receipts, and any other claim supporting documents asked by the Company.
5. The insured must submit all claim supporting documents in English language, translated by an authorized translator/linguist with an official stamp, bearing all relevant cost for translation and else.
6. Reimbursement of all claims will be made by the Company in Pakistan Rupees on the Insured's return to Pakistan at the exchange rate specified by the State Bank of Pakistan, as applicable on the date the amount is billed.
7. Insured with an immigrant visa, going abroad permanently and having declared an immigrant status on the policy will be reimbursed their claims while they are abroad.
8. In case of Accidental Death, an immediate family member, and/or in an absence of such member, any legal heir will be entitled to the settlement amount, providing both – a Succession Certificate and Deed of Indemnity issued by a governmental or legal institution in latter case.
9. Intimated claims (non-litigation) will be considered outstanding, if no response is received within 90 days of intimation/last correspondence, and will be closed on „No Loss/No Claim“ basis.

What documents I need to submit?

CLAIM DOCUMENTATION:

Please make sure that you necessarily get the following General as well as Claim-Type Specific documents from the concerned authorities in case you have to file a claim:



General Documents (For all types of claims):

1. Original ticket or boarding pass and copy of the passport showing the actual travel dates.
2. Claim Form duly filled. ([CSIL Claim Form](#))
3. Original Policy.

Claim-Type Specific Documents:

In addition to the above following claim-type specific documents would be required for various types of claims:

1. Personal accident (death or permanent disability):

- a. Original death/ disability certificate
- b. Original discharge summary
- c. Original Case summary by the treating doctor.
- d. Original prescriptions
- e. Original bills/ receipts
- f. Original reports
- g. Original Post mortem report (if applicable)
- h. Police report in case of accident.

2. Medical expenses (reimbursement only):

- a. Original prescriptions
- b. Original discharge summary
- c. Original Case summary by the treating doctor.
- d. Original bills/ receipts
- e. Original reports
- f. Original report giving reason for necessity of the medical evacuation or transportation (if required)
- g. Original Policy Jacket.

3. Dental treatment:

- a. Tooth/ teeth treated

- b. Original doctor's case summary of treatment performed.
- c. Original prescriptions
- d. Original bills/ receipts
- e. Original reports

All of the documents mentioned in above must clearly indicate the name of the person treated, type of illness, details of medical treatment provided and dates of treatment.

4. *Repatriation/ burial/ cremation of mortal remains:*

- a. Original Death certificate
- b. Original Physician's statement stating cause of death.
- c. Police Report if required.
- d. Original bills/ receipts for expenses incurred

5. *Total loss of checked - in baggage:*

- a. Property Irregularity Report issued by the carrier
- b. Proof of ownership of items valued in excess of USD.100/-
- c. Letter from the carrier stating compensation received for lost baggage.
- d. Original Policy Jacket

6. *Loss of passport:*

- a. Police Report obtained within 24 hours of becoming aware of the theft.
- b. Original Bills/ receipts of expenses incurred in obtaining fresh or duplicate passport.
- c. Copy of duplicate passport.

7. *Delay of checked - in baggage:*

- a. Original bills/ receipts of emergency items purchased.
- b. Property Irregularity Report stating the date and time of baggage arrival.
- c. Original Policy Jacket



8. *Flight delay:*

- a. Original bills/ receipts of emergency items purchased.
- b. Original Jacket

9. *Trip cancellation & curtailment:*

- a. Original Medical reports/ Doctor's statement for insured/ insured's family member/ insured's traveling companion (if applicable).
- b. Original tickets of the traveling companion (if applicable).
- c. Original bills/ invoices of reasonable additional expenses incurred and/ or proof of cancellation charges levied by the carriers.
- d. Original Policy Jacket
- e. If due to employment reason, then please termination letter from the company shall be submitted

10. *Travel and stay over of one immediate family member*

- a. Original Medical reports, statement from Attending Physician.
- b. Original Doctor's statement indicating the need for an attendant.
- c. Original Policy Jacket

Any other document(s) that the company requires from the insured to process the claims may be asked for.

All claim supporting documents must be submitted in English language, translated by an authorized translator/linguist with an official stamp, the insured bearing all relevant cost for translation and else.

Obligations of the insured:

- 1. Claims for insurance benefits must be submitted to the company not later than twenty-one days (21 days) of the date of incident, or in the event of death, after transportation of the mortal remains/ burial.
- 2. The insured shall provide the third-party administrator/ company on demand any information that is required to determine the occurrence of the insurable event or the company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the trip abroad.
- 3. If request to do so by the third-party administrator/ company the insured is obliged to undergo a medical examination by a physician designated by the third-party administrator/ company.



4. The third-party administrator is authorized by the insured to take all measures that are suitable for loss prevention and claim minimization, which includes the insured's transportation back to the Pakistan
5. In the event of the insured's death, the company or the company's representatives shall have the right to carry out a post mortem/ autopsy, all expenses would deduct from the emergency medical expenses benefit

Please note that submission of mentioned documents or any other documents shall not mean entitlement to a claim.

Cancellation of Policy Due to Non-Utilization:

Policy can be cancelled, upon written request of the insured due to non-utilization of cover only if:

1. Cancellation request letter form the Insured before the effective date or
2. The person submits his passport XEROX copy (photo state) as a proof that he/ she has not traveled before the effective date written on the policy
3. Original letter from the consulate requesting for the cancellation of the policy original passport has to verified by the insurance company
4. If the visa issued to insured, policy document neither refund nor cancel or it's status become null and void
5. This policy will not cancel if; the insured has already travelled before the effective date of the policy

Note: A cancellation charge equivalent to administrative Surcharge will be deducted from all types of refund.