

TRAVEL INSURANCE POLICY WORDING - TERMS AND CONDITIONS

ARTICLE 1 - IMPORTANT INFORMATION

This policy does not cover everything. The policy holder should read this policy carefully including the policy's general exclusions and the specific exclusions for each benefit.

Under some sections of this policy, the policyholder must pay excess. That means that the policyholder will be responsible for paying the first part of the claim for each insured person, for each section, for each claim incident. The amount the policyholder has to pay is the excess.

ARTICLE 2 - DEFINITIONS

“Insurer” or “The Company”: The Insurance Company registered and authorized in the in the country in which this insurance policy is issued and subscribed

“The Assistance Company”: Gulf Assist, the company provided by the reinsurer for the purpose of supplying the covers of this policy, directly or by means of its network, on the reinsurer’s behalf.

“Policyholder”: 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”: Within the validity period of the policy, the person aged between 3 months and 75 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 resident of the country where the policy was issued.

There are not eligible as “Insured Person” the following persons:

- a) Insured intending to travel more than 90 consecutive days.
- b) Persons of less than 3 months of age.
- c) Persons aged from 75 years old, except in case a specific Plan including such cover for persons aged from 75 years is contracted.
- d) Non-residents in the country where the policy is issued;
- e) Those who have initiated the trip prior to the insurance underwriting.
- f) 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”: 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: Spouse, children, parents, grandparents and siblings.

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

“Children”: Persons from 3 months to 18 years old.

“Spouse”: Person officially registered as wife or husband of the Insured.

“Usual Country of Residence”: The Country where the Insured person is legal resident and where the Policy is issued by the Insurer.

“Illness”: 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:

- a. Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy, even if it wasn’t diagnosed or known.
- b. Pre-existing disease: the disease that the Insured suffered prior to the date of taking out this Policy, even if it wasn’t diagnosed or known.

“Serious Illness”: Any illness with the conditions described above, 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”: 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, during the trip.

“Serious Injury”: An injury with the conditions described above 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”: 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:

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

“Emergency Dental Care”: Any natural dental treatment covered by the policy due to a condition suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been documented by dentist’s report.

“Doctor” or “Physician”: An officially registered medical practitioner according to the law of the place where the claim happens.

“Osteosynthesis material”: 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: Anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, wheelchair, etc.).

“Prosthesis”: 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”: 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”: 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”: 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”: The price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for the Insured by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.

“Period of Insurance” or “Effective Date of Coverage”: 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”: 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”: 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. Equally 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 (domicile or hotel) up to the terminal of the trip (station, airport, port).

“Dangerous activities”: activities involving possible injury, harm, or death: characterized by danger or : able or likely to cause injury, pain, harm, death, etc.

ARTICLE 3 - OBJECT AND SCOPE OF THE POLICY

By virtue of this contract the Company will immediately provide the Insured, the assistance specified under the “Coverage” clause of this Insurance Policy for accidents 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 void 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.

The period of cover granted under this policy shall not exceed 92 consecutive days each travel.

Travel medical insurance shall cover any expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment or death, only for the duration of the applicant’s stay(s) on the territory of the Member States and not throughout the validity of the visa.

The benefits guaranteed under the policy shall be provided, in every case, according to the terms and conditions set forth in the policy and in keeping with the specific guarantees that have actually been contracted.

ARTICLE 4 - TRAVEL ASSISTANCE BENEFITS

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

SECTION A: MEDICAL & EMERGENCY ASSISTANCE

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 provided by the referred plan.

USD 100 excess is applicable per claim.

Special Conditions Relating to COVID-19:

- Travellers need to have a PCR negative test dated not more than 72 hours before departing for each trip conducted, regardless of the duration of the issued policy.
- Insured's age: up to 75 Years.
- Groups exceeding 10 members travelling together are excluded from the cover.
- Mandatory and voluntary COVID-19 tests are not covered.
- Excluding voluntary tests, voluntary admission, and out-patient medicine expenses.
- Cover is applicable only in case of emergencies and where the doctor warrants an admission in a hospital for treatment.
- Cover is applicable only outside of country of residence

Emergency Medical Evacuation

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.

This cover is subject to a limit provided by the referred plan.

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 provided by the referred plan.

USD 50 excess is applicable per claim.

Repatriation of Mortal Remains

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

This cover is subject to a limit provided by the referred plan.

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

Repatriation of Family Member Travelling 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 of repatriating one immediate family member accompanying the Insured at the moment of the event, to his usual place of residence, when the latter is placed in the same country of residence of the Insured, and provided 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.

This cover is subject to a limit provided by the referred plan.

Emergency Return Home Following Death of 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).

This cover is subject to a limit provided by the referred plan.

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 provided by the referred plan.**

SECTION B: PERSONAL ASSISTANCE BENEFITS - 24 Hours Assistance

Services Medical Assistance

As soon as the Assistance Company is notified about a medical emergency resulting from the Insured's accident or illness, the Assistance Company will contact the medical facility or location where the Insured is placed and confer with the Physician at that location of the Insured to determine the best course of action to be taken.

If possible and if deemed appropriate by the Assistance Company, the Insured's Physician will be contacted to in order to have a better knowledge of the medical conditions of the Insured, The Assistance Company will then analyse the situation and recommend the most appropriate way of providing the assistance benefits, as well as arranging hospital admission of the Insured where, in discretion, of The Assistance Company is appropriate.

Delivery of Medicines

The Insurer will cover the expenses of sending medicines, in case of emergency, which are prescribed by the Doctor of the Insured, even if this prescription is previous to the trip, and are not available at the place where she/he is staying.

This cover is subject to a limit provided by the referred plan.

The costs of the medicines are excluded from this guarantee.

Advance of Bail Bond

The Company will advance funds for any legal bond required on behalf of an Insured **up to the amount provided by the referred plan.**

The Insured will be required to repay such sum as may have been advanced within 45 days. The Assistance Company will require valid credit authorisation prior to any such fund advance

Legal Defence (Not Traffic)

The Insurer shall assume the legal direction for dealing with the claim of the injured party, as well as the legal defence expenses thus incurred. The Insured must provide the collaboration necessary to facilitate the legal direction assumed by the Insurer. Where the Insured appoint their own defence, the legal expenses thus incurred shall be exclusively on their account.

- The aforementioned benefits shall also be forthcoming in the event of criminal prosecutions brought against the Insured, provided these stem from the exercise of the activity that is the object of the policy, subject to the prior consent of the defendant. Where the Insured appoint their own defence, the costs and expenses thus incurred shall be exclusively on their account.

- Where, in the court proceedings brought against the Insured, a guilty verdict should be forthcoming, the Company shall decide whether to appeal before the pertinent higher court. Should the Company decide not to appeal, it shall communicate this fact to the Insured, who shall then be free to lodge an appeal, while assuming any expenses thus incurred. Nonetheless, in this latter case, should the appeal thus lodged produce a sentence favourable to the interests of the Insurer, reducing the indemnity it has to disburse, it shall be obliged to assume any expenses incurred in the said appeal.

- In case of some conflict between the Insured and the Insurer, as a result of the latter holding interests in the loss contrary to the defence of the Insured, the Insurer shall inform the Insured of this fact, without this affecting the fulfilment of those procedures that, given their urgent nature, prove necessary for the defence. In such an event, the Insured may choose between the Insurer maintaining the legal direction or entrusting the defence to another person. In this latter case, the Insurer shall be obligated to satisfy the expenses of the said legal direction, up to the limit established for this coverage.

- Where an amicable agreement is reached with regard to the civil liability, the assumption of the criminal defence of the Insured by the Company is optional and always requires the prior consent of the defendant.

- In the event that the aforementioned legal expenses, when added to the indemnity satisfied, should exceed the limit of the sum insured per loss, the Insurer shall assume the amount in excess of the said limit, provided that they are legal actions brought before Spanish courts.

In the event of expressly taking out an extension of the territorial scope of the policy cover, and the actions should be brought before foreign courts, the maximum amount for which the Insurer shall in any case be liable – the sum of the indemnity and the legal expenses – is the amount established in the policy as the limit of indemnity per loss.

Hijacking

The insurer will pay the Insured a distress compensation up to the limit provided by the referred plan for every 24 hours during which any common carrier in which the beneficiary is travelling has been hijacked.

This cover is subject to a limit provided by the referred plan.

SECTION C: LOSSES & DELAYS BENEFITS

Loss of Passport, Driving License, National Identity Card Abroad

In case of loss of the Insured's passport, driving license, national identity card while abroad, the Company will take charge of the expenses of the replacements necessary for obtaining a new passport driving license, national identity card or equivalent consular document.

This cover is subject to a limit provided by the referred plan.

Compensation for In-Flight Loss of Checked-In Baggage

The Company will supplement the compensation for which the carrier is liable up to a limit provided by the selected Plan, 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 loss will be calculated according to the procedures recommended by international carriage by air organisations.

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 shall not be less than 21 days.

This cover is subject to a limit provided by the referred plan.

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

Compensation for Delay in the Arrival of Luggage

In the event of a delay of more than 4 hours in delivering the baggage checked in, since the arrival of the flight on an IATA Member Airline, the Company will cover **up to a limit specified by the selected plan for each Insured person**, to purchase prime necessity items (those that are indispensable while the Insured awaits the arrival of the delayed baggage), provided that the relevant original copies of the invoices are furnished.

This cover is subject to a limit provided by the referred plan.

All such claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

Delayed Departure

When the departure of the common carrier contracted by the Insured for travelling is delayed by at least 4 hours, the Company, subject to presentation of the corresponding original invoices, shall reimburse additional expenses incurred (transport and hotel accommodation, as well as meals) as a result of the said delay, with the following limits in accordance with the Schedules in the Plan selected:

1) Plan TRAVELLER : Worldwide & Worldwide I

- Up to USD 250, for delays in excess of four but less than twelve hours;
- Up to USD 500, for delays in excess of twelve but less than eighteen hours;
- Up to USD 750, for delays in excess of eighteen but less than twenty four
- hours; Up to USD 1000, for delays in excess of twenty-four hours.

2) Plan PEARL : Worldwide & Worldwide I

- Up to USD 125, for delays in excess of four but less than twelve hours;
- Up to USD 250, for delays in excess of twelve but less than eighteen hours;
- Up to USD 375, for delays in excess of eighteen but less than twenty four
- hours; Up to USD 500, for delays in excess of twenty-four hours.

3) Plan FAMILY : Worldwide & Worldwide I

- Up to USD 125, for delays in excess of four but less than twelve hours;
- Up to USD 250, for delays in excess of twelve but less than eighteen hours;
- Up to USD 375, for delays in excess of eighteen but less than twenty four
- hours; Up to USD 500, for delays in excess of twenty-four hours.

4) Zone 1 & Zone 2

- Up to USD 500, for delays in excess of twelve hours but less than eighteen hours

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 airports 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.

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.

Conditions and Limitations applicable to section C:

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

SECTION D: PERSONAL ACCIDENT BENEFITS

Death in Common Carrier

Insurance covers accidents that the Insured may suffer at the means of transport used during the trip, including public means of transport (taxis, buses, minibuses, coaches) used by the Insured to get from his usual place of residence to the boarding point (airport, sea port, bus station) and from the point of arrival to the place of accommodation, as well as the return journey under the same conditions.

The indemnity limit for each cover is that provided at the Plan selected of the Policy or at the Individual Insurance Certificate.

The indemnity limit for all Insured affected by the same accident is USD 500,000 (five hundred thousand USD), regardless the number of Insured persons or policies involved.

Permanent Disability

This shall be deemed to consist of the permanent anatomic loss or lack of functionality or limbs or organs as a result of an accident. The amount of the indemnity shall be determined by applying to the Sum Insured the percentages established in the following Injury Table:

Injury Table	Percentage of Indemnity
Head and nervous system	
• Complete mental derangement	100
• Maximum expression of epilepsy	60
• Total blindness	100
• Loss of one eye or the sight thereof, where the other had previously been lost	70
• Loss of one eye, while conserving the other, or reduction of binocular vision to 50%	25
• Operated bilateral traumatic cataract	20

• Operated unilateral traumatic cataract	10
• Total deafness	50
• Total deafness in one ear, having previously lost hearing in the other	30
• Total deafness in one ear	15
• Total loss of sense of smell or taste	5
• Total mutism with impossibility of emitting coherent sounds	70
• Ablation of the lower jaw	30
• Grave disorders in the articulations of both jawbones	15
Spine	
• Paraplegia	100
• Quadriplegia	100
• Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of	20
• Barré-Lieou syndrome	10
Thorax and Abdomen	
• Loss of a lung or a reduction to 50 per cent of lung capacity	20
• Nephrectomy	10
• Enterostomy	20
• Splenectomy	5
Upper Limbs	
• Amputation of an arm from the articulation of the humerus	100
• Amputation of an arm at the level of, or above, the elbow	65
• Amputation of an arm below the elbow	60
• Amputation of a hand at the level of, or below, the wrist	55
• Amputation of four fingers of a hand	50
• Amputation of a thumb	20
• Total amputation of an index finger or two joints thereof	15
• Total amputation of any other finger or two joints thereof	5
• Total loss of movement of a shoulder	25
• Total loss of movement of an elbow	20
• Total paralysis of the radial, cubital or median nerve	25
• Total loss of movement of a wrist	20

Pelvis and Lower Limbs	
• Total loss of movement of a hip	20
• Amputation of a leg above the knee	60
• Amputation of a leg, while conserving the knee	55
• Amputation of a foot	50
• Partial amputation of a foot, while conserving the heel	20
• Amputation of a big toe	10
• Amputation of any other toe	5
• Shortening of a leg by 5 cm or more	10
• Total paralysis of the external popliteal sciatic nerve	15
• Total loss of movement of a knee	20
• Total loss of movement of an ankle	15
• Serious walking difficulties subsequent to the fracture of one of the heel bones	10

Applying the table of injuries shall be governed by the following principles:

- a. When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent, except in case of a hand amputation related to a foot amputation.
- b. In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
- c. The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.
- d. The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e. The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.
- f. Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- g. Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.
- h. In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing Disability and that present after the accident.

For the purposes of the definitive indemnity, the degree of disability shall be determined by the Insurer whenever the Insured's physical condition is medically recognised as being definitive and the corresponding medical certificate of incapacity is provided. Where twelve months pass from the date of the accident, without the above being established, the Insured may request from the Insurer a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.

Should the Insured not accept the Insurer's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:

a. Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he shall be obligated to do so within eight days of the date on which the party who had done so requires him to comply; should the former still not name anyone within this period, it shall be taken that he accepts the report issued by the other party's appraiser and he shall be duly bound by it.

b. Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of indemnity proposed.

c. Where no agreement between the medical experts is forthcoming, both parties shall agree on the designation of a third appraiser. Should this agreed designation not prove possible, this shall be incumbent on the competent Judge corresponding to the Insured's address, under the Insured's country Law of Civil Procedure.

Permanent Total Disability

In the event of suffering permanent disablement as a consequence of bodily injuries sustained in an accident on a public means of transport while the Insured was on a trip, the Company shall pay the Beneficiary up to the sum insured duly established in the Specific or Special Conditions. For the purposes of the policy, disablement shall be taken to mean the anatomic loss or lack of functionality of limbs and organs, as a consequence of bodily injuries that stem from an accident suffered while the Insured was away on some trip.

For the purposes of the policy, a public means of transport shall be taken to mean that contracted for the trip covered by the policy, limited to a plane, ship, train or coach, including boarding and alighting from said means of transport. Likewise considered a public means of transport (limited to taxi, chauffeur-driven rental car, tram, bus, train or underground train) shall be that used for transportation directly from the departure or arrival point (home or hotel) to the terminal in question (station, airport, port). The amount of the indemnity shall be determined by applying to the insured sum – duly established in the Specific or Special Conditions – the percentages set forth in the above injury table. In calculating the said percentages, neither the Insured's profession or age, nor any other factor alien to the scale, shall be considered.

Applying the table of injuries shall be governed by the following principles:

- a) Those types of disablement not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- b) In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing disablement and that present after the accident.
- c) When the injuries affect the non-dominant upper limb, the left of a right-handed person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent.
- d) Partial limitations and anatomic losses shall be indemnified pro-portionally, with respect to the total loss of the affected limb or organ. The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- e) The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.

The accumulation of all the disablement percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.

Recognising the right to this guarantee corresponds exclusively to the Company, which shall verify the degree of disability suffered by the Insured. To this end, following examination by a doctor who declares the condition to be definitive, the Company shall assess the Insured's physical condition using the medical reports which confirm the disability in question and which the Insured undertakes to furnish when required.

Where twelve months pass from the date of the accident, without the Company being able to assess the Insured's physical condition, the latter may request a further period of up to twelve months more. Following this period, the Company shall determine whether or not a disability exists and, if so, what degree of disability shall be deemed definitive for the purposes of the policy. Should the Insured not accept the assessment of their

condition by the Company, they may call upon the mediation services of an expert appraiser, as provided for under Article 38 of the Insurance Contract Act. Each party shall satisfy the fees of its own appraiser. Those of the third appraiser and all other expenses arising from the appraisal evaluation shall be divided equally between the Insured and the Company. However, should either of the parties have made it necessary to seek such mediation, due to having made a manifestly disproportionate assessment of the injuries, that party shall be solely liable for the said expenses.

Specific Exclusions for Personal Accident

In addition to the General Exclusions to all the guarantees of this policy described at the end of these General Conditions, the Insurer does not cover the consequences originated or produced by the following:

- a) Bad faith on the part of the Insured or those intentionally caused by the same, except where the damage was sustained in order to avoid something worse.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances. As well as damage caused during the course of strikes.
- c) Events or actions of the Armed Forces or Security Forces in peacetime.
- d) Extraordinary 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.
- e) Fall of sidereal bodies and meteorites.
- f) Those derived from radioactive nuclear energy.
- g) Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defence or necessity.
- h) Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
- i) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0,50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
- j) Intoxication or poisoning from the consumption of foodstuff.
- k) Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
- l) Accident as a result of any kind of loss of consciousness, illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms.

The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

Unless expressly included in a specific Plan and subject to payment of the relevant surcharge Premium, the consequences of the following are excluded from the guarantee object of this contract:

- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, mountaineering, alpinism, 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 notoriously dangerous.

- b) Participation in competitions or tournaments organised by sporting federations or similar organisations.
- c) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters.

Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

SECTION E: CANCELLATION AND CURTAILMENT

Reimbursement of the Cancellation Expenses of the Trip

This cover shall be valid from the date the insurance policy is taken out, and shall terminate on boarding the means of public transportation used to travel. This policy only covers incidents occurring after taking out the insurance and before embarking on the journey stated in the policy.

Up to the limit duly established in the Specific or Special Conditions, the Company shall reimburse the cost of cancelling the contracted trip, charged to the Insured in application of the general sales conditions of their provider, provided that the trip is cancelled before it actually starts and this is for one of the following reasons arising subsequent to taking out the insurance, which impedes undertaking the trip on the contracted dates:

1. For serious illness, serious bodily injury or death of the Insured or of their relatives.
2. For serious damage to their usual or secondary residence or owned or rented business premises that renders them uninhabitable or at serious risk of further damage occurring, thus making the Insured's presence there essential.

DOCUMENTS NECESSARY TO CLAIM FOR PAYMENT OF CANCELLATION FEES

To process the claim, the Insured must provide the following documents:

1. Document certifying that the incident occurred (doctor's report, death certificate, police report, etc.). This document must reflect the date on which the incident occurred (hospitalisation, death, damage etc.).
 2. List of the services hired for the trip (accommodation, flights, etc.) and receipt of payment for the same.
 3. Cancellation conditions of said services and proof of their cancellation.
 4. Invoice of the cancellation costs or payment note for the costs that are not included in the cancellation costs".
- It is essential that the expenses for cancelling the trip are duly reflected in the required documentation outlined above.

SPECIFIC EXCLUSIONS CANCELLATION

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- **Travel or vaccination contraindication, or the impossibility of continuing recommended preventive medical treatment in certain destinations.**
- **Locally and internationally recognised epidemics and/or pandemics (unless stated within this policy).**
- **Non-emergency dental treatments and rehabilitation treatments.**
- **The refund of expenses covered by this policy that the Insured can recover from the transport company, tour operator or authorised travel agent or from any other contracted supplier.**

– The costs of transport or accommodation that have been paid for by the transport company, tour operator or authorised travel agent.

Early Return Due to Serious Family Matter

Whenever the Insured is forced to curtail a trip, due to the death of a relative or due to the hospitalisation of a relative for more than 5 days, the Company shall arrange the return to their usual place of residence or to the place of interment or hospitalization in the Insured's usual place of residence, provided they are unable to travel by their own means of transport or that hired to undertake the trip.

The Insured must furnish all documentary proof or certificates relating to the event that led to the interruption of the journey (death certificate, medical report, etc).

Curtailment Expenses

In case the Insured's trip is curtailed or interrupted the Company shall reimburse the cost of interrupting the contracted trip, charged to the Insured in application of the general sales conditions of their provider, provided that the trip is curtailed for one of the following reasons:

1. For serious illness, serious bodily injury or death of the Insured or of their relatives.
2. For serious damage to their usual or secondary residence or owned or rented business premises that renders them uninhabitable or at serious risk of further damage occurring, thus making the Insured's presence there essential.

DOCUMENTS NECESSARY TO CLAIM FOR PAYMENT OF CURTAILMENT EXPENSES

To process the claim, the Insured must provide the following documents:

1. Document certifying that the incident occurred (doctor's report, death certificate, police report, etc.). This document must reflect the date on which the incident occurred (hospitalisation, death, damage etc.).
 2. List of the services hired for the trip (accommodation, flights, etc.) and receipt of payment for the same.
 3. Cancellation conditions of said services and proof of their cancellation.
 4. Invoice of the cancellation costs or payment note for the costs that are not included in the cancellation costs".
- It is essential that the expenses for cancelling the trip are duly reflected in the required documentation outlined above.

SECTION F: PERSONAL CIVIL LIABILITY

Personal Liability due to Material Damages to Third Parties

This coverage provides for the economic consequences stemming from any Extracontractual Civil Liability attributable to the Insured, according to law, throughout the effective period of the policy, in relation to material or pecuniary damages caused involuntarily to third parties, whenever the Insured is travelling on a trip duly covered by the policy.

The policy guarantees payment of any indemnities for which the Insured may be held liable, as well as the judicial and extrajudicial expenses stemming from the defence of the Insured – provided that the Insurer assumes the legal direction for dealing with the claim – and the deposit of the judicial bonds required to cover any civil liabilities determined in the said proceedings, all in accordance with the conditions, limits and exclusions set forth in this contract.

The guarantee of civil liability for the person insured by this guarantee is that which arises from the following risks, events and circumstances:

- In their capacity as HEAD OF A FAMILY, for the acts or omissions of those persons for whom they are responsible.
- For the PRACTICE OF SPORTS, on an amateur basis.
- For the use of VESSELS, exclusively propelled by oars or pedals.
- For the use of NON-MOTORISED VEHICLES, such as bicycles, skateboards and any vehicle of similar characteristics to those mentioned.

As the leaseholder or user of a dwelling or room, whenever such use is not permanent, but always provided it serves exclusively as a residence for the Policyholder.

This coverage is likewise extended to civil liability stemming from the existence – at the Insured's temporary residence – of a garage, swimming pool, garden, transformers, boilers, individual TV aerials and suchlike.

Personal Liability due to Physical Damages to Third Parties

This coverage provides for the economic consequences stemming from any Extracontractual Civil Liability attributable to the Insured, according to law, throughout the effective period of the policy, in relation to bodily injuries caused involuntarily to third parties, whenever the Insured is travelling on a trip duly covered by the policy.

The policy guarantees payment of any indemnities for which the Insured may be held liable, as well as the judicial and extrajudicial expenses stemming from the defence of the Insured – provided that the Insurer assumes the legal direction for dealing with the claim – and the deposit of the judicial bonds required to cover any civil liabilities determined in the said proceedings, all in accordance with the conditions, limits and exclusions set forth in this contract.

The guarantee of civil liability for the person insured by this guarantee is that which arises from the following risks, events and circumstances:

- In their capacity as HEAD OF A FAMILY, for the acts or omissions of those persons for whom they are responsible.
- For the PRACTICE OF SPORTS, on an amateur basis.
- For the use of VESSELS, exclusively propelled by oars or pedals.
- For the use of NON-MOTORISED VEHICLES, such as bicycles, skateboards and any vehicle of similar characteristics to those mentioned.

As the leaseholder or user of a dwelling or room, whenever such use is not permanent, but always provided it serves exclusively as a residence for the Policyholder.

This coverage is likewise extended to civil liability stemming from the existence – at the Insured's temporary residence – of a garage, swimming pool, garden, transformers, boilers, individual TV aerials and suchlike.

Missed Departure

In case the Insured cannot reach the original departure point of the trip on the outward or final return journey, as a result of public transport services failing (due to poor weather conditions, a strike, industrial action or a mechanical breakdown) or the vehicle the Insured is travelling in being stuck in traffic, involved in an accident or having a mechanical breakdown. (This would not include the Insured's vehicle running out of petrol, oil or water, having a flat tyre or flat battery), the Company will pay up to the amount shown Particular or Special Conditions for the extra reasonable costs of travel and accommodation the Insured needs need to continue the trip.

The Insured must:

1. Leave enough time to arrive at the departure point at or before the recommended time.
2. Get confirmation of the reason for the delay and how long it lasts from the appropriate authority.
3. Give evidence that the vehicle was properly serviced and maintained and that any recovery or repair was made by a recognised breakdown organisation (if the claim is about the Insured's vehicle suffering a mechanical breakdown).

SPECIFIC EXCLUSIONS PERSONAL LIABILITY

In addition to the General Exclusions to all the cover sections of this policy, this cover shall not be provided for the following cases and their consequences:

- Compensation for material damages caused to property belonging to employees and personnel dependent on the Insured.
- Claims lodged for asbestosis or any disease, including cancer, attributable to the manufacture, production, transformation, assembly, sale or use of asbestos or products that contain it.
- Those economic losses stemming from the Insured's activity as an officer, director or executive in a private firm, association or club, or a company trustee or administrator.
- The civil liability arising from some industrial or commercial exploitation, the exercise of some remunerated profession or service, or posts or activities in associations of any kind, even where they are performed on an honorary basis.
- Claims stemming from work accidents suffered by personnel dependent on the Insured.
- Liabilities for damages caused, directly or indirectly, by any disturbance of the natural state of the air, of inland, marine or subterranean waters, of the soil and subsoil, and, in general, of the environment, produced by:
 - Emissions, dumping, injections, deposits, leaks, releases, escapes, spillage or seepage of contaminant agents.
 - Radiation, noise, vibration, smells, heat, temperature alterations, electromagnetic fields or any other kind of waves.
 - Toxic or contaminant fumes produced by a fire or explosion.
- Payment of penalties and fines of any kind.
- Responsibilities for damages caused by the use and circulation of motor vehicles or boats.
- Claims for damages caused by any aircraft or aircraft intended for air navigation or for damages caused to them.
- Obligations assumed under an agreement, which would not be legally enforceable in the absence of such agreements.
- Those economic losses that are not the result of bodily or material damage covered by the Policy, as well as economic losses resulting from bodily or material damage not covered by the Policy.
- The practice of the following sports or activities: motorsports, hunting, motorcycling, diving and any form of aerial sports.

ARTICLE 5 - GENERAL EXCLUSIONS TO ALL BENEFITS

The following exclusions apply to all sections of the policy:

- 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:**
 - a) 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;
 - b) Extraordinary 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;
 - c) Events arising from terrorism, mutiny or crowd disturbances;
 - d) Events or actions of the Armed Forces or Security Forces in peacetime;
 - e) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
 - f) Those caused by or resulting from radioactive materials and nuclear energy;

- g) Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimatedefence or necessity;
- h) Illness or injuries existing prior to the claim, unless expressly included in the Private or SpecialConditions and subject to payment of the relevant surcharge premium;
- i) Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
- j) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, mountaineering, alpinism 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 a dangerous one.
- k) Participation in competitions or tournaments organised by sporting federations or similar organisations.
- l) Hazardous winter and/or summer sports such as skiing and/or similar sports.
- m) Permanent residents and students outside of country of residence.
- n) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters; and,
- o) The accidents deemed legally to be work or labour accidents, consequence of a risk inherent to the work performed by the Insured.
- p) Internationally and locally recognized epidemics and/or pandemics (unless stated within this policy)
- q) Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the insured trip;
- r) Death as a result of suicide and the injuries or after-effects brought about by attempted suicide or any self-inflicted injuries.
- s) 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;
- t) Illness or injuries resulting 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 service;
- u) Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
- v) Mental Health diseases.
- w) Venereal sexually transmitted diseases.
- x) All pre-existing, congenital and/or Chronic Medical Conditions.
- y) Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects thereof or complications that, in the opinion of a medical practitioner appointed by the Company, can reasonably be related thereto, if the insured person has received medical advice 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:

- a) 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;
- b) Assistance or medical services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications.
- c) Rehabilitation treatments;
- d) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
- e) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - 1) Before this insurance comes into force;
 - 2) With the intention of receiving medical treatment;
 - 3) After the diagnosis of a terminal illness;
 - 4) 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;
- f) 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 has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
- g) Any Health Services that are received as Out-of-Hospital benefits.
- h) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- i) Services that do not require continuous administration by specialized medical personnel.
- j) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- k) Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency.
- l) Prosthetic devices and consumed medical equipment.
- m) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, 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.
- n) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- o) 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).
- p) Services rendered by any medical provider relative of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
- q) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
- r) Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.

- s) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
- t) Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
- u) Any test or treatment not prescribed by a doctor.
- v) Diagnosis and treatment services for complications of excluded illnesses.

The Company is exempt from liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.

ARTICLE 6 – CLAIMS & LIABILITY CONDITIONS

When a loss incident occurs, the Policyholder, the Insured and/or the Beneficiary are obliged to:

- a. Report the occurrence of the loss as soon as possible and, where appropriate, request by telephone the corresponding assistance, furnishing identifying details, the policy number, their location and the kind of service required. For the purposes of handling and reviewing claims, these conversations may be recorded.
- b. Employ all means available to them to mitigate the consequences of the incident. Failure to fulfil this duty shall entitle the Company to reduce its compensation in a fitting proportion, taking into account the importance of the damage arising from the same and the degree of blame attributable to the Insured.

Should this breach be as a result of the Insured's manifest intention to injure or deceive the Company, the latter shall be freed from any obligation to compensate for the said loss.
- c. Inform the Company of the existence of other insurance policies taken out with other companies that could also cover the claim.
- d. Make no admission of liability or offer promise or payment of any kind
- e. Collaborate to ensure the optimum processing of the claim, informing the Company as soon as possible of any judicial, extrajudicial or administrative notification that comes to their knowledge and is related to the loss.
- f. Furnish the Company with all manner of information regarding the circumstances and consequences of the loss, the initial medical assistance provided and the evolution of the Insured's injuries, apart from any complementary information the former may request. Failure to fulfil this obligation to provide information shall forfeit the right to compensation, in the event that there should also exist bad faith or gross negligence.
- g. Present documentary proof – receipts, certificates, formal complaints, etc. – that corroborate both the occurrence of events covered by this Policy and having incurred expenses entitled to indemnity thereunder.
- h. Agree to an examination by the doctors the Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Company's expense, attend the corresponding medical facilities for the said examination.
- i. The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly

Special Conditions Relating to COVID-19

- Travellers need to have a PCR negative test dated not more than 72 hours before departing for each trip conducted, regardless of the duration of the issued policy.
- Insured's age: up to 75 Years.
- Groups exceeding 10 members travelling together are excluded from the cover.
- Mandatory and voluntary COVID-19 tests are not covered.
- Excluding voluntary tests, voluntary admission, and out-patient medicine expenses.
- Cover is applicable only in case of emergencies and where the doctor warrants an admission in a hospital for treatment.

ARTICLE 7 - CONCURRENCE OF INSURANCE POLICIES

- a) Where any of the risks covered by this Policy should also be covered by another Insurer for the very same period of time, save agreement to the contrary, the Policyholder or the Insured must inform the Company of the other policies in existence.

Where, through bad faith, this information is omitted and the loss should occur in a situation of over-insurance, the Company shall not be obligated to pay compensation.

- b) Once the loss occurs, the Policyholder or the Insured must report this to the Company, in accordance with the provisions of article 16 of these General Conditions, indicating the names of the other insurers who shall be contributing proportionally to the payment of the benefits provided.
- c) In no case may the policy serve as a means of unfair enrichment for the Insured.

HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place will necessarily contact, in the shortest possible time, in every case, the Alarm Centre mentioned below, which will be available to help any person 24h/24 7d/7.

<p>24/7 GENERAL INTERNATIONAL HELPLINE</p> <p>Ireland: 00 (353) 91 56 06 21 Germany: 00 (49) 1805115610 France: 0033 800918040 Spain: 0034915811821 USA: 0015672692968 International: 00 962 6 5008119 Fax: 00 962 6 5627981</p> <p>Email: TRAVELA@mapfre.com</p>	<p>By dialling our Emergency number, the insured will be prompt to provide:</p> <ul style="list-style-type: none"> ▪ Passport or Identity card number. ▪ Assistance card number. ▪ Full name of the injured and the principal insured. ▪ The cause of the call. ▪ The place he/she are located (Hotel/City/Address/Phone number) 	<p>Spoken Languages: English, Arabic</p>
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