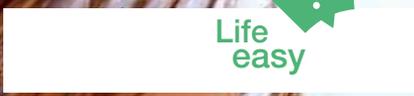




Life
easy



Terms and Conditions

Forward 
together


شركة عمان للتأمين
Oman Insurance Company





Thank you

for choosing Oman Insurance Company for your Personal Accident insurance. You are now insured with the largest insurance company in the United Arab Emirates. You can be confident that we will be there whenever you need us.

Please take some time to read this booklet and accompanying Policy Schedule. This booklet provides details of what the policy does and does not cover. It also explains the process of making a claim.

If you would like to change your level of cover or have any queries please call our contact centre on 800 4746.

Thank you and happy living!

Life Easy Plans at a Glance

| Benefits | Silver | Gold | Platinum |
|---|-----------------|-----------------|-----------------|
| Accidental Death & Dismemberment including Paralysis | 100,000 | 200,000 | 500,000 |
| Permanent Total Disability | 100,000 | 200,000 | 500,000 |
| Permanent Partial Disability | 100,000 | 200,000 | 500,000 |
| Emergency Medical Evacuation | 5,000 | 10,000 | 15,000 |
| Repatriation of remains | 5,000 | 10,000 | 15,000 |
| Accident Medical Expense Reimbursement | 5,000 | 10,000 | 25,000 |
| Daily Accident Hospital Income | 250 per day | 500 per day | 1000 per day |
| Bill protector for up to 12 months | 2,000 per month | 3,000 per month | 6,000 per month |
| Personal Liability | 15,000 | 25,000 | 50,000 |
| Second Medical Opinion | Included | Included | Included |
| Annual Premium | 249 | 497 | 1132 |
| Annual Premium inclusive of Passive War and Terrorism | 264 | 527 | 1207 |

* All figures in AED

Table of Contents

| | |
|---|----|
| Introduction | 4 |
| How to make a Claim | 5 |
| Declaration | 6 |
| Definitions | 7 |
| Covers | 11 |
| 1. Accidental Death And Dismemberment Including Paralysis | 11 |
| 2. Permanent Total Disability | 13 |
| 3. Permanent Partial Disability | 13 |
| 4. Emergency Medical Evacuation | 14 |
| 5. Repatriation of Mortal remains | 15 |
| 6. Accident Medical Expense Reimbursement | 15 |
| 7. Daily Accidental Hospital Income | 16 |
| 8. Bill Protector | 17 |
| 9. Personal Liability | 17 |
| 10. Second Medical Opinion | 18 |
| General Exclusions | 21 |
| General Provisions | 23 |

Introduction

If the **Policy** holder (**You, your**) named in the Policy Schedule pays the premium as agreed with Oman Insurance Company (P.S.C.), (**We, Our or Us**) will provide the insurance described in this Policy and any endorsements thereto for the **Insured Period** as defined in this **Policy**, to the **Insured Persons** detailed in the **Policy Schedule** and in reliance upon the statements, dated as stated in the **Policy Schedule** and which is the basis of this **Policy** and is deemed incorporate in the **Policy**.

The insurance provided under this **Policy** is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the **Policy Schedule**. This document together with the **Policy Schedule** and any endorsements that accompany it set out the **Policy** between the **Policyholder** and the **Company** and should be read as one document.

This **Policy** will only be in force if the **Policy Schedule** is signed by a person **We** have authorized.

How to Make a Claim

Please review the complete policy wording as some sections require time sensitive reports from third parties (e.g. Police, Hospitals) and contain specific limitations. **You** must submit **Your** claim as soon as practicable but no later than 30 days from the from the date of the accident.

If there are any circumstances that may result in a claim please follow these steps:

1. For serious accidents which may lead to inpatient hospital treatment, emergency repatriation or in the event of an insured's death, please contact **Our** UAE toll free number 800 4746 or email us at nmcoic@tameen.ae. **You** will be prompted for your policy number stated in the Policy Schedule.
2. Contact our Claims department on +971 4 233 7463/464, Fax: +971 4 233 7765, UAE toll free number 800 4746 or email us at nmcoic@tameen.ae. **You** will be prompted for your policy number stated in the Policy Schedule. **You** will need to:
 - i. Request a claim form and completion instructions.
 - ii. Complete the claim form and return it to us together with the required original supporting documentation.
 - iii. Give brief details of the loss circumstances.
3. **You** may, if you prefer, visit one of our offices to complete and file your claim.

Declaration

The coverage described in the **Policy** is provided and underwritten by Oman Insurance Company (P.S.C.) (hereinafter referred to as the “**Company**”).

The **Company** has relied on the information given by the **Policyholder**. For the **Policy** to be valid, all the information provided by the **Policyholder** must be true and complete. If there are any changes in circumstances which may affect the **Policy**, the **Policyholder** must advise the intermediary or the **Company**, as soon as is reasonably possible.

This **Policy** is only valid if issued with a **Policy Schedule**. The **Policy Schedule** will indicate the benefits purchased. The **Policyholder** must read the entire **Policy** carefully to determine the Insured Persons’ rights and duties, and what is and is not covered. The **Company** has no duty to provide cover unless there has been full compliance with all sections of the **Policy**.

Definitions

Accident means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any illness or disease) which results in physical bodily injury (but does not include mental, nervous or emotional disorders, depression or anxiety).

Accidental Death means a sudden, unforeseen and unexpected event caused by external, violent and visible means which occurs at an identifiable time and place, resulting in death.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

AGCC means the Arabian Gulf Cooperation Council countries comprising Bahrain, the United Arab Emirates, Saudi Arabia, Kuwait, Qatar and the Sultanate of Oman.

Beneficiary means the person to whom the benefit for item shall be payable to in the event of a claim under this **Policy**.

Common Carrier means an aircraft, vehicle, train, vessel or other public transportation that is legally licensed to carry passengers in accordance with all locally applicable laws and regulations and in which the **Insured Person** is traveling only as a fare-paying passenger.

Country of Residence means the country:

- a. Of which the **Covered Person** is a citizen or permanent resident (e.g. in relation to which they hold a multiple

entry visa or permit which gives the **Covered Person** resident rights in such country); or

- b. In which the **Covered Person** is residing on an overseas expatriate assignment.

Covered Person means a person that meets the criteria specified for a **Covered Person** in the **Policy Schedule** and with respect to whom Premium has been paid or agreed to be paid by the **Policyholder**.

Day means a period of 24 consecutive hours.

Daily Benefit means the amount payable for each Day spent in the Hospital.

Deductible means the amount of expenses or the number of Days to be paid or supported by the **Insured Person** before the **Policy** benefits become payable.

Dependent Child/Eligible Children means the **Insured Person’s** unmarried children between Ages six (6) months and eighteen (18) years living with the **Insured Person**, or under twenty-four (24) years of age and are full-time students at an accredited institution of higher learning and primarily dependent upon the Insured Person for maintenance and support. This includes step and legally adopted children.

Emergency Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Evacuation. Emergency Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles. All Emergency Transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route possible in the circumstances.

Fingers or Toes means the digits of a hand or foot.

Geographical Area means territories which the **Insured Person** visit and which are covered under the terms and conditions of the **Policy**.

Hazardous Activities means sky diving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing or the like.

Hospital means a lawful establishment (other than a convalescent nursing or rest home or convalescent nursing self care or rest sections unit of a hospital) which has accommodation for resident patients with organized facilities for diagnosis and major surgery and which provides a 24 hour a day nursing by registered nurses.

Injury means a bodily injury that is caused solely and directly by external and visible means as a result of an **accident** and which does not result from a **sickness** or a **disease**.

Inpatient means an **Insured Person** who is confined to a Hospital and for whom a room and board charge is made.

Insured Event or Event means an incident which in **Our** opinion is covered by this **Policy**.

Insured Person(s) whether in the singular or the plural, masculine or feminine means the person(s) who come within the description of **Insured Person** stated in the **Policy Schedule**, who are nominated by **You** for whom premium has been paid.

Loss means the act or instance of losing and/or the disappearance of something cherished and/or a measurable reduction in some substance or process.

Limb means a hand at or above the wrist or a foot at or above the ankle.

Medically Necessary means 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, prevision or order.

Medical Treatment means a **Physician's** medical advice, treatment, consultations and prescribed or repeat maintenance medication.

Natural Disaster means any naturally occurring incident or threat thereof including but not limited to earthquake, flood, fire or epidemic, pandemic, famine, volcanic eruption or windstorm.

Necessary 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 does not include charges that would not have been made if no coverage existed.

Operative Time means the time during the **period of insurance** when the **insured person** is covered as shown in the schedule.

Period of Confinement means a period of consecutive days of confinement as an Inpatient caused by an Accident or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior

confinement is separated from the admission date for the next confinement by at least thirty (30) days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of Accidents or Injuries for which the confinement is required.

Permanent means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by Us.

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.

Physician means a suitably qualified legally licensed medical practitioner acting within the scope of his license. The attending Physician may not be:

- a. The **Insured Person**; nor
- b. The **Insured Person's** Relative.

Policy means this document, endorsements and **Policy Schedule** attached or issued with it.

Policy Effective Date means the date at which the **Policy** incepts as defined in the **Policy Schedule**.

Policy Expiry Date means the date after which the **Policy** is no longer valid as defined in the **Policy Schedule**.

Policy Period means the time from the **Policy Effective Date** to the **Policy Expiry Date** as defined in the **Policy Schedule**.

Pre-existing Medical Condition means a condition for which medical care, treatment, or advice was recommended by or received from a **Physician** within a two (2) year period preceding the **Insured Policy Effective Date**, or a condition for which hospitalization or surgery was required within a five (5) year period preceding the **Insured Policy Effective Date**.

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

Principal Sum Insured (for Accidental Death) means the **Sum Insured** to be paid by the **Company** to the Beneficiary in the event of the **Insured Person's Accidental Death**.

Proposal Form means any initial or subsequent application or statement or declaration made by the **Policyholder** based on which this policy has been issued.

Professional Sport means any sport for which an **Insured Person** receives any fee or monetary reward as a result of their participation.

Public Transportation means any passenger land, water or air conveyance. Transportation includes, but is not limited to buses, taxis, trains, subways and airplanes.

Riot means a violent disturbance by three (3) or more persons assembled together and acting with common intent to cause disturbance to the public peace.

Relative means the **Insured Person's** spouse, parent, parent-in-law, grandparent, step-parent, child, step-child, grandchild, brother, brother-in-law, sister, sister-in-law,

Covers

daughter-in-law, son-in-law, fiancé(e), half-brother, half-sister, aunt, uncle, niece or nephew of the **Insured Person**, provided such person(s) reside(s) in the **Insured Person's Country of Residence**.

Spouse means the **Insured Person's** legally married husband or wife between the ages of 18 years and 69 years.

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

Sum Insured means the maximum amount afforded to each benefit according to the **Table of Benefits**.

Table of Benefits means the benefits included and as defined in the **Policy Schedule**.

Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system against any individual, property or government, or with the stated or unstated objective of pursuing economic, ethnic nationalistic, political, racial or religious interests, whether such interests are declared or not.

Terrorism shall also include any act involving the use of release or the threat thereof of any nuclear weapon or device or chemical or biological agent and also any

other act which is verified or recognized by the (relevant) Government as an act of terrorism.

The **Company (Insurer)** means Oman Insurance Company (P.S.C.).

UAE means United Arab Emirates.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means Oman Insurance Company (P.S.C.) who is the insurer/issuer of the **Policy**.

The coverage stated hereunder are valid only in respect of the Benefits specifically indicated in the **Policy Schedule** by the insertion of the amount of indemnity, its limitation and of the appropriate premium.

1. Accidental Death and Dismemberment including Paralysis

We will pay a percentage of the Principal Sum shown in the **Policy Schedule** if **Injury to You** results in one of the losses shown in the Table of Losses below. The loss must occur within the **Operative Time** as mentioned in the **Policy Schedule** and should be within three hundred and sixty-five (365) Days from the date of the accident which caused the **Injury**.

If more than one loss results from any one accident, only one amount, the largest, will be paid.

| Description | % of Principal Sum Insured |
|--|----------------------------|
| Death | 100% |
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| Either Hand or Foot and Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| Either Hand or Foot | 50% |
| Sight of One Eye | 50% |
| Speech | 50% |
| Hearing in Both Ears | 50% |
| Thumb and Index Finger of Same Hand | 25% |

| | |
|--------------|------|
| Quadriplegia | 100% |
| Paraplegia | 50% |
| Hemiplegia | 50% |
| Uniplegia | 25% |

"Loss" with regard to:

- hand or foot means actual complete severance through or above the wrist or ankle joints;
- eye means entire and irrecoverable loss of sight;
- thumb and index finger means actual complete severance through or above the joint that meets the hand at the palm;
- speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;
- Quadriplegia** means the complete and irreversible paralysis of both upper and both lower limbs. **Paraplegia** means the complete and irreversible paralysis of both lower limbs. **Hemiplegia** means the complete and irreversible paralysis of upper and lower limbs of the same side of the body. **Uniplegia** means the complete and irreversible paralysis of one Limb. **Limb** means an entire arm or leg.

Disappearance

We will pay the benefit for loss of life if the body of an **Insured Person** cannot be located within One Year(1) after the forced landing, stranding, sinking or wrecking of a conveyance in which such person was a passenger, or as result of any Acts of

God, in which case it shall be deemed, subject to all other terms and provisions of the **Policy**, that such **Insured Person** shall have suffered loss of life within the meaning of the Policy.

1.1 Specific Exclusions

In addition to the general exclusions listed in this **Policy**, this coverage section **Accidental Death and Dismemberment Including Paralysis** shall not cover:

- a. Loss caused directly or indirectly, wholly or partly by:
 - i. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
 - ii. Medical or surgical treatment except as may be necessary solely as a result of injury;
- b. Any bodily injury which shall result in hernia.

1.2 Specific Extension (Optional)

Passive War and Terrorism

Notwithstanding any provision to the contrary within this Insurance, or any endorsement thereto, it is agreed that this Insurance, is extended to include **Passive War and Terrorism** coverage for **Accidental Death and Dismemberment** as and if mentioned in the **Policy Schedule** due to any bodily Injury directly or indirectly caused by, resulting from, or in connection with any of the following whilst in **United Arab Emirates**:

1. War, hostilities or warlike operations (whether war be declared or not),
2. Invasion,
3. Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs,

4. Civil war
5. Riot,
6. Rebellion,
7. Insurrection,
8. Revolution,
9. Overthrow of the legally constituted government,
10. Civil commotion assuming the proportions of, or amounting to, an uprising,
11. Military or usurped power,
12. Explosions of war weapons,
13. Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not,
14. Terrorist activity.

Always provided;

- a. That the **Insured Person** is not actively participating in any, or all, of 1 to 14 above, and
- b. That none of 1 to 14 above are the result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, and,

For the purpose of this extension;

1. **Terrorism** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system against any individual, property or government, or with the stated or unstated objective of pursuing economic, ethnic nationalistic, political, racial or religious

interests, whether such interests are declared or not.

Terrorism shall also include any act involving the use of release or the threat thereof of any nuclear weapon or device or chemical or biological agent and also any other act which is verified or recognized by the (relevant) Government as an act of terrorism.

2. Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals
3. Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
4. Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

2. Permanent Total Disability

We will pay the principal sum shown in the **Policy Schedule** if **Injury to You** results in You suffering with **Permanent Total Disability**. The Injury must occur within the **Operative Time** as mentioned in the **Policy Schedule** and the loss should be

within three hundred and sixty-five (365) Days from the date of the accident which caused the injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the principal sum shown in the **Policy Schedule** less any other amount paid or payable under the **Accidental Death & Dismemberment Including Paralysis** section of this **Policy** as the result of the same **Injury**.

2.1 Specific Definitions

Permanent means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by Us.

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

3. Permanent Partial Disability

We will pay the Principal Sum shown in the **Policy Schedule** if **Injury to You** results in You suffering with Permanent Partial Disability. The injury must occur within the **Operative Time** as mentioned in the **Policy Schedule** and the loss should be within three hundred and sixty-five (365) Days from the date of the loss which caused the injury.

We will pay the Principal Sum shown in the **Policy Schedule** if **Injury to You** results in one of the losses shown in the Scale below less any other amount paid or payable under the **Accidental Death & Dismemberment Including Paralysis**, or **Permanent Total Disability**, sections of this **Policy** as the result of the same Accident.

3.1 Specific Definitions

Permanent means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by us.

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 Partial Disablement | % of Principal Sum Insured | |
|--|----------------------------|------|
| | Right | Left |
| Loss of one eye | 40%* | |
| Loss of one arm or one hand | 50% | 40% |
| Total Loss of Thumb | 20% | 15% |
| Total amputation of thumb and forefinger | 15% | 10% |
| Simultaneous amputation of thumb and forefinger | 30% | 20% |
| Amputation of two fingers other than thumb and forefinger | 12% | 8% |
| Amputation of three fingers other than thumb and forefinger | 20% | 15% |
| Amputation of four fingers including thumb | 40% | 35% |
| Amputation of four fingers excluding thumb | 35% | 25% |
| Amputation of median finger | 10% | 8% |
| Amputation of a finger other than thumb, forefinger and median | 7% | 3% |
| Amputation of thigh (upper half) | 50%* | |

| | |
|---|------|
| Amputation of thigh (lower half) and leg | 45%* |
| Total loss of foot (tibio-tarsal disarticulation) | 40%* |
| Amputation of four toes | 10%* |
| Amputation of one toe other than the big toe | 3%* |

* Either Left or Right.

When more than one form of disability results from one Accident, we add the percentages from each together. However, we will not pay more than 100% of the sum insured shown in the schedule.

4. Emergency Medical Evacuation

The Company will reimburse the **Insured Person**, subject to any deductible, up to the Sum Insured stated in the **Policy Schedule** for **Necessary and Customary Charges** incurred if an Injury results in the Insured Person's necessary **Emergency Evacuation**. An **Emergency Evacuation** must be ordered by a Physician who certifies that the severity or the nature of Insured Person's Injury warrants his evacuation.

4.1 Specific Definition

Emergency Evacuation means:

- The Insured Person's medical condition warrants immediate Emergency Transportation from the place of his Injury to the nearest Hospital where appropriate medical treatment can be obtained;
- After being treated at a local Hospital, the Insured Person's medical condition warrants Emergency Transportation to his **Country of Residence** to obtain further medical treatment;
- Both (a) and (b) above.

5. Repatriation of Mortal remains

We will pay the **Necessary and Customary Charges** up to the maximum shown in the **Policy Schedule** for covered expenses incurred within the Operative Time results in Your Repatriation, in the event of Your accidental death, within three hundred and sixty-five (365) days of the date of the Accident.

Covered expenses: Cost of preparing the deceased for burial or cremation and shipment include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

6. Accident Medical Expense Reimbursement

We will pay the **Necessary and Customary Charges**, up to amount mentioned in the **Policy Schedule**, subject to the **Deductible** shown in the **Policy Schedule** for **Covered Medical Expenses** incurred by **You** for medical treatment or services of **Injury**. The **Injury** must occur within the **Operative Time** as mentioned in the **Policy Schedule**.

6.1 Specific Definitions

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending **Physician**. They include:

- The services of a Physician;
- Hospital confinement and use of operating room;
- Anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- Ambulance service;
- Drugs, medicines, and therapeutic services and supplies;
- Surgeon Fees

- Physiotherapy treatments
- Dental treatment resulting from Injury sustained to Sound Natural Teeth

Only Covered Medical Expenses are eligible for claim.

Necessary and Customary Charges means a charge which:

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

Physiotherapy means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician for treatment of Injury

Surgery - Treatment of bodily injuries by Incisions or Shockwaves or Lasers, including therapeutic Endoscopic procedures requiring the professional services of a qualified surgeon and the use of an operation theatre for repair of injuries

Surgical Treatment - Physician's fees for Inpatient surgery.

Anesthetist Fees - in connection with inpatient surgery

Ambulance charges - medical transportation fees and services incurred for bringing You to the Hospital following an accident and returning to Your normal place of residence after being discharged from the Hospital.

6.2 Specific Exclusions

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

- a. Any treatment of any disease, sickness or illness.
- b. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
- c. Routine physicals or other examinations where there are no objective indications of 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; or
- d. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
- e. Dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
- f. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
- g. The diagnosis and treatment of acne; or
- h. Deviated septum, including sub mucous resection and/or other surgical correction thereof; or
- i. Organ transplants that are considered experimental in nature; or
- j. Well child care including exams and immunizations; or
- k. Expenses which are not exclusively medical in nature; or
- l. Eyeglasses, contact lenses, hearing aids, and examination for the

prescription or fitting thereof, unless Injury or no Sickness cover has caused impairment of vision or hearing; or

- m. Treatment provided in a government Hospital or services for which no charge is normally made; or
- n. Mental, nervous, or emotional disorders or rest cures; or
- o. Pregnancy 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; or
- p. Medical expenses covered under any workers' compensation or similar policy; or
- q. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
- r. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

7. Daily Accident Hospital Income

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury subject to any applicable **Deductible** and commences within the **Operative Time** as mentioned in the **Policy Schedule**.

The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the maximum shown in the Policy Schedule.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, or Injuries for which the confinement is required.

7.1 Specific Definitions

Daily Benefit: the amount payable for each Day spent in the Hospital

One Period of Confinement means a Hospital confinement due to the same Injury unless separated by at least 30 days.

Period of Confinement means a period of consecutive days of confinement as an Inpatient caused by an Accident or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least thirty (30) days.

7.2 Specific Exclusions

In addition to the General Exclusions listed in this Policy this coverage section shall not cover hospitalisation due to any Disease, Sickness, or illness; or

- a. Hospitalization due to any Disease or Sickness; or
- b. Pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
- c. Routine physical exams; or
- d. Elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
- e. Any mental, nervous or emotional disorders or rest cures

8. Bill Protector

We shall pay You a monthly benefit amount shown in the **Policy Schedule** if Injury to **You** results in Your Accidental Death or Permanent Total Disability. The loss must occur within the **Operative Time** as mentioned in the **Policy Schedule** and

should be within three hundred and sixty-five (365) Days from the date of the loss which caused the **injury**.

The payment will be made up to a period of 12 months.

9. Personal Liability

We will indemnify You for any legal liability incurred by You during the Operative time, upto the maximum amount stated in the Policy Schedule, subject to any applicable Deductible, as a result of;

- a. Accidental loss of damage to the property of any person
- b. Bodily Injury, sickness or illness of any person

In addition We will pay all costs and expenses incurred with the written consent of the Company in connection with the defence of any claims against You which may be the subject of indemnity under this Section.

No admission of liability, offer, promise or payment will be made without Our written consent. We will, if considered necessary, take over and conduct the defence or settlement of any claim against You and for that purpose can use the Your name. We can conduct the defence however it sees fit. We can prosecute at its own expense and for its own benefit, any claim for indemnity or damages against any other persons. You will provide Us full assistance in defending or prosecuting any claim and will provide Us with any information and documents available to You.

9.1 Specific Limitation

Our right and duty to defend You will terminate when the applicable Sum Insured's limit for the payment of judgments, settlements or medical expenses has been reached. Our Duty to

defend You, will only apply to countries where legal circumstances permit it. In countries where legal circumstances do not permit Us to defend You, We will reimburse You, subject to its prior authorization, for Your defence costs.

9.2 Specific Exclusions

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. Liability arising directly or indirectly by or through or in connection with:
 - a. The ownership, possession or occupation of land, or buildings, immobile property or caravans other than occupying a temporary residence;
 - b. Any wilful, malicious or unlawful act,
 - c. The carrying on of any trade, business or profession,
 - d. Any racing activity,
2. Accidental loss or damage to property belonging to, held in trust by, or in Your custody or control or any of Your employees or Your immediate family member or household
3. Liability which is expected by or intended for You; or
4. Liability arising out of or in connection with a Business engaged in by You. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business; or
5. Liability arising out of the rendering of or failure to render professional services; or
6. Liability arising out of the transmission of a communicable Disease by You; or

7. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
8. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization; or
9. Liability under any contract or agreement, including contract of employment, service, apprenticeship; or
10. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
11. Suits or legal actions arising from Your Immediate Family Member, or Traveling Companion or Immediate Family Member of a Traveling Companion against You.

10. Second Medical Opinion

Scope of Cover

The international medical consultation service known as 'Second Medical Opinion', allows the Insured Person, to receive a second medical opinion directly from medical specialists working in world-class medical institutions, in case of suffering from any medical condition or grave illness deemed deserving of such an external evaluation based on the nature, severity, or complexity of the condition.

The Insured Person can, at any time, request that his case be sent to Houston InterMedical Consultants (HIMC) in the city of Houston for evaluation by a specialist, and/or request a consultation between his/

her treating physician and the doctor(s) in Houston.

All pertinent data regarding the case is sent via electronic transmission to the Specialist who in-turn provides his opinion on the case. This opinion is appropriate in order to confirm a diagnosis, determine a diagnosis for a complex and unresolved case and/or work with the treating Physician to determine that the prescribed treatment is the most appropriate option available locally and/or internationally for the specific condition.

Definitions

Critical or Grave illness potentially fatal, incurable, progressive, chronic and impacting the individual's quality of life or when the treatment for the condition creates an elevated level of risk to the individual's life, is considered complex in its administration or results in further complications to their overall health.

Territory

This second medical opinion is provided to any individual covered by the service, on a remote basis without having to travel outside their country of residence. The medical professionals providing the service are located in the United States of America and are duly registered as such under the laws and regulations of that country.

Process

The **Insured Person** or his representative initiates a request for service by contacting the **Company** (contracting entity) through which the coverage was obtained. The doctor or his administrative assistant at the contracting entity is responsible for sending information on the case to HIMC in Houston. The doctor provides background information on the case, which includes, among other information, a detailed

medical history of the individual (provided by the treating physician) as well as results of all medical tests which have been performed and that pertain to the case. All information is sent via internet unless a different transmission mode (courier) is deemed necessary due to the nature of the materials being sent.

In many cases, an HIMC Medical Director will be in contact with the contracting entity's doctor or directly with the treating physician, to review the information sent and clarify any outstanding questions, prior to assigning the case to the Specialist. The HIMC medical team evaluates the information received and through the use of a 'specialist registry database', determines which Specialist(s) is the most appropriate to see the case.

Once a determination has been made, HIMC forwards all the case information to the Specialist for his initial review. If additional information is required by the Specialist in order to proceed with his evaluation, the treating physician and/or the contracting entity's doctor is contacted to request the additional data or answer any outstanding questions.

The contracting entity's doctor or administrator sends any additional information required by the Specialist, to Houston via the internet or through courier as necessary. This information is in-turn sent to the Specialist to complete his evaluation.

The Specialists completes their evaluation of the case in an urgent and timely fashion; with a written 'opinion' published within five (5) business days from the time all the required information has been received. In certain cases, the Specialists and the HIMC support medical staff, will conduct a medical conference with the

treating physician if available, to discuss the case further and evaluate all options available to the patient.

Once the second medical opinion has been issued by the Specialist(s), it is sent to the contracting entity's doctor or directly to the treating physician, for their subsequent review with the patient.

This 'opinion' may confirm or propose a diagnosis of the case and/or may help define the most appropriate treatment or procedures available to the Assured at that moment – be it in their own country or internationally. However the final professional evaluation and confirmation of the medical condition/diagnosis and/or the decision on the course of treatment to be followed is the responsibility of the treating physician.

Exclusions

There are NO exclusions in terms of the type of medical condition or illness for which a second medical opinion may be requested, as long as it is deemed a critical or grave enough medical condition where such a review is warranted.

Pre-existing conditions

There are NO exclusions for pre-existing conditions (those medical conditions which have been diagnosed prior to the start date of coverage of this rider).

Waiting period

No case may be submitted for review during the first sixty (60) days of coverage. This waiting period starts from the Policy Effective Date.

General Exclusions

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

1. Any Pre-existing Condition, any complication arising from it; or
2. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
3. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event **We**, upon written notification by the **Policyholder**, shall return the pro rata premium for any such **Insured Period** of service under the circumstances described in a Hazard; or
4. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
5. Participation in an actual or attempted felony, riot, crime, misdemeanour, (excluding traffic violations) or civil commotion; or
6. 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, crew members or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft;
7. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
8. Any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the **Insured**; or
9. The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
10. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
11. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
12. Self exposure to needless peril (except in an attempt to save human life); or

General Provisions

13. Congenital anomalies or any complications or conditions arising there from; or
14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which **You** are trained or untrained; or
15. Any Loss sustained while the **Insured Person** is participating in any Professional Sports
16. For any loss of which a contributing cause was **Your** actual or attempted commission of, or wilful participation in, an illegal act or any violation or attempted violation of the law or **Your** resistance to arrest; or
17. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary by a Physician; or
18. Routine physicals or other examinations where there are no objective indications of 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; or
19. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while **Our Policy** is in force; or
20. Dental care, except as a result of Injury caused by **Accident** to sound natural teeth while this **Policy** is in effect; or
21. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
22. Treatment provided in a government Hospital or services for which no charge is normally made; or mental, nervous, or emotional disorders or rest cures; or
23. Pregnancy 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; or
24. Medical expenses covered under any workers' compensation or similar **Policy**; or
25. Any loss, injury, damage or legal liability sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.

1. Entire Contract

This **Policy**, together with the **Policy Schedule** as well as any riders and endorsements hereto, constitutes the entire contract of insurance. No change in this **Policy** shall be valid until approved by **Our** authorized officer and such approval is endorsed hereon. No agent has the authority to change this **Policy** or to waive any of the provisions of this **Policy**.

2. Consideration

This **Policy** is issued in consideration of the premium being paid in advance.

3. Policy Period

This **Policy** takes effect on the **Policy Effective Date** stated on the **Policy Schedule**. After taking effect this **Policy** continues in effect until the **Date of Expiry**.

4. Free Look conditions:

The **Insured Person** is entitled to a full refund of premium if coverage under the policy is cancelled upon written request within thirty days (30) from the date the effective date of the policy. The Company reserves the right to decline a second application following the cancellation of the first application under this plan, from the same **Insured Person**.

5. Renewal Conditions

The Policy may be renewed with **Our** consent by the payment in advance of the total premium specified by **Us**, which premium shall be at **Our** premium rate in force at the time of renewal. **We**, however, are not bound

to give notice that it is due for renewal. Unless renewed as herein provided, this **Policy** shall terminate at the expiration of the period for which premium has been paid.

6. Transferring the Policy

We will not accept or be affected by notice of any trust or transfer or other dealing with or relating to, this **Policy** but **Your** receipt on behalf of **Yourself** or any **Insured Person** shall in all cases be an effective discharge to **Us**.

7. Cancellation

The Company may cancel this policy at any time by written notice delivered to the Policyholder or mailed to the last address as shown by the records of the Company, stating, when not less than fifteen (15) days thereafter, such cancellation shall be effective. In the event of cancellation the Company will return promptly the pro rata unearned portion of any premium actually paid by the Policyholder. Such cancellation shall be without prejudice to any valid claim or originating prior thereto. In the event the policy is cancelled by the Policyholder, the earned premium shall be computed in accordance with the short rate table used by the Company at the time of cancellation.

8. Claims Notification

It is a condition precedent to **Our** liability hereunder that written notice of claim must be given to **Us** immediately after the occurrence or commencement of any loss that may be covered by the **Policy** and in any event within thirty (30) days thereafter.

9. Claim Forms

We, upon receipt of a notice of claim, will furnish **You** such forms, as **We** usually require for filing proofs of loss.

10. Filing Claim Forms

Completed claim forms and written proof of Loss must be furnished to the **Company** within sixty (60) days after the date of such Loss. Failure to furnish such proof within sixty (60) days shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, in no event will any claim be honoured if proof of Loss is not received within one (1) year from the date of Loss.

11. Medical Examination

We, at **Our** own expense, shall have the right and opportunity to examine the **Insured Person(s)** when and as often as **We** may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make a post mortem examination in case of death where it is not forbidden by law. It is further explicitly stated that the **Insured Person** undergoing such medical examination is a condition precedent to **Our** assuming liability under the **Policy**.

12. Time of Payment

Benefits payable under this **Policy** for any loss other than loss for which this **Policy** provides any periodic payment will be paid within a reasonable time upon receipt of due written evidence of such loss.

13. Payment of Claims

If **We** pay a claim under this **Policy** and **You** accept the payment, **We** will not have to make any further payments for

the same claim. All payments made by us in good faith will discharge us to the extent of such payment. Any payment for **Accidental Death** becoming due hereunder shall be payable to the legal **Beneficiary**.

14. Interest on the Benefit We Pay

We will not pay interest on any benefit **We** pay.

15. Legal Actions

No action at law or in equity shall be brought to recover on this **Policy** prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Policy**. If no proof of loss has been furnished within one (1) year of the date upon which it should have been furnished then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this **Policy**.

If **We** disclaim liability to **You** or any **Insured Person** for any claim, and if **You** do not notify **Us** within one (1) year from the date of receipt of the notice of such disclaimer that **You** do not accept such disclaimer and intend to recover this claim from **Us**, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this **Policy**.

16. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this **Policy** shall invalidate all claims hereunder.

17. Fraudulent and/or Dishonest and/or Deceitful Claim(s)

We shall not be liable to make any payment under this **Policy** in respect

of any claim(s) if such claim(s) is in any manner fraudulent, dishonest or deceitful or supported by any fraudulent, dishonest or deceitful means or device(s) whether by **You** or any other person acting on **Your** behalf or with **Your** authority.

18. Conditions Precedent to Liability

For the avoidance of doubt, **Your** compliance with the terms and conditions of this **Policy** in so far as these relate to anything to be done by **You** or on **Your** behalf is a condition precedent to **Our** liability hereunder.

19. Governing Laws & Jurisdiction

This **Policy** shall be governed by the laws of the United Arab Emirates. A dispute between the Insurer and the Policyholder regarding any aspect of this **Policy** will be submitted to the exclusive jurisdiction of the courts of the United Arab Emirates.

20. Other Interest

The **Insured Person** or the **Insured Person's** personal representatives cannot claim from or sue **Us**. If more than one person or **Company** has an interest in the **Insured Person**, **We** will pay a benefit only once.

21. Designation or Change of Beneficiary

The right of designation or change of Beneficiary is reserved to the **Insured Person**. No designation or change of Beneficiary under the **Policy** shall be binding upon the custodian of Beneficiary records. The **Company** assumes no responsibility for the validity of such designation or change of Beneficiary. Consent of **Beneficiary**, if any, shall not be requisite to change

of **Beneficiary** or to any other changes in this **Policy**.

22. Sanction

The **Company** shall not provide cover and the **Company** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Company** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and / or all other jurisdictions where the **Company** transacts its business.

23. Not in Lieu of Worker's Compensation

This **Policy** is not in lieu of and does not affect any requirement for coverage by Worker's Compensation Insurance.

24. Other Insurance with the Company

If a like policy or policies previously issued by the Company to the Named Insured be in force concurrently herewith, making the aggregate indemnity for the Total Sum Insured in excess of the Global Maximum of AED 2,000,000 (Two Million), the excess insurance shall be void and all premiums paid for such excess shall be returned to the Named Insured or his estate.

25. Language

A copy of the Arabic terms and conditions is available upon request. In case of differences over the interpretation of the **Policy**, the Arabic text shall prevail.

A full circle of insurance products
keeps you covered at all angles.



Tel: 800 4746
www.tameen.ae