



July 06, 2018

Letter of Confirmation (Receipt of Insurance)

Thank you for purchasing your insurance with us!

CONTACT PERSON

Ahmad, Mubashar
(034) 548-18022
sonuahmad@outlook.com

ADDRESS IN CANADA

Address in Canada 1, Address in
Canada 2
Edmonton, AB
Canada
123456

BILLING ADDRESS

Billing Address 1, Billing Address 2
Lahore, AB
CA
54000

HOME ADDRESS

Home Address 1, Home Address 2
Lahore, PB
PK
54000

INSURED

- | | |
|--------------------|-------------------------|
| 1. Ahmad, Mubashar | (Male) January 22, 1986 |
| 2. Ahmad, Zanoobia | (Male) July 31, 1990 |
| 3. Ahmad, Ghadia | (Male) July 09, 2014 |

POLICY INFORMATION

INSURED:

- 1. Ahmad, Mubashar
- 2. Ahmad, Zanoobia
- 3. Ahmad, Ghadia

POLICY NUMBER:

VTC10000476
VTC10000560
VTC10000562

PRE-EXISTING CONDITION COVERAGE:

90 days stable
90 days stable
90 days stable

For ALL AGES, any pre-existing condition for which you were hospitalized either more than once, or for at least two (2) consecutive days, in the 12-month period before the effective date will not be covered. Other limitations, including for pre-existing conditions, are set out in your policy wording. Please refer to your policy wording for all details of your coverage.

Insurance Plan: Standard Bronze Plan
Sum Insured: \$3,073.30

Plan Type: Outbound Travel
Deductible: \$0.00

Arrival Date In Canada: July 06, 2018
Effective Date: July 06, 2018
Expiry Date: July 05, 2019
Number of Days Covered: 365

PREMIUM DETAILS

PAYMENT DATE: July 06, 2018
METHOD OF PAYMENT: Credit Card
CARD HOLDER NAME: Ahmad, Mubashar
CARD NUMBER: 1234(Last four digits)

PREMIUM CHARGED: \$3,073.30

TOTAL PREMIUM: \$3,073.30

This is your confirmation and tax receipt. If any of the information is not correct, please call 1-877-775-6297 or email vtcpolicy@awaycare.ca to amend and have it corrected. You may cancel this policy within the 10 days of the date of purchase for a full refund, provided it is before the Effective Date of your policy. Please also note that this is not your policy wording. Refer to the policy wording for complete details of your insurance.

WALLET CARD

In the event of an emergency, you must call 1 855 856 7570 toll-free from Canada or the U.S. or +1 (519) 251 4083 collect from anywhere else immediately. Please note that if you do not call the Assistance Centre in an emergency and prior to treatment, you will have to pay 30% of the eligible medical expenses we would normally pay under this policy. If it is medically impossible for you to call, please have someone call on your behalf.



Insured: Ahmad, Mubashar
Policy Number: VTC10000476
Coverage Amount: \$100,000.00
Deductible: \$0.00
Effective Date: July 06, 2018
Expiry Date: July 05, 2019
Number of Days: 365



If you are in need of any medical attention, contact our Assistance Centre immediately.

Canada & US 1-855-856-7570
Anywhere else (collect) 1-519-251-4083
Mailing address:

Assistance Centre:
P.O. Box 1237, Stn. A:
Windsor, ON N9A 6P8:



Insured: Ahmad, Zanoobia
Policy Number: VTC10000560
Coverage Amount: \$100,000.00
Deductible: \$0.00
Effective Date: July 06, 2018
Expiry Date: July 05, 2019
Number of Days: 365



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Anywhere else (collect) 1-519-251-4083
Mailing address:

Assistance Centre:
P.O. Box 1237, Stn. A:
Windsor, ON N9A 6P8:



Insured: Ahmad, Ghadia
Policy Number: VTC10000562
Coverage Amount: \$100,000.00
Deductible: \$0.00
Effective Date: July 06, 2018
Expiry Date: July 05, 2019
Number of Days: 365



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