

## TRAVEL POLICY SCHEDULE

**Policyholder**

AHMED JASIM MOHSIN MOHSIN

**Address**

THI QAR

**Policy No.**

02-25-0801-02751

**Limit of Liability**

EUR 30,000

**Total Premium**

As per attached invoice.

**Inception**

01/06/2025

**Expiry**

01/07/2025

**Plan**

SCHENGEN/WORLDWIDE+ Covid-19

**Code**

Aldaleel for travel &amp; tourism


**Date Of Birth**

11/04/1992

**Gender**

Male

**Passport No**

B19141096

**Email**

ALDALEEL77@YAHOO.COM

**Duration(Days)**

31

**Age**

33

**Destination**

Spain

**Nationality**

Iraqi

**Phone**

+9647802120000

Applicable Covers	Deductibles	Limit of Covers (EUR)
Medical Expenses and Hospitalization Abroad		30,000
Emergency Medical Evacuation		30,000
Medical Hospitalization Expenses Related to Covid-19/ 72 hours excess from arrival to destination		3,000
Emergency Medical Evacuation and Repatriation due to Covid-19 Treatment		2,500
Emergency Dental Care		1,000
Repatriation of Mortal Remains		5,000
Repatriation of Family Member Travelling with the Insured		2,000
Emergency Return Home Following Death of a Close Relative		2,000
Personal Assistance Services		0
24 Hours Assistance Services		0
Location and Forwarding of Personal Effects		0

This policy covers only sudden illness and accidents. All Treatments related to or resulting from pre-existing medical conditions are excluded from this cover.

Except for the Covid-19 specific covers named above, all other covers become NIL if related to Covid-19. For a Covid-19 case to be admitted, the client should present a -ve test result done less than 72 hours from the trip departure time.

Claims must be reported within 48 hours from occurrence of the event and related original documents must be submitted to the company by the insured.

Policyholder of age 65 years old and above will pay 50% of the claim expenses.

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للتأكد من صلاحية بوليصة التأمين، يرجى من حاملها الدخول على الرابط الأسفل

In order to check this policy status visit this link: <https://brokers.uriic.net/check.php> or scan the above QR code.

The insured person subject to losing all his rights under this policy, should contact the below number.

(Please read carefully the general conditions).

Please keep this letter of confirmation with you at all times.

Issued in Duplicate in Company  
Policyholder / Insured

Date : 07/05/2025  
For The Company