

CUSTOMER TERMS & CONDITIONS IN LIEU OF POLICY

#:P/2/0206/11

SUMMARY OF COVER – MASTERCARD WORLD CARDS

Insurance Coverage	Maximum Benefit Amount (SAR)
Travel Coverage***	
1. Personal Accident/Travel Accident Benefits:	
Travel Accident Common Carrier - International Trips	Up to SAR 1,875,000
Travel Accident Common Carrier - Domestic Trips	Up to SAR 375,000
Travel Accident Insured Journey - International Trips	Up to SAR 562,500
Travel Accident Insured Journey - Domestic Trips	Up to SAR 281,250
2. Emergency Medical Benefits:	
Medical Expenses (Accident or Sickness)	Up to SAR 1,875,000
Emergency Medical Evacuation/Repatriation of Remains	Up to SAR 1,875,000
Hospital Confinement/Daily In-Hospital Cash Benefit	SAR 375 per Day
3. Trip Inconvenience Protection:	
Trip Cancellation	Up to SAR 28,125
Trip Interruption/Curtailment	SAR 28,125
Trip Delay	For delays in excess of 4 hours, SAR 1,125
Missed Departure	SAR 1,125
4. Luggage Protection:	
Common Carrier Loss or Damage of Baggage	Up to SAR 11,250 subject to a single item max limit of SAR 2,344
Common Carrier Baggage Delay	For delays in excess of 4hours, SAR 1,125

*** Under each of the above Accident & Health Coverage benefits, a %50 sub-limit is applicable for Spouse with a maximum of SAR 937,500 under 1. Travel Accident & Insured Journey. A %10 sub-limit is also applicable for Children with a maximum of SAR 37,500 under 1. Travel Accident & Insured Journey, a maximum of SAR 375,000 under Medical Expenses (Injury or Sickness) and a maximum of SAR 750,000 under Emergency Medical Evacuation/Return of Mortal Remains.

**TRAVEL INSURANCE
TERMS & CONDITIONS
FOR SAUDI ARABIA CARDHOLDERS**

For Customer Service in case of a medical emergency call:

Assistance Department

24 hours Assistance Departments :

000000000000 call collect

For information on how to file a claim, see "Filing a claim section"

Assistance Department

Rely on the Assistance Department when you're away from home. The Assistance Department is your guide to many important services you may need when travelling. Benefits are designed to assist You when travelling Out of Country. This is reassuring, especially when You visit a place for the first time or do not speak the language.

Please keep in mind that the Assistance Department is not insurance coverage and that You will be responsible for the fees incurred for professional or emergency services requested of the Assistance Department (for example, medical or legal bills). This benefit may reimburse you for medical related expenses (Please refer to the Travel Medical section for additional information).

The Assistance Department will provide the following services:

Pre-Departure Services

Prior to departure, the Insured Person may contact the Assistance Department who will provide information about hazardous locations, immunization requirements, passport or visa requirements, general information about weather, State Department and private service warnings about travel to certain locations. The Assistance Department will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.) if so required.

Emergency Travel Agency

The Assistance Department agrees to provide the Insured Person with 24 (twenty four) hour travel agency service for airline and hotel reservations. The Assistance Department may also arrange payment for the Insured Person airline tickets and other travel services, using the Insured Person credit cards. Prepaid ticket pickup at airline counters or delivery by mail or courier may also be arranged by the Assistance Department for the Insured Person.

General Assistance

The Assistance Department will serve as a central point for translation and communication for the Insured Person during emergencies. The Assistance Department agrees to provide to the Insured Person advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the Assistance Department will provide insurance coordination, verification of coverage under the Policy, guaranteeing payments to medical providers and based eligible benefits, a charge to the Insured Person credit card(s), coordination of payments, documentation and translation to ease claim filing when the Insured Person return to his Country of Residence.

Medical Assistance

As soon as the Assistance Department is notified of a medical emergency resulting from the Insured Person's Accident, Injury or Sickness, the Assistance Department will contact the medical facility or location where the Insured Person are located and confer with the Physician at that location to determine the best course of action to be taken. If possible and if appropriate, the Insured Person family Physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Assistance Department will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the services of a local Physician and arranging the Insured Person's Hospital confinement.

Medical Evacuation

When, in the opinion of the Assistance Department medical panel, it is judged medically appropriate to move the Insured Person to another location for treatment or return the Insured Person to his Country of Residence, the Assistance Department will arrange the evacuation, utilizing the means best suited including but not limited to air ambulance, surface ambulance, regular airplane, railroad or other appropriate means.

Repatriation of Remains

The Assistance Department agrees to make the necessary arrangements for the return of the Insured Person's remains to his Country of Residence, upon death provided the Policy was in force at the time of death.

Legal Assistance

If the Insured Person is arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to the Insured Person, the Assistance Department will, if required, provide the Insured Person with the name of an attorney who can represent the Insured Person in any necessary legal matters.

Lost Luggage or Lost Passport

If the Insured Person is outside his Country of Residence and notifies the Assistance Department that the Insured Person luggage or passport has been lost, the Assistance Department will try to assist the Insured Person by contacting the appropriate authorities involved and providing direction for replacement.

Emergency Cash Transfers and Advances

The Assistance Department may arrange for cash payments to the Insured Person through a variety of sources, including credit cards, hotels, banks, consulates and Western Union. The Assistance Department provides this service to supplement the facilities of the Insured Person's credit cards. Credit card transactions performed by the Assistance Department are subject to confirmed credit.

Disclaimer of Liability

In all cases, the medical profession or any attorney suggested by the Assistance Department shall act in a medical or legal capacity on the Insured Person's behalf only. The Assistance Department assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. The Insured Person shall not have any recourse to the Assistance Department by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting there from. The Insured Person is responsible for the cost of services arranged by the Assistance Department for the Insured Person. The Assistance Department will access the Policy and/or other insurance Policy benefits, to which the Insured Person may be entitled, and/or the Insured Person's credit cards or other forms of financial guarantees provided by the Insured Person, in order to facilitate payment for such services.

GENERAL KEY TERMS AND DEFINITIONS

Accident: means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring during a Covered Trip.

Annual Aggregate Limit: the maximum amount of benefit per Cardholder available during the policy period.

Cardholder(s): means all individuals who have been issued an Eligible Card, including secondary or additional cardholders on the same account, in the Territory and where such Eligible Card is issued by a participating Issuer.

Child or Children: means the Eligible Cardholders' son or daughter, biological offspring, stepchildren and directly and biologically related children born outside of marriage aged above 6 months and under eighteen (18) years of age (or under twenty three (23) years of age if a full time student), unmarried and primarily dependent on the Insured Person for support.

Common Carrier: means any land, sea or air travel arrangements for a scheduled tour, trip or cruise to any location pre-paid with the Eligible Card. This includes planned and pre-paid domestic trips only beyond 100km from Your City of Permanent Residence.

City of Permanent Residence: means the city in which you are residing.

Country of Permanent Residence: means the country where You are currently residing and hold a valid residency visa or where you were born there.

Covered Trip: means an Insured Person's land, sea or air travel arrangements for a scheduled tour, trip or cruise pre-paid with the Eligible Card. Covered Trip will be from the departure date to the return date as shown on the ticket purchased with the Eligible Card subject to a maximum of 180 days. This will include planned and pre-paid domestic trips from the Insured Person's City of Permanent Residence.

Eligible Card: means the MasterCard World credit or debit Cardholders' cards issued from time to time in the individual countries within the Territory.

Eligible Cardholders: means those Cardholders aged between 18 years and 69 years with Eligible Cards that are valid, open and in good standing (not cancelled, suspended or delinquent) at the time of purchase of Covered Trip who shall be entitled to receive payment or such other benefit as is provided for in this Policy.

Excess/Deductible/Elimination Period: means the amount of expenses or the number of days of each and every Loss payable by You before the Policy benefits become payable.

Family: means the Spouse and up to 3 Children.

Hospital: means a place that:

- (a) holds a valid license (if required by law);
- (b) operates primarily for the care and treatment of Sick or injured persons;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the Hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment centre.

Injury: means a bodily injury caused solely and directly by violent, accidental, external and visible means resulting directly and independently of all other causes occurring during a Covered Trip while this Policy is in effect.

Insured Person(s): means an Eligible Cardholder or other eligible person(s) who are defined as being eligible under each program's "Who is Covered" provision in this guide.

Insured Events: means an occurrence which is outlined in the Benefits as a circumstance for which coverage is provided that takes place during a Covered Trip. Insured Events include those that occur during acts of Terrorism.

Insurers/We/Us: means the Metlife AIG SABB Cooperative Insurance Company who shall be responsible for providing Travel Insurance to cardholders in their country of registration.

Issuer: means a Bank or financial institution (or like entity) that is admitted and/or authorized by MasterCard to operate a MasterCard credit card program in the Territory and is participating in the Travel Insurance offering to Cardholders.

MasterCard: means MasterCard Asia/Pacific Pte.Ltd. ("MAPPL") c/o MasterCard Worldwide Saudi Arabia

Medically Necessary: medical services or supplies which (a) are essential for diagnosis, treatment; or care of the covered loss under the applicable benefit for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; and (c) is ordered by a Physician and performed under his or her care, supervision or order.

Per Cover Limit: means the maximum amount payable under any single Cover per Cardholder during the Policy Period.

Permanent Partial Disability means a disability in which an Insured Person is forever prevented from working at full physical capability because of an Injury.

Permanent Total Disability means a disability in which an Insured Person is forever prevented from working because of Injury.

Personal Effects means spectacles, dentures, purses, wallets, cosmetics, mobile phone and other personal effects normally worn or carried on the person.

Physician: means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the country where such professional services are performed; however, such definition will exclude chiropractors, physiotherapists, homeopaths and naturopaths.

Policy: means a contract of insurance and any attached endorsements or riders issued to MasterCard.

Policy Effective Date: 1st April 2017

Policy Period: 1st April 2017 to 31st March 2018

Policy Schedule means the document which gives details such as, but not limited to, Policyholder name, benefits selected, Premiums, coverage limits, enclosed covers, extensions, exclusions and conditions.

Pre-existing Condition: for an Injury, means a condition for which medical care, treatment, or advice was recommended by or received from a Physician within a two year period preceding the Policy Effective Date, or a condition for which hospitalization or surgery was required within a five year period preceding the Policy Effective Date.

Reasonable and Customary Charges means a charge which:

- (a) Is charged for treatment, supplies or medical services Medically Necessary to treat the Insured Person's condition;
- (b) Does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (c) Does not include charges that would not have been made if no coverage existed.

Relative means a Spouse, parent, parent-in-law, grandparent, step-parent, Children, grandchild, brother, brother-in-law, sister, sister-in-law, daughter-in-law, son-in-law, fiancée, fiancé, half-brother, half-sister, aunt, uncle, niece or nephew of the Insured Person.

Sickness: means illness or disease of any kind contracted and/or commencing during a Covered Trip.

Spouse: means the Eligible Cardholders' legally married husband or wife between the ages of eighteen (18) years and sixty-nine (69) years.

Sum Insured means the maximum amount afforded to each benefit according to the Summary of Cover above.

Strike means any labour disagreement which interferes with the normal departure and arrival of a Common Carrier.

Territory: means the countries in which Eligible Cards are issued – Saudi Arabia.

Terrorism means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

War: means any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

1.1 PERSONAL ACCIDENT/TRAVEL ACCIDENT BENEFITS

(Accidental Death, Permanent Partial Disability, Permanent Total Disability)

If an Insured Person sustains an Injury resulting in an Insured Event described in the 1.1.1 PA TABLE OF BENEFITS, the Company will pay the Insured Person or his Beneficiary the compensation as stated in the 1.1.1 PA TABLE OF BENEFITS.

1.1.1 PA TABLE OF BENEFITS

The Insured Event compensation is stated as a percentage of the Principal Sum Insured

1. Accidental Death		
a	As a result of an Accident: 100%	
b	Death as a direct result of exposure to the elements of nature as a direct result of an Accident: 100%	
2. Permanent Total Disability		
a	As a result of an Accident: 100%	
b	Permanent Total Disability as a direct result of exposure to the elements of nature as a direct result of an Accident: 100%	
3. Permanent Partial Disability		
	RIGHT	LEFT
For total Loss of an upper member	70%	60%
For total Loss of the hand or forearm	60%	50%
For total Loss of a lower member above knee	60%	60%
For total Loss of a lower member at the level of the knee or below	50%	50%
For total Loss of a foot	40%	40%
For total deafness, both ears	40%	
For total Loss of visual acuity of one eye	25%	
For total Loss of visual acuity of both eyes	100%	
For total Loss of speech	100%	

Total, irremediable functional Loss of use of an organ or member shall be considered as total Loss thereof. For reduced functional use, the stated percentage shall be reduced in proportion to the lost functional use.

In case of occurrence of more than one of the Losses specified in the above PA TABLE OF BENEFITS as a result of any one accident, the total compensation payable hereunder is established by adding the compensation corresponding to each single Loss up to a maximum limit of %100 of the Principal Sum Insured.

1.1.2 SPECIFIC CONDITIONS

1. The Company will not pay for any benefit in respect of:

- (a) Permanent Total Disability, except on submission of satisfactory proof to the Company that the disability will in all probability continue for the remainder of an Insured Person's life;
- (b) More than %100 of the Sum Insured when more than one Injury arises from the same Accident;
- (c) More than one category amounting to more than %100 of the Principal Sum Insured. The benefit payable will be the highest in the appropriate category.

2. If the Insured Person sustains Permanent Total Disability and the claim in relation to that disability is admitted and accepted, the benefit will be paid and all cover under 1.1 PERSONAL ACCIDENT BENEFITS (Accidental Death, Permanent Partial Disability, Permanent Total Disability) in respect of such Insured Person shall cease.

3. The diagnosis and determination of Permanent Total Disability or any Permanent Partial Disability must be made and documented by a Physician and must be continuous and permanent for at least 12 (twelve) consecutive months from the onset of the disability. However: a) for total Loss of speech, the Loss of the ability to speak must be continuous and permanent for at least 12 (twelve) consecutive months and medical evidence must confirm permanent and total Loss of speech and all psychiatric related causes must be excluded; and b) for incurable paralysis, the Loss of use must be continuous and permanent for at least 12 (twelve) consecutive months from the onset of the paralysis.

4. If the Insured Person's existing ailment, infirmity or other abnormal physical or mental condition is aggravated by an Accident, the percentage of the Principal Sum Insured will be determined by the degree of the deterioration of the existing ailment after the Accident. The degree of ailment, infirmity or other abnormal physical or mental condition before the Accident will be determined by medical evidence.

5. If the consequences of an Accident are aggravated owing to an Insured Person's existing ailment, infirmity or other abnormal physical or mental condition, determination of the percentage of the Principal Sum Insured will be based on the consequences the Accident would have had, had such defects not existed. The foregoing shall not apply, however, if such circumstances are a consequence of an earlier Accident to the Insured Person, for which Sum Insured has been or will be paid under the Policy.

6. If an Insured Person dies of natural causes prior to the final disability assessment relating to an Insured Event, the Company will pay what reasonably would have had to be paid for such Permanent Total Disability or Permanent Partial Disability in accordance with 3.1.2 SPECIFIC CONDITIONS 1 (b).

1.1.3 SPECIFIC EXCLUSION

The Company will not be liable to pay any Sum Insured in respect of any Insured Person for any Insured Event caused by or arising directly or indirectly from any type of Sickness or bacterial infection. This exclusion shall not apply to medically acquired infections or blood poisoning, including pyogenic infections, which may result from an accidental cut or wound.

1.2 EMERGENCY MEDICAL EXPENSES – ACCIDENT & SICKNESS (Including Dental Care)

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for Covered Medical Expenses incurred during a Covered Trip for the treatment of an Injury or Sickness sustained by the Insured Person while the Policy is in effect. All expenses must be incurred within 26 (twenty six) weeks from the date the Insured Person's coverage terminates under the Policy. Dental benefits shall be limited to treatment of injuries sustained to sound natural teeth. Covered emergency dental expenses are those received within 30 (thirty) days of the time and date of the Injury.

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for emergency dental treatment to restore dental function or alleviate pain provided by a registered and legally qualified dentist. Where dentistry to restore dental function or alleviate pain is required as a result of Sickness or Injury whilst on an Covered Trip, these expenses will form part of this Insured Event's Sum Insured as stated in the Table of Benefits with a per tooth limit of SR 375 (Saudi Riyals Three Hundred and Seventy Five only).

1.2.1 SPECIFIC LIMITATION

Benefits will not be provided for any Loss or expense incurred after or upon return of the Insured Person to his Country of Residence.

1.2.2 SPECIFIC DEFINITIONS

Covered Medical Expenses means Reasonable and Customary Charges incurred during a Covered Trip by the Insured Person for services and supplies which are recommended by an attending Physician. They include:

- (a) The services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) Anaesthetics (including administration), x-ray examinations or treatments and laboratory tests;
- (d) Ambulance service;
- (e) Drugs, medicines, and therapeutic services and supplies;
- (f) Dental treatment resulting from injuries sustained to sound natural teeth subject to the Sum Insured stated in the Policy Schedule.

1.2.3 SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. Expenses which are not exclusively medical in nature;
2. Pre-existing Medical Conditions

1.3 REPATRIATION OF REMAINS

The Company will reimburse the Beneficiary, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for customary charges incurred to return the Insured Person's body to his country of choice if he dies during a Covered Trip. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation thereof.

1.4 HOSPITAL CONFINEMENT/DAILY IN HOSPITAL CASH BENEFIT

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule, a daily benefit for each day the Insured Person is an Inpatient in a Hospital due to Injury or Sickness that occurs outside the Insured Person's Country of Residence and commences while the Policy is in effect. The Period of Confinement must be recommended by a Physician.

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for travel and accommodation expenses that the Insured Person has paid or has agreed to pay under a contract and which the Insured Person cannot get back i.e. non-refundable ticket, if it is necessary and unavoidable for the Insured Person to cancel the Covered Trip as a result of the following.

1. The Insured Person dying, becoming ill or injured.
2. The death, injury or illness of a Relative, close Business Associate or a person with whom the Insured Person has booked to travel or a Relative or friend living abroad with whom the Insured Person plans to stay.
3. If the Insured Person is called for jury service (and the Insured Person requests to defer has been rejected), attending court as a witness (but not as an expert witness) or the Insured Person is put in compulsory quarantine.
4. If the police or the Insurers of the Insured Person's home needs the Insured Person to stay after a fire, flood or burglary at the Insured Person home within 48 hours before the date the Insured Person planned to leave.
5. The death, Injury or Sickness of a Relative certified as being significantly harmful to life by a Physician in the Insured Person's Country of Residence.

1.5.1 SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. The Insured Person not wanting to travel;
2. Any extra costs resulting from the Insured Person not informing their travel provider, as soon as the Insured Person knew about cancelling the Covered Trip;
3. Canceling the Covered Trip because of a medical condition or any illness related to a medical condition that the Insured Person knew about or should have known about before the start of the Policy. This applies to the Insured Person, his Relative, his Business Associate or a person the Insured Person is traveling with and any person the Insured Person was depending on for the Covered Trip;
4. Pregnancy or childbirth where the pregnancy would have been more than 28 (twenty eight) weeks at the beginning of the Covered Trip or 24 (twenty four) weeks in the case of a known multiple pregnancy (unless the pregnancy was confirmed after the date the Insured Person's travel tickets or confirmation of booking were issued) and cancellation the Covered Trip is confirmed Medically Necessary.

1.6 TRIP INTERRUPTION/CURTAILMENT

The Company will reimburse the Insured Person, subject to any Excess, against the Sum Insured stated in the Policy Schedule for travel and accommodation expenses that the Insured Person has paid or has agreed to pay under a contract and which the Insured Person cannot get back i.e. non-refundable ticket, if it is necessary and unavoidable for the Insured Person to cut short the Covered Trip and return to his Country of Residence as a result of the following.

- a) The Insured Person's death;
- b) In case of Injury or Sickness to the Insured Person, a Physician has recommended that due to the severity of the Insured Person's condition it is Medically Necessary that the Insured Person interrupts the Covered Trip. The Insured Person must be under the direct care and attendance of a Physician;
- c) Death of a Relative; or
- d) In case of Injury or Sickness of a Relative, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must interrupt the Covered Trip.

This benefit is extended to cover the cost of the most direct one-way economy airfare by a scheduled Common Carrier to return to the Insured Person's Country of Residence against the Sum Insured stated in the Policy Schedule.

1.6.1 SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. Any extra costs resulting from the Insured Person not informing their travel provider, as soon as the Insured Person knew about cancelling the Covered Trip.
2. Cutting short the Covered Trip because of a medical condition or any illness related to a medical condition that the Insured Person knew about or should have known about before the start of the Policy. This applies to the Insured Person, his Relative, his Business Associate or a person the Insured Person is traveling with and any person the Insured Person was depending on for the Covered Trip.
3. The cost of the Insured Person's original return trip if this has already been paid and the Insured Person needs to cut short the Covered Trip.

4. If the Insured Person has to cut short the Covered Trip and does not return to the Country of Residence.
5. Pregnancy or childbirth where the pregnancy would have been more than twenty eight (28) weeks at the beginning of the Covered Trip or twenty four (24) weeks in the case of a known multiple pregnancy (unless the pregnancy was confirmed after the date the Insured Person's travel tickets or confirmation of booking were issued) and cutting short the Covered Trip is confirmed Medically Necessary.

1.7 TRIP DELAY

The Company will pay the Insured Person, subject to any Excess, the Sum Insured stated in the Policy Schedule if the Insured Person's Covered Trip is delayed in Excess of the time limit stated in the Policy Schedule as a result of a Strike, Industrial Action, Inclement Weather and / or Equipment Failure. Benefits are shown in the Policy Schedule.

1.7.1 SPECIFIC DEFINITIONS

Additional Expenses means any expenses for meals and lodging which were necessarily incurred and which were not provided by the Common Carrier or any other party free of charge.

1.7.2 SPECIFIC EXCLUSIONS

The Company will not be liable to pay any Sum Insured for any delay due to a Strike, Industrial Action, Inclement Weather and / or Equipment Failure which was made public or known to the Insured Person before he booked his Covered Trip.

1.8 MISSED DEPARTURE

The Company will pay the Insured Person, subject to any Excess, the Sum Insured stated in the Policy Schedule if the Insured Person cannot reach the original departure point at the recommended time of his Covered Trip on either the outward or return journey, because Public Transportation services fail or the vehicle in which the Insured Person is travelling is involved in an Accident or breaks down.

1.8.1 SPECIFIC LIMITATIONS

It is a condition of the cover provided under this section that:

1. The Insured Person must allow enough time to arrive at his original departure point at or before the recommended time;
2. The Insured Person must get confirmation of the reason for the delay and how long it lasts from the appropriate authority.

1.8.2 SPECIFIC EXCLUSIONS

The Company will not be liable to pay any Sum Insured for claim which is the result of a Strike or Industrial Action that the Insured Person knew about before he booked his Covered Trip.

1.9 LOSS OR DAMAGE OF BAGGAGE / PERSONAL EFFECTS

The Company will reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for the replacement cost of his baggage and its contents due to theft; or misdirection by a Common Carrier while the Insured Person was a ticketed passenger on the Common Carrier during the Covered Trip.

The Company will also reimburse the Insured Person, subject to any Excess, up to the Sum Insured stated in the Policy Schedule for damage of baggage and personal effects within the baggage during the Individual Insured Period and subject to the baggage and personal effects being owned by and accompanying the Insured Person during the Covered Trip.

1.9.1 SPECIFIC LIMITATIONS

- (a) The Sum Insured payable in respect of any one article shall not exceed the Sum Insured shown on the Policy Schedule;
- (b) The Company may make payment or, at its own discretion and as it may elect, reinstate or repair articles not older than one year;
- (c) The Company may at its own discretion elect to reinstate or repair more than one year old articles or make payment subject to due allowance of wear and tear and depreciation;
- (d) Loss or damage must occur:
 - i. while the baggage or personal effect is/are in a hotel or a Common Carrier and proof of such Loss must be obtained in writing from the hotel management or the Common Carrier management and such proof must be provided to the Company; or
 - ii. as a result of theft of the baggage or personal effects provided that such Loss is reported to the police having jurisdiction at the place of the Loss no more than twenty-four (24) hours from the time of the incident. Any claim must be accompanied by written report/documentation from such police;
- (e) The Insured Person must take every possible step to ensure that the baggage or personal effects are not left unattended.
- (f) Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If, at the time of any Loss, there is another valid and collectible insurance in place, the Company will only be liable for the exceeding difference between its Sum Insured and the other insurance's Sum Insured subject to any applicable Excess.
- (g) Benefits for baggage and personal effects will be in Excess of any Sum Insured paid or payable by a Common Carrier or other third party responsible for the Loss.
- (h) Any Loss, theft or damage must be documented by a police or other local authority report or documentation and shall be obtained by the Insured Person.
 - (i) In case of Loss to a pair or set, the Company may elect to:
 - i. Repair or replace any part, to restore the pair or set to its value before the Loss; or
 - ii. Reimburse the difference between the cash value of the property before and after the Loss.
 - (j) There is a per article maximum limit stated in the Policy Schedule including but not limited to: jewellery, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur, and cameras, including related camera and video camera.

1.9.2 SPECIFIC EXCLUSIONS

The Company will not be liable to reimburse any Sum Insured for:

1. The following classes of property: animals, birds, fish, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, snow skis, household effects, antiques, computers (including software and accessories), contact or corneal lenses, artificial teeth or limbs, hearing aids, music instruments, perishables, consumables, money, securities, tickets or documents;
2. Loss or damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice;
3. Damage sustained due to any process to repair, clean or alter any property;
4. Loss of or damage to hired or leased equipment;
5. Loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by government authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulation, confiscation by order of any government of public authority or risk of contraband or illegal transportation or trade, radioactive contamination;
6. Loss or damage to laptop computers recoverable under another insurance or from another source;
7. Loss of Insured Person baggage left unattended in any vehicle or public place or as a result of the Insured Person failure to take due care and precautions for the safeguard and security of such property;
8. Loss of the Insured Person's baggage, souvenirs or articles sent in advance or mailed or shipped separately;
9. Loss of business goods or samples;
10. Loss of data recorded on tapes, cards, discs or otherwise;
11. Inherent vice or damage;
12. Transporting contraband or illegal trade;
13. Mysterious disappearance;
14. Breakage of brittle or fragile articles, cameras, musical instruments, radios and similar property.

1.10 COMMON CARRIER BAGGAGE DELAY

The Company will pay the Insured Person, subject to any Excess, the Sum Insured stated in the Policy Schedule if the Insured Person's Checked Baggage is delayed or misdirected by a Common Carrier for more than 4 hours from the time you arrive at the destination stated on your ticket, other than your final destination, until the time it arrives. Coverage for delayed Luggage is not available in the Insured Person's city of permanent residence.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitation:

If upon further investigation it is later determined that Your baggage checked with the Common Carrier has been lost, any amount claimed and paid to You under the baggage delay policy section will be deducted from any payment due You under the baggage lost policy section.

2.0 UNIFORM EXCLUSIONS

The Policy will not cover any Loss, damage or legal liability arising directly or indirectly from:

1. Pre-existing Conditions;
2. Intentionally self-inflicted injury, suicide or any such attempt while sane or insane;
3. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power; The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials;
4. Any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event, the Company, upon written notification by the Policyholder, shall return the pro rata Premium for any such period of service;
5. Loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a Physician;
6. Any Loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person;
7. Any Loss sustained while flying in any aircraft or device for aerial navigation except as a passenger; exclusions include, but are not limited to, pilot, operator or crew member;
8. Travel in, to, or through any country not in the Geographical Area;
9. Failure to obtain the required visa;
10. Any costs incurred due to fluctuation in exchange rates;
11. Any Loss incurred where payment has been made using reward schemes;
12. Any expenses incurred in the Insured Person's Country of Residence;
13. Bacterial infections except pyogenic infections which are caused by an accidental wound;
14. Hernia;
15. Flying in any aircraft owned, leased or operated by or on behalf of (a) the Policyholder or any subsidiary or affiliate of the Policyholder, or (b) an Insured Person or any of his Relatives;
16. Coverage with respect to flying is limited to Injury sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from a scheduled airline.

17. Driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving;
18. Any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus);
19. Any Loss sustained while the Insured Person is participating in any Professional Sports, Hazardous Activities or skiing whether indoor or outdoor;
20. Mental, nervous or emotional disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders, somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism;
21. An Insured Person traveling against medical advice or to seek medical attention or advice or with a terminal condition which was diagnosed prior to the Covered Trip or when he is unfit to do so;
22. Any cardiac, vascular, cardio vascular or cerebral vascular Sickness or conditions or sequelae thereof or complications that, in the opinion of a Physician appointed by the Company, can reasonably be related thereto.
23. Any medical condition related to or arising from hypertension, if the Insured Person has received medical advice or treatment (including medication) for hypertension within the two (2) years prior to the commencement of the Covered Trip;
24. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician;
25. Routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician;
26. Elective, cosmetic, or plastic surgery, except as a result of an Accident;
27. Dental care, except as a result of Injury or Sickness to sound natural teeth caused by Accident while the Policy is in effect;
28. Congenital anomalies and conditions arising out of or resulting there from;
29. Expenses incurred in connection with weak, strained or flat feet; corns, calluses, or toenails;
30. The diagnosis and treatment of acne;
31. Deviated septum, including sub mucous resection and/or other surgical correction thereof;
32. Organ transplants that competent medical professionals consider experimental;
33. Well Child care including exams and immunizations;
34. Private Hospital or medical care within the Country of Residence where public funded services or care is available.
35. Treatment provided in a government Hospital or services for which no charge is normally made;
36. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing;
37. Pregnancy and resulting childbirth, miscarriage or disease of the female reproduction organs and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child, birth control including surgical procedures and devices;
38. Sexually transmitted diseases and the conditions commonly known as AIDS or HIV and/or any related Sickness or condition including derivatives or variations thereof, howsoever, acquired or caused;
39. Travel in, to, or through Afghanistan, Cuba, Democratic Republic of Congo or Iraq.
40. Any terrorist or member of a terrorist organization, illegal drug traffickers, or purveyor of nuclear, chemical or biological weapons.

2.1 FILING A CLAIM

Notice of Service request / Claim (non-medical emergency claims on re-imburement basis)

Written notice of service request / claim must be given no later than thirty (30) days from the date of the incident. Failure to give notice to the claims department listed below, within thirty (30) days from the date of the incident may result in a denial of the claim.

Notice should be sent to:

To obtain a claim form contact:

Claims Manager

Office Timings: 9:00am to 5:00pm (Arabian Standard Time), from Sunday to Thursday Languages Supported: English / Arabic

The following procedures should be followed :

1. You (cardholder) or the beneficiary or someone legally acting on behalf of either, must notify us as required in the Claim Notification Period, or your claim may be denied - Upon receipt of a notice of claim, the Insurance Company, will take necessary details from the claimant along with instructions;
2. Submit all Required Information (proof of loss etc.), as outlined in this section no later than the Submission Period. Please note, there may be additional information requested at times in order to process your claim. It is your responsibility to provide this information or the claim may not be processed.

For assistance with filing a claim, please contact the numbers listed above.

General Claims Notifications

The Insured Person shall submit to medical examination at the expense of the Company as often as shall be required in connection with any claim. Any report generated as a result of such examination shall be the property of the Company and shall be deemed to be confidential information of the Company.

- Medical Treatment shall be sought and followed promptly on the occurrence of an Injury or Illness and the Company shall not be liable for that part of any claim which in the opinion of a Medical Practitioner arises from the unreasonable or willful neglect or failure of any Insured Person to seek and remain under the care of a qualified Medical Practitioner.
- All claims arising from criminal incidents are to be supported and accompanied by a certified police report.
- The due observance and fulfillment of the Policy insofar as it relates to anything being done or complied with by the Insured Person, shall be a condition precedent to liability to make any payment under this Policy.

- The Company shall have the right to access any current or prior medical records of the Insured Person in order to finalize and/or proceed with the assessment of a claim and/or render medical assistance. By virtue of this clause, the Insured Person shall be deemed to have given the Company written consent to access any of the Insured Person's current or prior medical records.
- No amount payable in terms of this Policy shall bear any interest.

TRAVEL ACCIDENT & INSURED JOURNEY CLAIMS:

Common Carrier – International Trips / Common Carrier Domestic Trips / Insured Journey – International Trips / Insured Journey Domestic Trips Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than ninety (90) days from the date of Claim Notification. Required Information (proof of loss):

- Completed documentation including a death certificate and/or attending physician statement or autopsy report;
- Transaction verification confirming the full passenger fare for the Covered Trip had been charged to the eligible card, including copies of Common Carrier ticket(s) and receipts;
- Your cardholder's statement of account showing the account is open and in good standing at the time of filing the claim.

TRAVEL MEDICAL BENEFIT CLAIMS:

Medical Expenses (Injury or Sickness) / Emergency Medical Evacuation & Return of Mortal Remains / Daily In-Hospital Cash Benefit

Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than ninety (90) days from the date of Claim Notification. Required Information (proof of loss):

- Medical report detailing history and nature of injury or sickness together with original medical receipts;
- Transaction verification confirming the full passenger fare for the Covered Trip had been charged to the eligible card, including copies of Common Carrier ticket(s) and receipts;
- Hospital Admission/ Discharge Card (for hospital cash benefits)
- Copy of the passport including Entry and Exit Stamps

TRIP INCONVENIENCE PROTECTION CLAIMS:

Trip Cancellation / Trip Curtailment / Trip Delay / Missed Connection

Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than ninety (90) days from the date of Claim Notification.

Trip Cancellation / Trip Curtailment

- Documentation detailing the reason for cancellation or curtailment, including evidence of the nature of Serious Injury or Sickness such as copies of: medical evidence reports, attending physician statements, and related documentation;
- Transaction verification confirming the full passenger fare for the Covered Trip had been charged to the eligible card, including copies of Common Carrier ticket(s) and receipts;
- Receipts of refunded amount / confirmation on non-refundable amount incurred due to the cancellation / curtailment

Trip Delay / Missed Connection

- Copy of Ticket & Boarding Pass
- Letter from the Airline Authorities certifying about the delay / missed connection
- Transaction verification confirming the full passenger fare for the Covered Trip had been charged to the eligible card, including copies of Common Carrier ticket(s) and receipts.

LUGGAGE PROTECTION CLAIMS:

Lost Baggage / Baggage Delay

Claim Notification Period: Within ninety (90) days from the date of loss.

Submission Period: No later than ninety (90) days from the date of Claim Notification. Required Information (proof of loss):

- Copies of the notification and reporting filed with the Common Carrier and all related correspondence, Property Indemnity Report (PIR) - form must include flight number, vessel number, or bill of lading and baggage check number;
- Details of the amounts paid (or payable) by the Common Carrier responsible for the loss, description of contents, cost determination of contents and all other appropriate documents and correspondence;
- Declaration list of lost items – as declared to the airlines.
- Confirmation from the airlines that the baggage is declared lost and cannot be located

LAW & JURISDICTION

This Policy will be governed by the laws and subject to the jurisdiction of the Kingdom of Saudi Arabia and its courts shall have exclusive jurisdiction to the exclusion of the courts of any other country.

Claims Manager

MetLife - AIG - SABB Cooperative Insurance Company

Al-Ibdaa Tower - King Fahad Road - Olaya District