

## Easy Journey Travel Insurance

**This policy is for residents of any worldwide country entering the United Arab Emirates. This policy does not cover claims relating to pre-existing medical conditions.**

### Important Telephone Numbers

24hr Emergency Medical Assistance (for Medical Emergencies): **UAE +971 4270 8706**

Claims, Customer Services and Complaints: **UAE +971 4270 8705**

**Note**

Contact should always be made with the 24-hr Emergency Medical Assistance line if **you** are hospitalised or where medical costs are likely to exceed **US\$ 250**. Failure to do so may mean that **you** will not receive the correct level of treatment or **your** claim may not be paid.

### Contents

	Page No.
Summary of 'Inbound' Cover	1
Important Information	2
Definition of Words	2 - 4
24-hour Emergency Medical Assistance	4
Health Declaration and Health Exclusions	4 - 5
General Exclusions	5
Conditions	6
Making a Claim	6 – 7
Making a Complaint	7
Section 1 - Emergency Medical and Associated Expenses	7 - 8
Section 2 - Loss of Passport	8

### Summary of 'Inbound' Cover

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

Section 1 - Medical & Related Benefits	Limit (up to) in USD	Excess
- <b>Emergency</b> Medical & Associated Expenses	AED 150,000	Nil
- <b>Emergency</b> Medical Evacuation	AED 7,500	
- Repatriation of Remains	AED 10,000	
<b>Section 2 - Loss of Travel Documents</b>	AED 250	Nil

## Important information

Thank you for taking out Easy Journey Inbound travel Insurance from Orient.

Please read the whole of the Certificate of Insurance and Policy Wordings before **you** travel and make sure **you** understand what is covered and what is not covered. If **you** have any queries please call us on telephone **UAE +971 427 08705** or write to NEXTCARE CLAIMS MANAGEMENT L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE or email: **orient.travellinsurance@alfuttaim.com**

### Insurer

Orient Insurance PJSC - UAE

### How your Policy works

**Your** Policy Wordings and Certificate of insurance is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this Policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each Section apply to each **person insured**. **Your** Policy does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the Policy wordings.

### Telling us about relevant facts

**You** must tell **us** about anything that may affect **your** cover. If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

### Cancellation rights

Once the premium has been paid, the **Insured** cannot cancel the policy. However, the cancellation is subject to sole discretion of the insurance company.

### Data protection

Information about **your** policy may be shared between **us**, the **Insurer** or any member of Allianz Global Assistance for underwriting purposes.

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

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

### Governing law

Unless agreed otherwise, all communications and documentation in relation to this Policy will be in English. This Insurance will be governed by the law of the country of issuance as stated in the Certificate of Insurance

### Third party contracts

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

## Definition of words

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

<b>Accident</b>	An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.
<b>Area of cover</b>	UAE,
<b>Bodily Injury</b>	An identifiable physical injury caused by an <b>accident</b> , which occurred during the <b>period of insurance</b> .
<b>Certificate of Insurance</b>	Your certificate of travel insurance issued by the <b>insurer</b> .
<b>Chronic</b>	A specific assessment that requires a regular lifetime treatment.
<b>Day-patient / Out-patient</b>	A patient who attends a hospital during the day usually for a minor operation or other treatment without staying overnight.
<b>Departure point</b>	The airport, international train station or port in <b>your home</b> country or abroad, from where <b>you</b> board the common carrier as per <b>your</b> Scheduled itinerary.

<b>Doctor</b>	A legally qualified doctor holding the necessary certification in the country in which they are currently practicing, other than <b>you</b> or a <b>relative</b> .
<b>Emergency</b>	Medical condition resulting from sickness or <b>accident</b> and requiring <b>emergency</b> hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the <b>person insured</b> .
<b>Excess</b>	Under some Sections of <b>your</b> Policy, <b>you</b> will have to pay an <b>excess</b> . This means that <b>you</b> will be responsible for paying the first part of the claim for each <b>person insured</b> , for each Section, for each claim incident. The amount <b>you</b> have to pay is the <b>excess</b> . For example a couple that both have <b>personal baggage</b> stolen from their bag and both incur a flight delay during the same <b>journey</b> , will have a total of four excesses deducted. Two of these will be for the two claims under Section 2 (loss of <b>personal baggage</b> ) and two of these will be for the two claims under Section 6 (flight delay).
<b>Home</b>	<b>Your</b> usual place of residence in the <b>country</b> that <b>you</b> live.
<b>Insurer</b>	Orient Insurance PJSC - UAE
<b>In – patient</b>	A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
<b>Journey</b>	<p>A trip that takes place during the <b>period of insurance</b>, which begins when <b>you</b> arrive in the United Arab Emirates from any worldwide country and ends when <b>you</b> leave the United Arab Emirates or expiry date mentioned in the <b>Certificate of Insurance</b>, whichever occurs first.</p> <ul style="list-style-type: none"> <li>• <b>you</b> will only be covered if <b>you</b> are aged 79 or under at the date <b>your certificate of insurance</b> was issued.</li> <li>• there is no cover for trips booked to last longer than:             <ul style="list-style-type: none"> <li>- the <b>Period of Insurance</b> specified in the certificate or</li> <li>- 14 days on a six month multiple entry visa.</li> </ul> </li> </ul>
<b>Medically Necessary</b>	A service or treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the <b>person insured's</b> condition or the quality of medical care rendered.
<b>Period of Insurance</b>	<p>Cover starts upon arrival or legal entry in the United Arab Emirates and finishes when <b>you</b> leave the United Arab Emirates.</p> <p>All cover ends on the expiry date shown on <b>your Certificate of Insurance</b>, unless <b>you</b> cannot finish <b>your journey</b> as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, <b>we</b> will extend cover free of charge until <b>you</b> can reasonably finish that <b>journey</b>.</p> <p><b>Note:</b> This policy must be purchased by the Person Insured before travelling from any worldwide country.</p>
<b>Personal baggage</b>	Each of <b>your</b> suitcases, trunks and similar containers (including their contents) and articles worn or carried by <b>you</b> (including <b>your valuables</b> (laptop)).
<b>Pre- Existing Condition</b>	<p>A pre-existing condition means:</p> <ul style="list-style-type: none"> <li>• An ongoing medical or dental treatment or dental condition which <b>you</b> are aware or related complication <b>you</b> have, or the symptoms of which <b>you</b> are aware</li> <li>• A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to Policy issuance.</li> <li>• Any condition for which <b>you</b> take prescribed medicine or see a medical specialist.</li> <li>• Any condition for which <b>you</b> have had surgery within 12 months prior to Policy issuance.</li> </ul> <p><b>Note: Your condition is not pre-existing if it arose after Policy issuance.</b></p>
<b>Relative</b>	<b>Your</b> mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).
<b>Routine treatment</b>	A standard treatment
<b>Terrorism / Act of Terrorism</b>	<b>Terrorism</b> is a loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any <b>Act of Terrorism</b> regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An <b>Act of Terrorism</b> means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any

	Section of the public in fear.
<b>Valuables</b>	Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic equipment (camera, camcorder) , audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, tablets, laptops, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.
<b>We, our, us</b>	NEXTCARE CLAIMS MANAGEMENT L.L.C and Allianz Global Assistance which administers the Insurance on behalf of the <b>Insurer</b> or <b>Insurer</b> wherever applicable
<b>You, your, person insured</b>	Each person shown on the Certificate of insurance, for whom the appropriate Insurance premium has been paid.

## 24-hour Emergency Medical Assistance

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

Phone **UAE +971 427 08706**  
E-mail **international\_dept@nextcarehealth.com**

Please give **us** **your** age and **your** Policy number. Say that **you** are insured with Orient Inbound travel Insurance.

Below are some of the ways the 24-hour Emergency Medical Assistance service can help.

### Confirmation of payment

**We** will contact hospitals or **doctors** within the country of travel (UAE/Oman/Bahrain) and guarantee to pay their fees, provided **you** have a valid claim.

### Emergency Medical Evacuation & Repatriation

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

**You** can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance coordinators whom **you** should give all relevant information to. Please make sure **you** have details of **your** Policy before **you** call.

## Health Declaration and Health Exclusions

### Exclusions relating to your health

1. **You** will not be covered for any directly or indirectly related claims (see note at the end of this Section) arising from the following if at the time of taking out this Insurance or booking **your** journey (whichever is later), **you**:
  - a. are being prescribed regular medication;
  - b. have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
  - c. are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  - d. are awaiting treatment or the results of any tests or investigations;
  - e. are awaiting **out – patient / day – patient, in – patient** or **routine treatment**
2. **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your** journey.
3. **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your** journey.
4. **You** will not be covered for any directly or indirectly related claim if, before **your** journey, a **doctor** diagnosed that **you** have a terminal condition.
5. **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** Policy was issued.
6. **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

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

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

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

**Note**

**Indirectly related claims**

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

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

**Level of medical cover provided**

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

## General Exclusions

The following exclusions apply to the whole of **your** Policy:

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

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. war, riots or revolutionary war, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d-etat or weapons of mass destruction.
3. **Terrorism** as defined in "Definition. of Words"
4. Any epidemic or pandemic.
5. **You** not following any suggestions or recommendations made by the Foreign and Commonwealth Office (FCO) ([www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)) on the date of **you** booked **your journey**. **You** shall be covered for travel to areas reported by the FCO all but essential travel' but not any area which states 'advise against all travel'.
6. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
7. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
8. Any currency exchange rate changes.
9. Air travel where the **person insured** is acting as pilot or part of the aircraft crew other than as a fare-paying passenger on a regular scheduled airline or licensed chartered aircraft.
10. **You** acting in an illegal or malicious way.
11. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
12. **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
13. **You** not enjoying **your journey** or not wanting to travel.
14. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the Policy.
15. **You** taking part in a sports or leisure activity that is not listed or confirmed in writing as covered.
16. Pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.
17. Political risk:
  - Cancellation, Evacuation and / or Repatriation claims resulting from the closure of a border decided by a state or any competent authority representing that state. However **you** will be covered for:
    - Evacuation and / or repatriation claims under Section 1 – Medical & Related Benefits due to riot or civil commotion where the **insured person** takes no part. In such cases the cover shall cease 14 days after the inception of these events.
    - Cancellations resulting from the closure of the border of a country, or one of the countries being visited during **your journey**, provided that no alternative solution has been offered by the travel agency, tour operator or airline with who **you** booked **your journey** with and subject to the closures of the borders being declared within 14 days of **your** departure from **your home country**.

**You** shall not be covered for any claim under this policy if the claim exposes **us** to any sanction, prohibition or restriction under the United Nations resolutions or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America. It is **our** decision to not pay a claim under this policy if **we** believe paying the claim may breach the aforementioned.

## Conditions

---

The following conditions apply to the whole of **your** Policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **Your** policy has been issued in conjunction with either a valid single entry visa or a six month multiple entry visa to enable **you** to visit the United Arab Emirates.
- 2 **You** take reasonable care to protect **yourself** and **your** property against **accident**, injury, loss and damage and act as if **you** are not insured and to minimize any potential claim.
- 3 **You** have a valid Certificate of insurance.
- 4 **You** accept that **we** will not extend the **period of Insurance** beyond the expiry of **your** policy.
- 5 **You** accept that your policy will lapse without a refund once you are issued a health insurance.
- 6 **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see Section 'Making a claim' for more information.
- 7 **You** accept that no alterations to the terms and conditions of the Policy apply, unless **we** confirm them in writing to **you**.
- 8 **You** are aged between 0 – 79 on the date **your** Policy was issued.

### We have the right to do the following

- 1 Cancel the Policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the police.
- 2 Cancel the Policy and make no payment if **you**, or anyone acting for **you**, make a claim under this Policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this Insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
- 3 Only cover **you** for the whole of **your journey** and not issue a Policy if **you** have started **your journey**.
- 4 Not issue a policy if **your journey** has commenced.
- 5 Take over and deal with, in **your** name, any claim **you** make under this Policy.
- 6 Take **legal action** in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this Policy.
- 7 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representative's deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organization without **your** specific agreement.
- 8 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 9 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 10 Not refund or transfer your premium if you decide to cancel the policy.
- 11 If at the time of any incident, which results in a claim under this Policy, there is another Insurance covering the same loss, damage, expense or liability we will not pay more than our proportional share.
- 12 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this Policy.

## Making a claim

---

To claim:

Phone **UAE +971 427 08705** and ask for a claim form or

Write to Inbound travel Insurance claims department C/O NEXTCARE CLAIMS MANAGEMENT L.L.C, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE

Or e-mail **orient.travellinsurance@alfuttaim.com**

**You** should fill in the form and send it to **us** within 30 days of **your** return **home** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**. Claims received after 30 days from **your** return **home** shall not be considered.

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

### For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other Insurance / Takaful contract **you** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **your** claim.

### Section 1 - Emergency Medical & Associated Expenses

- Always contact **our** 24-hour Emergency Medical Service when **you** are hospitalized, require repatriation or where medical fees are likely to exceed **US\$ 250**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical Certificate from them confirming this.

### Section 2 – Loss of Travel Documents

- Written confirmation from the Consulate or Carrier, transport company, authority or hotel where the loss happened detailing the date of loss, notification of loss together with a written report from the police.

## Making a Complaint

**We** are committed to **our** customers and we always aim to exceed their expectation. However, there may be times when **you** feel **we** have not done so. If this is the case, please share **your** experience with **us** so that we can do **our** best to resolve the problem.

In the first instance, please contact:

Customer Services Manager  
Inbound Travel Insurance  
C/O NEXTCARE CLAIMS MANAGEMENT L.L.C  
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,  
Umm Al Sheif, Sheikh Zayed Road  
P.O. Box 80864,  
Dubai, UAE  
Telephone: **UAE +971 427 08705**  
Email: **orient.travellinsurance@alfuttaim.com**

Please provide us with **your** name, address, Policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

## Section 1 - Emergency Medical & Associated Expenses

If **you** are taken into hospital or **you** think **you** may have to return **home** early or extend **your** journey because of illness or **accident**, or if **your** medical expenses are over **US\$250** **we** must be told immediately - see under the heading-hourEmergency'24 Medical Assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representatives for the following necessary and unforeseen **emergency** expenses if **you** die, are injured, have an **accident** or are taken ill during **your** journey. **We** shall also pay for follow-up treatment, should this be a necessity and requested by the treating **doctor**, following an **emergency** treatment but this is limited to a maximum period of 30 days after the original discharge from the hospital.

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

- **Treatment**
  - Medical, surgical, medication costs, hospital, nursing **home** or nursing services outside **your** home country.
- **Emergency Family Travel**
  - Up to the maximum amount shown on the Certificate of insurance, in the event that the **Person Insured** has suffered from injury or illness during the insured trip and being confined in a hospital for over six (6) consecutive days.
- **Emergency Medical Evacuation & Repatriation**
  - If **our** medical advisers think it would be in **your** medical interests to return **you** back to **your** home or to a hospital or nursing **home** in **your** home country, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a Certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.
  - Up to the amount shown in **your** summary of cover for the cost of transporting the body of the **person insured** to their **home**. **We** will also pay
- **Dental**
  - Up to the amount shown in **your** summary of cover for **emergency** dental treatment to relieve sudden pain. The dental cover is also applicable if treatment is required due to **accident**, illness or injury within the scope of this Section.

#### WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **your** summary of cover.
- The cost of replacing any medication **you** were using when **you** began **your journey**.
- Any **outpatient** or **routine treatment**
- Any condition stated under Health declaration and health exclusions.
- Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.
- Any services or treatments or follow-up treatment done in **your home** country.
- Anything caused by:
  - **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
  - **your** suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
  - **you** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets;
- Any costs incurred 12 months after the date of **your** death, injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this Section.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.
- Medical costs over **US\$250**, **in-patient** treatment, repatriation or courier costs which **we** have not authorized.
- The extra costs of having a single or private room in a hospital or nursing **home**.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **your home** country.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- Dental work involving the use of precious metals.

Please refer to Sections General Exclusions, Conditions and Making a Claim that also apply.

## Section 2 - Loss of Travel Documents

#### WHAT YOU ARE COVERED FOR

We will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

##### Passport

- **Costs for issuing a temporary passport**  
Up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

##### Visas

- **Costs for issuing a temporary visa**  
Up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your home** country.

#### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General Exclusions, Conditions and Making a Claim that also apply.

This Insurance is provided and arranged by

Orient Insurance PJSC

**Head Office** (UAE)

Orient Building

Al Badia Business Park

Dubai Festival City  
P.O. Box 27966, Dubai

Tel : +971 4 2531300  
Fax : +971 4 2531500