

## Policy Terms & Conditions

Consequent upon an unforeseen event happening during the course of a journey outside the Usual Country of Residence, the Company will provide the Insured with the immediate material assistance as specified under the benefits set out in Section "Travel Assistance Services" of this Policy, provided that the event does not occur outside the Geographical Limits.

## TRAVEL ASSISTANCE SERVICES

The Company will provide these Benefits only when the Insured is traveling outside the Usual Country of Residence up to a maximum of 90 consecutive days.

## DEFINITIONS

**"The Assistance Company"** means: NILE ASSIST, the company provided by the Insurer for the purpose of supplying the covers of this policy on the Insurer's behalf.

**"Policyholder"** means: The natural or legal person who subscribes the policy with the Insurer and who is bound by the obligations arising therefore, save those which, owing to their nature, must be complied with by the Insured.

**"Insured Person"** means: • Within the validity period of the policy, the persons aged between 3 months and 85 years, whose name and address are specified in the policy, with respect to whom the premium has been paid before his/her travel and who is a permanent resident of the country where the policy was issued.

Not eligible as "Insured Person":

- Insured intending to travel more than 90 consecutive days.
- Persons of less than 3 months of age.
- Persons aged from 85 years old.
- Non-residents in the country where the policy is issued;
- Those who have initiated the trip prior to the insurance underwriting (the policy issuing).
- Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities.

**"Beneficiary"** means: Person or persons for whom the Insured recognises the right to receive the corresponding amount of compensation as outlined in this contract. Should no one have been specified, the compensation will form part of the Insured's estate.

**"Immediate Family Member"** of the Insured, means: Spouse, children, parents, grandparents and siblings.

**"Close Relative"** of the Insured, means: Spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law and brothers and sisters in law.

**"Children"** means: Persons from 3 months to 18 years old.

**"Spouse"** means: Person officially registered as wife or husband of the Insured.

**"Usual Country of Residence"** means: The country where the Insured person is a citizen or permanent resident and where the Policy is contracted by the Insurer.

**"Illness"** means: Any change in health diagnosed and confirmed by a legally recognised doctor during the life of the policy and which is not comprised or derived from either of the following two groups:

- Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
  - Pre-existing disease: the disease that the Insured suffered prior to the date of taking out this Policy, even if it wasn't diagnosed.
- "Serious Illness"** means: Any illness that requires admission to hospital and which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned, or which involves the risk of death.

**"Injury"** means: A medical problem caused by a sudden and severe external cause or reason beyond the control of the Insured, within the validity period of this Policy.

**"Serious Injury"** means: An injury which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned or involves the risk of death.

**"Accident"** means: The bodily injury suffered during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. For the purposes of this policy, the following shall also be construed to be accidents:

- Asphyxia or injuries as a consequence of gases or vapours, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- Infections resulting from an accident covered by the policy.

Injuries that are a consequence of surgical operations or medical treatments resulting from an accident covered by the policy.

**"Emergency Dental Care"** means: Any natural dental treatment covered by the policy that is contracted suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been diagnosed by dentist's report.

**"Doctor" or "Physician"** means: An officially registered medical practitioner according to the law of the place where the claim happens.

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

**Orthopaedic material or orthosis** means: Anatomical parts or items of any kind used to prevent or correct temporary or permanent distortions of the body (walking sticks, cervical collar, wheelchair, etc.).

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

**"Limit"** means: The amounts set forth in the Conditions of this Policy, Schedules of Covers and Economic Limits of each different Plan, and which represents the maximum benefit (financial, temporary or another kind) covered under each guarantee.

**"Fraudulent Claims"** means: When the Insured, beneficiary or someone acting on their behalf, uses any fraudulent means or devices in order to obtain any of the benefits of this policy, consequently, any payment of any amount in respect of such claim shall be cancelled.

**"Deductible" or "Excess"** means: The amount of expenses or the number of days which are not covered by the Insurer, and that are to be paid or supported by the Insured Person before the Policy benefits become payable.

**"Premium"** means: The price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for by this letter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.

**"Period of Insurance" or "Effective Date of Coverage"** means: The period that commences and ends on the dates stated on the Certificate of the Policy contracted. Such period of Insurance is in any case not renewable.

**"Territory"** means: Geographic area where the travel object of the contract takes place, and in which the events that occur there have coverage.

**"Means of Transport /Common Carrier"** means: It will be understood like Common Carrier which are hired to carry out the trip object of this insurance and will remain limited to the plane, ship, train, or coach, including when going into and going out of the above mentioned way of transport, and when there remains covered the Accident of the way of public transport (limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of exit or come (domestic or hotel) up to the terminal of the trip (station, airport, port).

**"Cover"** means: The Company will immediately provide the Insured, the assistance specified under the ("Coverage" clause of this Insurance Policy for mishaps that occur due to unforeseen incidents during travels outside his/her Usual Country of Residence, provided that this occurrence does not take place outside the specified geographical boundaries and does not take place out of the prescribed travel duration between the validity dates of this Policy. The scope of this Policy becomes valid when the travel causing the acquisition of this Policy ends and/or the Insured arrives at his/her Usual Country of Residence, whichever takes place first. Period of Cover granted under this Policy shall not exceed 92 consecutive days each travel.

## TRAVEL ASSISTANCE BENEFITS

The Company will provide these Benefits only when the Insured is traveling outside the Usual Country of Residence up to a maximum of 90 consecutive days.

## PERSONAL ASSISTANCE

### 1) Medical expenses and hospitalization abroad.

In the event of illness or injury of the insured occurring outside the Usual Country of Residence, The Insurer will pay the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending doctor.

The Assistance Company's medical team will maintain the telephone contacts necessary with the centre and with the doctors who attend to the Insured to supervise the provision of proper health care.

This cover is subject to a limit of **50 000 USD. 100 USD excess is applicable per claim.**

### 2) Transport or repatriation in the event of illness or accident sustained by the Insured during the course of a trip.

In the event of an accident or sudden illness, that is not pre-existing and which is acute, the Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual country of residence.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by The Assistance Company. Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

### 3) Emergency dental care

If and when found necessary, the Company will provide the Insured party with the dental assistance required abroad. However, this coverage is restricted to the treatment of pain, infection and removal of the tooth/teeth affected. This cover is subject to a limit of **500 USD. 50 USD excess is applicable per claim.**

### 4) Repatriation of the immediate family member traveling with the Insured.

Should the Insured be hospitalized due to sudden illness or accident for more than ten days or deceased, the Company will meet the cost in respect of cost of immediate family member accompanying the Insured at the moment of the event, having the same country of residence as the Insured, considering this immediate family member is unable to travel by his/her own means of transport or the means of transport used for the initial trip.

### 5) Repatriation of mortal remains.

In the event of the death of the Insured, The Assistance Company will make the arrangements necessary for his/her transport or repatriation and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence.

**Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.**

### 6) Travel of one immediate family member.

In the event that the Insured should be admitted to hospital for more than five days as a result of an accident or illness covered in the policy, the insurer will take charge of the transfer of an immediate family member at the Insured's choice, from the usual country of residence of the Insured, including meeting the cost of the outbound to the place of hospitalisation, accommodation expenses and return journey, up to a limit of **100 USD per day for a maximum of 10 days.**

### 7) Emergency return home following death of a close relative.

When an Insured's trip/journey is interrupted by the death of a close relative (spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law, brothers and sisters in law), the Company will meet the cost of travel to the usual country of residence, whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip. However, the Insured shall be required to furnish the evidence, documents or certificates of the event, interrupting the journey (death certificate).

### 8) Relay of urgent messages.

The Company will take charge of relaying the urgent messages of the insured parties, relating to any of the events covered in the policy.

### 9) Advance of bail bond.

The Company will advance funds for any legal bond required on behalf of an Insured up to 10 000 USD.

The Insured will be required to repay any sum advanced in within 45 days. The assistance company will require valid credit authorization prior to any fund advance related to such fund advance.

### 10) Advance of money.

If, during a trip abroad, the Insured were deprived of cash due to loss of credit card, the Company will advance funds on behalf of an insured up to **1 000 USD.**

The assistance company will require valid credit authorization prior to any fund related to such fund advance.

### 11) Loss of passport, driving license, national identity card abroad.

In the case of loss of the Insured party's passport, driving license, national identity card while abroad, The Company will take charge of the expenses of the displacements necessary for obtaining a new passport driving license, national identity card or equivalent consular document, up to **250 USD.**

### 12) Compensation for in-flight loss of baggage checked-in.

The Company will supplement the compensation for which the carrier is liable up to a limit of USD 1000 as a sum of both compensation payments, for the collection of baggage and possessions checked in by each insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier. Compensation payment for losses will be calculated according to the procedure recommended by international carriage by air organizations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company, with a minimum of 21 days.

Money, jewelry, debit and credit cards, and any type of document are excluded from this guarantee.

### 13) Compensation for delay in the arrival of luggage.

The Company covers the delay of minimum 8 hours in the arrival of luggage from an Airline Company affiliated to the I.A.T.A. in the event the luggage was registered, with a maximum of USD 250, for the purchase of articles of basic necessity.

In all the cases the justifying document of the occurrence of the accident certified by the Airline Company must accompany the claim.

### 14) Location and forwarding of baggage and personal effects.

The Company will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them. In the event that the aforesaid possessions should be recovered, the Company will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence. In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

### 15) Delayed departure

When the departure of the means of public transport contracted by the Insured for traveling is delayed by at least eight hours, the Company, subject to the presentation of the corresponding original invoices, shall reimburse any additional expenses incurred (transport and hotel accommodation as a result of the said delay, with the following limit 250 USD.

This guarantee duly excludes any delay that is a direct consequence of a strike called by employees belonging to the airline company and/or the departure or arrival airport for the flight or to service companies subcontracted by the same.

Also excluded from this guarantee are those delays that occur on charter or non-regular flights.

## Condition & Limitations Applicable to Delayed Departure:

- The Insured Person must obtain written confirmation from the carries or their agents of actual date and time of departure and the reasons for delay before a claim is considered under this Section of the Policy.
- Claims under this Section shall be calculated from the actual of departure of the conveyance on which the Insured Person was booked to travel, as specified in the booking confirmation.

## GENERAL EXCLUSIONS

### 1) Loss, damage, illness and/or injury directly or indirectly caused by, arising out of, and/or during, and/or in consequence of the following are excluded from the guarantee/cover granted under this Policy:

- The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions including those actions of the Insured in a state of derangement or under psychiatric treatment costs for which are themselves excluded;
- Exclusion of natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon any other type of natural disaster;
- Events arising from terrorism, rioting or crowd disturbances;
- Events or actions of the Armed Forces or Security Forces in peacetime;
- Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
- Those caused by or resulting from radioactive materials and nuclear energy;
- Those caused when the Insured takes part in bets, challenges or brawl, save in the case of legitimate defence or necessity;
- Illness or injuries existing prior to the claim, unless expressly included in the Private or Special Conditions and subject to payment of the relevant surcharge premium;
- Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
- Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting outside European territory, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is known to be dangerous;
- Participation in competitions or tournaments organised by sporting federations or similar organisations.
- Hazardous winter and/or summer sports such as skiing and/or similar sports.
- Permanent resident and students outside of resident country.
- The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopter
- Illness or injuries caused by medical practitioner appointed by the Company, can reasonably be related thereto, if the insured person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.
- Internationally and locally recognized epidemic
- Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy;
- Death as a result of suicide and the injuries or after-effects brought about by suicide and/or attempted suicide and by self-inflicted injuries.
- Illness, injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance;
- Illness or injuries arising from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical services;
- Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
- Mental Health diseases.
- Veneral sexually transmitted diseases.
- All pre-existing, congenital and/or Chronic Medical Conditions.
- Any cardiac or cardio vascular or vascular or central vascular illness or conditions or after-effects thereof or complications that, in the opinion of the medical practitioner appointed by the Company, can reasonably be related thereto, if the insured person has received medical advice or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.

### 2) In addition to the foregoing General Exclusions, the following benefits are not covered by this insurance:

- The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Assistance Company, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the Company with the vouchers and original copies of the invoices;
- Assistance or medical services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications.
- Rehabilitation treatments;
- Prosthesis, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
- Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
  - Before the insurance comes into force;
  - With the intention of receiving medical treatment;
  - After the diagnosis of a terminal illness;
  - Without prior medical authorisation, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip;
- Expenses that arise once the Insured is at his/her usual country of residence, those incurred beyond the scope of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the Agreement have elapsed or after 90 days have elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
- Any Health Services that are received as Out-of-Hospital benefits.
- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- Services that do not require continuous administration by specialized medical personnel.
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency.
- Prosthetic devices and consumed medical equipments.
- Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial fight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products, non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
- Services rendered by a medical provider relative of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
- All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperm transport.
- Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
- Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
- Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
- Any test or treatment not prescribed by a doctor.
- Diagnosis and treatment services for complications of excluded illnesses.

## تعليمات هامة

- من المعلومات والدقائق عليه صراحة بأنه بشأن هذه الوثيقة، يفيد حامل (الؤمن عليه) هذه الوثيقة بعلمه بقبول موافقته على الآتي
- صحة البيانات الواردة في هذه الوثيقة ومطابقتها للحقيقة تعتبر أساساً للمتعاق مع الشركة. أجازاً في الاعتبار أن المؤمن عليه قد أطلع على جميع التفاصيل والشروط العامة للوثيقة وافق عليها. كما إن إبقاء أية بيانات أو ذكرها على غير حقيقتها يُلغى اللزوم. في تلك التأمين المقدم من المؤمن له يجوز الشركة في كل من الالتزام بقبولها عليها تجاه هذا التعاق.
- أو حالة مرضية ناتجة عن حادث أو مرض (بما في ذلك الوثيقة) أو حادث أو مرض ناتج عن التأمين. غير معفاة تأمينياً. وأن المؤمن له عندما يتقدم طلب على التأمين أو يوافق العرض من طرفه هو الوفاء للعلاج خارج الوطن ومن ثم فإن المؤمن عليه، بقر ترحله لكافة المصاريف العلاجية (المستلزمات والأدوية) ما كان العرض من طرفه هو العلاج بالخارج دون الإخلال بصفه في العلاج في ضوء شروط وأحكام والمتطلبات الوثيقة على أي أساس / حالة مرضية طارئة تحدث أو يبيد ظهورها أثناء تواجد بالخارج
- هذه الوثيقة غير قابلة للإلغاء أو التعديل بعد بداية التأمين المبين بها.
- هذه الوثيقة لا تسري داخل جمهورية مصر العربية والوطن الأصلي للعامل المصيرين.
- فيما عدا ذلك تفيد شروط وتفاصيل واستثناءات الوثيقة كما هي بدون تعدي
- لا تسري التغطية التأمينية على حالات عدم الوثيقة أثناء وجود المؤمن له بالخارج. ويمكن تاريخ الإصدار بعد الحصول على ختم خدوم البلد المصافى إليها.
- هذه الوثيقة لا تسري داخل جمهورية مصر العربية والوطن الأصلي للعامل المصيرين والبلدان التي يحمل المؤمن عليه على إقامة ثابتة.
- لا تسري التغطية التأمينية إذا اتضح وقت صدور الوثيقة وجود المؤمن له خارج مصر.