

Travel Schengen

Providing travel assistance services

Are you facing an emergency case and in need of assistance?

You can immediately contact the assistance team

24/7/365

This **Policy** is for **Jordan Residents** who travel from their **country of residence** Jordan. This **policy** does not cover claims relating to **pre-existing medical conditions**.

24hr Emergency Medical Assistance Telephone: +971 4 270 8705 WhatsApp No.: +971 56 216 4563	Claims Call Center All claims: Submit a claim online through the following link: https://www.al-nisr.com/page/travel-claims
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Note:

If **you** are hospitalized or **your** medical fees are likely to exceed \$250, you must always call the 24-hour **emergency** medical assistance line. Failure to do so may mean that **you** will not receive the appropriate level of treatment or **your** claim may not be paid.

This **policy** includes the (COVID-19) cover under **emergency** medical expenses and related benefits.

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Travel Schengen Policy Table of Covers

The following is the table of covers of Travel Schengen Policy. You should read the rest of this policy for the full terms and conditions.

Benefits (limit / person)	Limit (Up to)	Excess
Section 1: Assistance		
Emergency medical expenses including COVID-19 cover.	35,000 JOD per person during the cover period	35 JOD Per claim
Emergency medical evacuation/Repatriation	Actual cost	
Repatriation of Mortal Remains	Incurred expenses	
Accommodation costs related to COVID-19 quarantine: If diagnosed with COVID-19	Up to 70 JOD per day (Max14 days)	
Section 2: Travel Inconvenience		
Loss of travel documents	210 JOD	Nil

Important Information

Thank **you** for taking out travel insurance with Al-Nisr Al-Arabi Insurance **Company**.

Your certificate of insurance shows the sections of the **policy** cover available, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. **You** should read this **policy** carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should call **us** on telephone **UAE +971 4 270 8705** or via WhatsApp **+971 56 216 4563** or through the online Claims Center through the following link:

<https://www.al-nisr.com/page/travel-claims>

* The Insurer/Insurance Company

Your travel insurance is underwritten by Al-Nisr Al-Arabi **Insurance Company**, Shmeisani - Issam Al Ajlouni Street - Building No. 21, P.O. Box No. 9194, Postal Code: 11191, Amman, Jordan.

* How your policy works

Your insurance policy and **certificate of insurance** form an agreement between **you**, Al-Nisr Al-Arabi **Insurance company** and **us**. **We** will pay for any claim **you** make provided it 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 **insured person**. **Your policy** does not cover all events and expenses of any uncovered cases.

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 **insurance policy**.

* Telling us about relevant facts

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, including but not limited to:

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

- **Your redundancy.**

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

* Policy Cancellation Rights

- **You** can request to cancel the **policy** and get refunded of insurance premiums only in the following cases:

- If the embassy of the country to which **you** are travelling requires **you** to have an **insurance policy** for the purposes of obtaining a visa while **you** are unable to obtain the required visa, then **you** must inform **us** within 48 hours of receiving **your Certificate of Insurance** or the inception date of the **policy** whichever comes first, and return all **your** documents along with a written rejection letter from the concerned embassy.

- If the embassy of the country to which **you** are travelling does not require **you** to have an **insurance policy** for the purposes of obtaining a visa, then **you** must submit a written cancellation request letter at Al-Nisr Al-Arabi and return all **your** documents within 48 hours of receiving **your Certificate of Insurance** or inception date of the **policy** whichever comes first.

- The **insurer** may cancel the **policy** at any time by means of a letter sent by post and without resorting to court if the **insured person** in bad faith conceals something or submits an incorrect statement in a way that reduces the importance of the insured risk or leads to a change of its subject matter, or if the **insured person** fraudulently breaches its obligations. The **company** hereby has the right to claim any amounts paid by the **company** to the **insured person**, and the **company** is entitled to all the **policy** premiums up to the date of cancellation. If any of the information is found to be incorrect or the **insured person** gives the **company** wrong or incomplete information, unintentionally or without a bad faith, then the **company** shall be entitled to cancel this **policy** and the **company** hereby has the right to claim any amounts paid by the **company** to the **insured person** in return for refunding the insurance premium paid by the **insured person** or refunding part of the insurance premium to the extent that the **company** does not bear a risk, in accordance with the provisions of Article 928 of the Jordanian Civil Law.

- Insurance premiums are not refunded if:

- **You** or any other person covered by the **insurance policy** traveled within the 48-hour period of receiving **your insurance policy** or the inception date of the **insurance policy**, whichever comes first.
- **You** have made or intend to make a claim.

* Data protection

Information about **your policy** may be shared between **us**, Al-Nisr Al-Arabi **insurance company**, the reinsurer or any member of Allianz Travel Group for insurance purposes.

You should understand that the sensitive health status information and other information **you** provide will be used

by Al-Nisr Al-Arabi, **us**, **our** representatives (if required), **our** reinsurers, other insurers and industry governing bodies and regulators to process **your policy**, 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 others for marketing purposes. **You** have the right to access **your** personal records.

* Governing law

This **policy** will be in Arabic. This **policy** will be governed by the law of the Hashemite Kingdom of Jordan.

* The Rights of Others

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

Definition of Words

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

Word	Definition
Accident	An unexpected event caused by something external and visible, which results in physical bodily injury.
Accommodation expenses	Additional hotel expenses following an event covered by insurance, excluding all expenses related to food and beverages.
Geographical Areas of cover	<ul style="list-style-type: none">• Europe - Albania, Andorra, Austria, Belgium, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Spain, United Kingdom, Serbia and Montenegro, Slovenia, Sweden, Switzerland and Ukraine.• The Middle East - Bahrain, Cyprus, Egypt, Iraq, Saudi Arabia, Kuwait, Lebanon, Qatar, Oman, Syria, Turkey and United Arab Emirates.• Schengen countries - Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland.
Beneficiary	The person who initially acquired the rights of the insurance policy or legally transferred to him. In case of death of the insured person , the beneficiary herein shall be the legal heirs of the insured person .

Certificate of Insurance	The document issued by the insurer that is used to verify the existence of your travel insurance policy .
Insurance Policy	It is the insurance policy that is made and entered into by and between the insurer and the insured person which includes the policy terms, obligations, liabilities and rights of the parties or the rights of the beneficiary and any appendix to this policy .
Departure point	The airport where your journey from your country of residence to your destination begins and where the final part of your journey back to your country of residence begins.
Doctor	A legally qualified doctor holding the necessary certification in the country in which they are currently practicing, other than you or a close relative .
Emergency	Medical condition resulting from sickness or accident that requires emergency hospital admission, and for which delay in treatment beyond the next official working day may lead to a significant and permanent deterioration in the life and health of the insured person , of his bodily functions and/or damage to one of his organs.
Excess	The deduction we will make from the amount payable under this policy for each insured person , for each section, for each claim incident.
Your Country Of Residence	Your usual place of residence in Jordan, which is the place where you reside.
Incapacitating Agents	A factor that produces temporary physiological and/or mental effects, rendering individuals unable to exert a concerted effort in the performance of their assigned duties.

In-patient	A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
Insurance Company / Insurer	Al-Nisr Al-Arabi Insurance Company , Shmeisani Issam Al-Ajlouni Street - Building No. 21, P.O. Box No. 9194, Postal Code Box: 11191, Amman, Jordan.
Journey	<p>A trip that takes place during the period of insurance which begins when you leave home or workplace (whichever occurs later) and ends when you get back home to a hospital, nursing home or workplace in your country of residence, whichever is earlier.</p> <p>• For single trip cover</p> <ul style="list-style-type: none"> - You will only be covered if you are aged 70 or under at the date your policy was issued, unless you have paid the appropriate additional premium in order for you to be covered by the insurance over the age of 70. - Trips within your country of residence are not covered. - Any other trip which begins after you get back is not covered. <p>• Insurance which includes 3-months, 6-months and annual multi trips:</p> <ul style="list-style-type: none"> - You will only be covered if you are aged 70 or under at the date your policy was issued, unless you have paid the appropriate additional premium in order for you to be covered by the insurance over the age of 70. - Short trips with a period of 90 days or less per trip are only covered. There is absolutely no cover offered by this policy for trips which are longer than the 90 days per trip unless you have paid the additional premium. - Trips within your country of residence are not covered.

<p>Medically necessary</p>	<p>A service or treatment commensurate with the diagnosis, in accordance with the generally accepted medical standards, which cannot be omitted without adversely affecting the condition of the insured person or the quality of the medical care provided to him/her.</p>
<p>Out-Patient / day-patient</p>	<p>A patient who is admitted and discharged from the hospital on the same day.</p>
<p>Period of insurance</p>	<p><u>For single trip cover:</u></p> <ul style="list-style-type: none"> • Trip cancellation cover mentioned in the table of covers of your insurance policy (outbound trip) begins from the issue date shown on your Certificate of Insurance and ends at the beginning of your journey. The cover for all other sections starts at the beginning of your journey and finishes at the end of your journey or at the expiry of your policy, whichever occurs earlier. <p><u>Insurance which includes 3-months, 6-months and annual multi trips:</u></p> <ul style="list-style-type: none"> • Trip cancellation cover mentioned in the table of covers of your insurance policy (outbound trip) begins from the inception date shown on your Certificate of Insurance or from the date you booked your journey, whichever comes later, and ends at the beginning of your journey. The cover for all other sections starts at the beginning of your journey and finishes at the end of your journey or upon the expiry of your policy, whichever occurs earlier. <p><u>Insurance which includes single trip and 3-months, 6-months and annual multi trips:</u></p> <p>The cover for all sections ends on the expiry date of your policy shown on your certificate of insurance, unless you are unable to complete your trip as planned due to death, injury, illness or there is an unavoidable delay in the public transportation. In such circumstances, we will extend the coverage at no charge for a maximum period of 15 days from the expiry date of your policy so that you can reasonably end your trip.</p>

Pre-existing medical conditions	<p>Pre-existing medical conditions means:</p> <ul style="list-style-type: none"> • An ongoing medical or dental treatment or dental condition of which you are aware or related complication you have, or the symptoms of which you are aware. • A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to the issuance of the policy. • Any condition for which you take prescribed medicine or see a medical specialist. • Any condition for which you have had surgery.
Pandemic	An epidemic that is recognized as a pandemic by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination .
Epidemic	A contagious disease recognized by the World Health Organization (WHO) or an official government authority in your country of residence or your trip destination .
Quarantine	Mandatory confinement of a maximum of 14 days, intended to stop the spread of a contagious disease to which insured person has been exposed.
Close Relative	Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, fiancé(e), son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, half-brother or half-sister.
Resident	A Jordanian citizen or a person residing in Jordan travels from and back to Jordan.
Travelling companion	Any person that has booked to travel with you on your journey .

<p>Terrorism / terrorist act</p>	<ul style="list-style-type: none"> • Subject to the definition of Terrorism Financing contained in Article 2 of the applicable Law on Anti-Money Laundering and the Terrorism Financing, terrorism is a loss, damage, cost or expense of whatever nature resulting from or having a direct or indirect relationship with any terrorist act regardless of any cause or another event at the same time or at any later time is contributing to this loss. • An act of terrorism means, for example, but not limited to, acts of force, violence and/or threatening any person or group of people, whether they represent themselves or on behalf of or in contact with any organizations or governments, as these acts are committed for political, religious, ideological purposes or for the same purposes, including the intention to influence any government and/or scare the public or any public sector.
<p>We, our, us</p>	<p>NEXtCARE, and Allianz Travel Limited which administers the insurance on behalf of the insurer.</p>
<p>You, your, insured person</p>	<p>The person who signed the policy with the insurer and each person shown on the certificate of Insurance, for whom the appropriate insurance premium has been paid.</p>

24-hour Emergency Medical Assistance

Please tell **us** immediately about any serious illness or **accident** abroad where **you** have to go into hospital or **you** may have to return to **your country of residence** 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 \$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 **us** or email **us** 24 hours a day 365 days a year

Phone UAE +971 4 270 8705

WhatsApp +971 56 216 4563

Please give **us** **your** name, age and **your** **policy** number. Say that **you** are insured with Al-Nisr Al-Arabi **insurance** **company**. Below are some of the ways the 24-hour **emergency** medical assistance service can help.

* Confirmation of payment

We will contact hospitals and **doctors** abroad and guarantee to pay their fees, provided that **you** have a valid claim.

* Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your** home or to a hospital or nursing home in **your country of residence**, **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 to **your country of residence**, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

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

Health Declaration And Health Exclusions

* Exclusions relating to your health

- **Your insurance policy** does not **cover** 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**:
 - 1- Are being prescribed regular medication;
 - 2- Have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months.;
 - 3- Are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 - 4- Are awaiting treatment or the results of any tests or investigations;
 - 5- Are waiting as **Out-Patient / day-patient** or as an **in-hospital patient**, or **you** receive routine treatment.
- **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**.

- **You** will not be covered for any directly or indirectly related claim if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- **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.
- **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.
- **You** will not be covered if **you** are traveling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment.
- **You** will not be covered for any directly or indirectly related claims arising from a congenital condition.
- **You** will not be covered for any claim related to pregnancy, childbirth, abortion and all their consequences or complications, not limited to: voluntary interruption of pregnancy, delivery, and miscarriage.
- **You** will not be covered for any claims related to artificial insemination or any sterility treatment and contraception expenses.
- **You** will not be covered for any claim related to sexually transmitted diseases.
- **You** will not be covered for thermal cure expenses, heliotherapy, physiotherapy, and aesthetic treatment.
- **You** will not be covered for prosthesis expenses, equipment, implant as well as optical expenses, not used for intraoperative conditions.
- **You** will not be covered for any vaccination expenses.
- **You** will not be covered for any scientifically and medically non-recognized care or treatments.
- **You** will not be covered for any treatment or care administered by a **close relative**.

- **You** will not be covered for epilepsy or convulsions, from which **you** suffer, as well as any medical event which diagnosis, symptoms or causes are of psychic, psychological or psychiatric nature.
- **You** will not be covered for any costs related to tests and treatment of obesity, weight reduction and nutrition related illnesses.

*** Exclusions relating to the health of someone not insured under this policy, but whose health may affect your decision whether to take or continue with your Journey**

You will not be covered for any directly or indirectly related claims (see note below at the end of this division) 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, and the **company** shall at its discretion specify the medical reference approved by it to determine such conditions, and no other medical reference, whether a **doctor** or medical board or committee has the right to do so, for example:

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

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- War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, **terrorism**, weapons of mass destruction.
- 2- Any **epidemic** or **pandemic**, except as expressly covered under **Emergency** Medical and Related Benefits.
- 3- **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 4- Ionizing, radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 5- Any fluctuation in currency exchange rate.
- 6- No claim shall be covered if it involves felony or misdemeanor.
- 7- **You** being under the influence of alcohol, solvents (including but not limited to thinner, acetone) 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).
- 8- Cancellation or curtailment of the **journey** simply because **you** are not enjoying **your journey** or not wanting to travel.
- 9- Any loss that is not covered by the **policy** even if it is caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings as a result of an **accident** or illness covered by this **policy** unless it says differently in the **policy**.

10- **You** participate in a sport or leisure activity that is not covered by the **policy** under the sports and leisure activities and/ or participate in winter sports and activities that fall under the sports and leisure activities.

11- Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.

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- **You** are a **Resident** of Jordan.

2- **You** take reasonable care to protect yourself and **your** property against **accident**, injury, loss and damage and act as if **you** are insured to minimize any potential claim.

3- **You** have a valid **insurance policy**.

4- **You** accept that **we** will not extend the **period of your insurance policy** in any of the following cases (except for some cases as mentioned in the definition of "**period of insurance**" under the "definition of words" section):

- For single trip cover: If the original **insurance policy**, plus any extensions, have either ended, or been in force for more than 90 days, or **you** know **you** will be making a claim.
- For 3-months, 6-months and annual multi- trips: After the period of **your policy** has expired.

5- **You** contact **us** as soon as possible, and within the period stipulated in the Civil Law, without any delay and provide **us** 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.

6- **You** accept that no alterations to the terms and conditions of the **policy** apply, unless **we** confirm them in writing to **you**.

7- If **you** are aged 0-70 at the date **your policy** was issued, unless **you** have paid the appropriate additional premium to be covered over 70 years old.

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** intentionally tell **us** something that is not true or incomplete or provided an incorrect statement in a way that reduces the importance of the insured risk or leads to a change in its subject matter, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the legal authorities.

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, or hide any information in bad intention, 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 legal authorities.

3- Cancel the **policy** if the **insurer** was unable to complete the verification requirements of the identity and the activity of the beneficiary, and notify the Anti-Money Laundering Unit according to the provisions of the Anti-Money Laundering and **Terrorism** Financing Instructions of the applicable insurance activities.

4- Only cover **you** during the **journey** where an appropriate **insurance policy** has been purchased and **we** shall

not issue a **policy** if **you** have already started **your journey**.

5- Subrogate **you** against the party who caused the harm with what **we** pay in terms of guarantee for the damage that the claim resulted from according to this **policy** and pursuant to the provisions of Article 926 of the Civil Law unless the party who caused the harm is one of **your** ascendants, descendants, spouses, in-laws, lives with **you** or a person who **you** are responsible for his actions. **You** should provide **us** with all the information and documents require by **us** for such purpose.

6- With **your** permission, get information from **your** medical records to help **us** or **our** representatives deal with any claims. This could include a request for **you** to be medically examined 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.

7- Send **you** to **your place of residence** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.

8- Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** or **our** medical advisers.

9- The **company** shall not be liable for any claim under this **policy** for any amounts covered by another **insurance policy** whether the **policy** is with **us** or with others except for **our** share of the claim, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**.

10- **We** ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by **your policy**.

Sports and Leisure Activities

*** This policy includes the following activities without any additional premium.**

- Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, baseball, basketball, canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls, Cricket, cycling (for non-professionals and not the main mode of transport), bike tour (not to exceed 16 days), deep sea fishing, football or soccer, frisbee golf, hiking, glacier walking, playing golf, High ropes activities, diving from heights (platform only 10 meters high), long walks, trekking or walking up to 4,000 meters, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating), marathon or triathlon jogging (for non-professionals), mountain biking (on the road), parasailing and paragliding (over water), horse hiking, rap jumping, ringo (water activity), roller skating (wearing protective gear and helmets), rowing, safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, whitewater rafting (up to three degrees of rivers), boardsailing, zipline trekking(including on snow), zorbing.

- The following activities are also covered:

Camel riding, catamaran sailing (for experience), pigeon hunting, sailing in boats, riding elephants, karting, jet-boat-ing, water skiing, paintball (wearing eye protection gear), quad biking, rifle shooting, sailing (If he has experience and only in regional waters), shooting, skidooing, small bore target, snowmobiling, yachting (if he has experience and only in regional waters).

*** The following activities are not covered by your insurance policy:**

- base-jumping, the sport of large inflatable boating inside the underground caves, bouldering climb, boxing, bungee jumping, canyoning, exploring the caves for fun, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), freestyle mountaineering, Gliding (insurance does not include working with cabin crew or piloting a plane - a captain), hang gliding, high diving (more than 5 meters), hunting, hydrospeeding (whitewater rowing), martial arts, micro lighting, car racing or motorsport (all types on land or water), motorbike scrambling or riding motorcycles in the mountains (and any kind of motorcycle riding in rough terrain), Mountain climbing (using ropes or with guides), parachuting, parasailing and paragliding (over land) , riding on a luge, river bugging, rock climbing, horse-riding or rodeo, diving with a shark (in a cage), ski diving or ski surfing, water ski jumping, whitewater canoeing, white water sledging.

- Also, the **policy** does not cover:

- Participate in any sporting activity where the organizers instructions have not been followed; or
- Any professional sporting activity
- Any kind of racing except racing on foot
- Any kind of manual work

If the Policy includes winter sports and this is shown on your Certificate of Insurance, then:

- Medical injuries caused by the following activities are automatically covered:

Skiing (including skiing on dry slopes or indoor ski centers), snowboarding, cross country skiing (skiing where a skier

relies on his movement to move across snow-covered mountains, instead of using the ski lifts or other forms of assistance), mountain / glacier walking, backcountry skiing (as long as **you** are skiing within the ski area boundaries of the ski resort and following the directions of the ski patrol), sledding, snowblading, snow tubing and tobogganing.

- The following activities are not covered by your insurance policy:

Cat-skiing, skeleton sledding, ski acrobatics, ski-flying, ski-jumping, ski-racing, ski- stunting or snowcat skiing, or riding on a luge.

- Also, the **policy** does not include:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional winter sporting activity
- Any kind of racing

Hazardous Activities

- Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, jumping ropes and canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls , cricket, deep sea fishing, football or soccer (only kids clubs in the resort), hiking, glacier walking, playing golf, High ropes activities, long walks, trekking or walking up to 4,000 meters, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating) , mountain biking, parasailing and paragliding (over water), horse hiking, rap jumping, ringo (water activity), roller skating (wearing protective gear and helmets), rowing, safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, whitewater rafting (up to three degrees of rivers), boardsailing, zipline trekking (on snow), zorbing.

The following activities are not covered:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional sporting activity
- Any kind of racing except racing on foot
- Any kind of manual work that refers to an art or practical skills that includes the idea of working with the skill of hand using different materials.

- **We** may be able to cover **you** in connection with other activities not mentioned above.

Please call **us** at +971 4 270 8705 or through the online Claims Center through the following link:

<https://www.al-nisr.com/page/travel-claims>. **You** may need to pay an additional premium.

Making a Claim

To claim:

Please contact UAE No. +971 4 270 8705 or WhatsApp +971 56 216 4563 Or through the online Claims Center through the following link:

<https://www.al-nisr.com/page/travel-claims>

You should fill in the form and send it to **us** 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 shall not be considered after the period stipulated by the Civil Law has passed.

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

* **For all claims:**

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

* **For claims related to Section 1 - Assistance:**

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

* **For claims related to Section -2 - Travel Inconvenience:**

Loss of travel documents

- Written confirmation from the consulate where the loss occurred, detailing the date of loss, notification of loss and replacing the lost item, together with the written police report.

Making a Complaint

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

In the first instance, please contact:

Customer Services Manager

Al-Nisr Al-Arabi Insurance C/O (NEXtCARE)

Eiffel Boulevard Limited Building (Eiffel 2)

1st floor, Umm Al Sheif,

Sheikh Zayed Road, P.O. No. 80864,

Dubai, United Arab Emirates,

Telephone: +971 42708705

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- Assistance (Including COVID-19 Cover)

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

* WHAT YOU ARE COVERED FOR

We will pay **you** or the **beneficiary** for the following necessary and unforeseen **emergency** expenses: if **you** die, are injured, have an **accident** or are taken ill during **your journey** (including due to COVID-19).

It is mandatory to contact **us** on the number on the provided in the **policy** as soon as possible in case **you** tested positive for COVID-19. **Your** expenses will only be settled directly to the hospital, clinic or other medical or **quarantine** facility. **We** will not cover or reimburse any expenses paid by **you** directly to the hospital, clinic or other medical or **quarantine** facility if have not been organized by **us**, unless it is for an acceptable excuse.

We will pay up to the maximum amount shown in **your** table of covers for reasonable fees or charges covered under this **policy** and **you** incur for:

• Treatment

Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your country of residence**.

• Emergency evacuation/Repatriation

Expenses for **your** return to **your country of residence** or **your** transportation to the nearest medical facility, or to the most suitable to provide the required care for **your** health condition. **You** may be accompanied by a **doctor** if deemed **medically necessary**.

• Repatriation of remains

We pay up to the maximum amount specified in the table of covers of the cost of transporting the body of the **insured person** to their **country of residence**.

• **Accommodation costs related to COVID-19 quarantine**

If **you** are placed in individual **quarantine** during the trip by order or other requirement of a government, public authority, or travel supplier based on a positive COVID-19 **epidemic/pandemic** test, **we** will cover **your accommodation costs** on direct billing, up to the maximum amount stated in the table of covers of **your policy**.

However, this does not include any **quarantine**, total closure or curfew that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where **you** are traveling to, from, or through.

* **WHAT YOU ARE NOT COVERED FOR**

- An excess of the amount shown in **your** table of covers.
- The cost of replacing any medication **you** were using when **you** began **your Journey**.
- Any condition stated under "Health declaration and health exclusions".
- Extra transport and **accommodation costs** which are of a higher standard to those already used on **your Journey**, unless **we** agree.
- Anything caused by:
 - **You** travelling in an aircraft not-licensed for passenger- carrying and **you** were aware of that.
 - **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the Jordanian civil law in force.
 - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **insured persons** are wearing crash helmets.

- Any costs incurred appear 12 months after the date of **your** death, and/ or occurs 12 months after the date of **your** injury or illness.
- Any costs for taxi fares and phone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments **you** receive within **your country of residence**.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your country of residence**.
- Medical costs over \$250, **in-patient treatment**, repatriation or express mail 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 country of residence**.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- COVID-19 in the following cases:
 - **You** travel to a destination in violation of a travel ban issued by the government of **your country of residence** or a travel ban issued by a local authority at **your** trip destination (unless such government or authority has provided exceptional permission for such travel). A travel ban does not include travel advice issued by such government or authority (for example, advice against all but essential travel to a destination).
 - When the care is not **medically necessary** according to the medical report of the attending **doctor** who diagnosed **you**.
 - Any care provided after **your** coverage ends.
 - Non-emergency care or services on which the definition of "**emergency**" as mentioned in the word definition section does not apply.

- Any test cost related to COVID-19 (PCR or any other test) is not covered.
- The consequences of exposure to any of the following factors that require a **quarantine** period or specific preventive or monitoring measures by the local and/or national health authorities of the country in which **you** are staying:
 - Chemical agents of a combat gas type.
 - **Incapacitating agents** (as explained in the "word definition" section).
 - Neurotoxic agents or agents with residual neurotoxic effects.
- **You** participate in hazardous activities other than sports and leisure activities mentioned under Sports and Leisure activities.
- Dental treatment that involves the use of precious metals

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

Section 2: Travel Inconvenience

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

- **Cost of issuing a temporary passport**

Up to the amount shown in the table of covers of **your policy** 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 country of residence**.

Visas

- **Costs of issuing a temporary visa**

Up to the amount shown in the table of covers of **your policy** 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 country of residence**.

- **WHAT YOU ARE NOT COVERED FOR**

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

Note: Any discrepancy between the Arabic and English version, the Arabic version will be considered the reference and its terms, conditions, and statements will be binding to the two signatories of the **policy**.

Signature of the Insured

Al-Nisr Al-Arabi Insurance Company

