



CENTURY INSURANCE COMPANY LIMITED

Lakson Square, Building No.3 11th Floor, Sarwar Shaheed Road, Karach, Pakistan.
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 UAN: 111 111 717 Website: www.cicl.com.pk NTN:0710008-6

TRAVEL INSURANCE CERTIFICATE OF COVERAGE

No: **OSTI-115**

Agent Code: A1633
Certificate Holder: MR SHAH MUKHTAR PARAS
Operation Date: 13 May 2013

| First Name | Father Name | Last Name | Birth Date | Passport No. | Gender | Premium |
|---|-------------|---------------|------------|--------------|--------|--------------------------|
| MR SHAH | | MUKHTAR PARAS | 09/12/1972 | DE5148263 | Male | 2350 |
| Page 1 of 1, Total Beneficiaries / Page: 1 | | | | | | Total 2,350 |
| Only Two Thousand Three Hundred Fifty Pakistan Rupees | | | | | | Total Premium PKR*: 2350 |

Coverage Details:

Period of Coverage: 26 May 2013 to 09 Jun 2013
 No of Days: 15 days
 Destination: Mexico
 Area of Coverage: Worldwide
 Medical Coverage: 10,000 USD

Address Details:

Country of Residence: Pakistan
 Permanent Address: 14-C, KHAIBER BLOCK, GULSHAN E - -
 JINNAH, F-5/1, ISLAMABAD
 Telephone: 0092-333-5188711

Kindly contact the company within 48 hours from occurrence of an accident or a sudden illness on : 00961-4-548348

By receiving this certificate, you declare to agree to the terms, exclusions, and limitations of the General Conditions attached. Travel Insurance Policies can be falsified, check the Authentication Key of your policy on the following website: www.mideast-assistance.com to avoid legal pursuit.

Certificate of Coverage authentication key: **N8657-X9ZZH-352YZ-EBECP-MP**
 (if Key is blank, then certificate is not valid)

For and on Behalf of
 Century Insurance Co. Ltd



**This product is serviced by EuroCross Assistance
 International Alarm center: 00-420-29633 9623**

With the compliments of American Express (Pvt) Ltd.(Farhan Qayyum)

General Conditions

Plan Specifications

Period of Coverage: Up to 92 consecutive days per trip (The student policy covers 184 & 365 consecutive days respectively)

Scope of Coverage: Worldwide (excluding the country of permanent residence and the country of citizenship, unless prior approval by the Company). The student policy covers worldwide excluding Canada, Japan, USA & Australia.

Conditions: As herein defined

Age Limit: 75 years (age limit for student policy is between 16 and 50 years old)

The assistance plan covers and assists travelers anywhere in the world in the event of a sudden illness or accident during journeys outside their country of permanent residence. The insurer of this Medical coverage under this agreement is The Century Insurance Company L.T.D

A- Definitions:

The words and phrases defined below shall have the following meanings wherever they appear in this document: **Accident** means a sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes, resulting directly, immediately and solely in physical bodily injury or trauma and requiring immediate medical intervention treatment. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an Accident.

Assistance Company or Company refers to Eurocross Assistance or any of its appointed assistance providers worldwide.

Insurance Company refers to Century Insurance Company L.T.D.

Country of citizenship means the country of which the Beneficiary holds the citizenship, whether or not he/she resides in it.

Country of Permanent Residence means the country in which the Beneficiary normally resides, whether or not he/she holds its citizenship.

Deductible means the first amount of the claim which is payable by the Beneficiary, where applicable.

Beneficiary means any of the covered persons whose name is stated on the certificate of coverage.

Pre-existing Medical Condition means a pre-existing physical defect, infirmity, injury, sickness, pathology, disease, affliction, anomaly, major risk factor, or any other medical condition, whether known or unknown to the Beneficiary, which he/she was suffering from at the time of subscription to this plan.

Medical Emergency means an unforeseen and non-recurrent sudden pathology which requires an emergency treatment to prevent or alleviate existing danger to life or health. An emergency no longer exists when medical evidence indicates that the Beneficiary is able to return to his/her country of permanent residence to seek and/or continue treatment. A pathology related to a pre-existing medical condition does not fall under the definition of a sudden pathology. Each time the patient is able to visit the doctor's office in person; such case shall not be considered an emergency.

B- Benefits

1. Travel Information Service : The Beneficiary may, prior to his/her departure, call the appropriate alarm center on the Assistance number mentioned on his card, in order to obtain important administrative or medical advice regarding passport and visa processes, vaccination requirements, taxes, customs duties, currencies, and other various requirements.

2. Referral to Medical Correspondents Abroad : While abroad, the Beneficiary may call the appropriate Alarm Center in order to obtain referral to a medical correspondent in the area where he/she is located. The majority of the appointed physicians speak English.

3. Long Distance Medical Advice: Should the Beneficiary, during his/her journey abroad, need medical advice which is not available at their location, he/she may call the appropriate Alarm Center and get medical advice from a qualified physician. A telephone conversation does not permit the establishment of a diagnosis and must therefore be considered as mere advice.

4. Delivery of Urgent Messages: In the event of an emergency calling for assistance, the Assistance Company shall transmit any urgent messages of the Beneficiary to his/her family or employer and keep them informed of any arrangements made to provide the required assistance.

5. Transportation to Join Beneficiary: In the event that the Beneficiary, provided that he/she is traveling alone, is admitted to hospital for more than 10 days, the Assistance Company shall provide the person appointed by the Beneficiary and having the same country of residence as the latter with an economy class round-trip air transport ticket or a regular class train ticket to allow him/her to join the Beneficiary. The appointed person shall also receive an allowance of 80\$ per day to cover for his/her basic stay expenses for a maximum period of 10 days.

6. Evacuation and/or Medical Repatriation : If the Assistance Company physicians decide that medical transportation of the Beneficiary is necessary, the Assistance Company shall arrange and cover the expenses of the medical evacuation of the Beneficiary. The evacuation could be done by helicopter, road or air ambulance, scheduled airline flight, or other means of transport to a hospital where he/she can receive adequate treatment. As soon as the beneficiary's condition permits him to travel, the Assistance Company may arrange, if necessary, the repatriation back to his country of residence on a regularly scheduled airline flight.

A direct medical repatriation may likewise be considered, depending on the medical case and the distance to be covered. Expenses incurred during the Beneficiary's medical evacuation and repatriation shall be covered by the Assistance Company up to USD 50,000 per person.

7. Dispatch of a Specialist Physician: In such cases where medical repatriation proves to be impossible due to the patient's condition, the Assistance Company may, at its discretion, pay for the dispatch of a specialist physician to make on-site evaluation with the attending physician and arrange for the eventual medical repatriation of the Beneficiary.

8. Cover of Medical Expenses and Hospitalization Abroad :- The Insurance Company shall cover only reasonable medical emergency expenses (see definitions section), as well as hospitalization costs resulting from it, up to a limit defined in the certificate of coverage per person per claim and according to the minimal and standard conditions of hospitalization of the country where the Beneficiary is being treated. The cover of medical and hospitalization expenses is subject to the following deductibles per person per claim: USD 100 if the Beneficiary is under 71 years old and USD 250 if the Beneficiary is between 71 and 75. The Insurance Company shall cover emergency expenses following an accident (as defined above) as well as hospitalization costs resulting from it.

9. Return of Dependent Children : In the case that dependent children are left unattended following an accident or a sudden illness of which the Beneficiary is victim, the Assistance Company shall arrange for and cover the expenses of one-way/economy transportation for those dependent children to their place of residence. A qualified attendant shall also be appointed at no charge, whenever needed.

10. Repatriation of Mortal Remains : In the event of the death of the Beneficiary as a result of a sudden pathology, the Assistance Company shall assist with the necessary procedures and shall cover only the expenses of transportation for repatriation of the mortal remains to such a location as may be selected by the legal representative of the deceased, up to a limit of USD 50,000. The administration and funeral expenses (including the purchase of the coffin) are not covered.

11. Total Loss or Disappearance of Baggage : The coverage shall apply in the event of the total loss or disappearance of baggage whilst in the custody of an air carrier and will be calculated according to the IATA Rules and Regulations. The Assistance Company will pay compensation equal to the amount paid by the airline company, up to a limit of USD 800.

12. Flight Cancellation (4-hour delay) : In the event that a flight is delayed for more than 4 hours and then cancelled by the airline company, an indemnity of USD 150 shall be paid to the Beneficiary, provided that proof of such delay and cancellation is submitted to the Assistance Company.

13. Sea & Mountain Search and Rescue : In the event that the Beneficiary is reported missing during his journey abroad, the Assistance Company shall contribute to the expenses associated with sea & mountain search and rescue operated by the local official authorities up to USD 25,000.

14. Winter Sports (Ski) Coverage : In the event of an accident while the Beneficiary is skiing on regular ski slopes, the Insurance Company shall cover assistance and medical expenses up to a maximum of USD 10,000, subject to a deductible of USD 250 per person per claim. The Assistance Company reserves the right to recover any claim declared by the Beneficiary, should any effective policy covering the same risk prove to exist.

Any accident that occurs outside the ski slopes is not covered under this policy.

C- Obligations of the Beneficiary

In the event of an accident or a sudden illness, the Beneficiary releases from professional secrecy all doctors and paramedical staff who might examine him/her both before and after the accident.

Any reluctance or failure to declare a fact or circumstance limiting the benefits under this contract gives the Assistance Company the right to terminate the contract as soon as it acquires knowledge of such fact or circumstance.

Claims Conditions

In order to receive the benefits under the Voyager Plan, the Beneficiary must contact the appropriate Alarm Center within 48 hours of the occurrence of the event:

In The Middle East: The rest of the world:

Tel: +961 4 548348 Tel: +420 2 96 33 96 23

Fax: +961 4 548349 Fax: +420 2 96 33 96 30

If the Beneficiary is not in a position to contact the appropriate Alarm Center, notification given by a close person, the police, the hospital, the fire brigade, or any person having intervened upon the occurrence of the damage will be considered of the same worth as a call from the Beneficiary him/herself.

Furthermore, if the Assistance Company approves the coverage of the claim, the beneficiary must provide the requested original documents within twelve months of the occurrence of:

1. The damage. Official statement of accident issued by the police authorities, Copy of passport and visa (where applicable), Complete medical file established by the doctor or the hospital visited at the place of the accident, Medical prescriptions, Medical and hospital bill.
2. The loss of luggage: Copy of check reimbursed from the Airlines, Letter from the Airlines

3. Flights cancellation:- Proof of the delay or cancellation (boarding passes, letter from the Airlines, flight history)

The Assistance Company reserves the right to verify the truthfulness of the damage declared. Failure to submit such required documents within a period of two months from the occurrence of the accident/sudden illness gives the Assistance Company the right to deny any benefits and/or reimbursement in relation with the incurred costs.

D- Limitation of Coverage

1- Coverage shall cease automatically upon the expiration date of this contract. Should the Beneficiary extend his/her journey beyond the covered period, no renewal of benefits is granted unless he/she signs in person a new contract from the country in which the expired contract has been issued.

2- Coverage under this plan is secondary, which means that the Assistance Company will not pay any cost which is recoverable from any other insurance, fund or institution, except eligible amounts that exceed the limits covered by that other insurance, fund or institution, subject to the General Conditions of this contract, and up to the limits herein set.

3- The Assistance Company shall not be held liable for the consequences of medical malpractice or inadequate or deficient treatment.

4- The Assistance Company shall not be held liable for any medical post-treatment or follow-up incurred by the incident.

E- Exoneration from Providing Benefits

The Assistance Company is released from any obligation to provide benefits in the following cases:

1- Failure by the Beneficiary to notify the Assistance Company within 48 hours of the event calling for medical or travel assistance.

2- Failure by the Beneficiary to submit to the Assistance Company all documents required for settling the case of the accident.

3- The committing by the Beneficiary of a crime or an offense, which was the cause of the accident.

4- Denial of the compulsory prior approval by the Assistance Company for the organization and financing of the assistance. Any decision to change treatment, transfer to a different medical facility, or perform a necessary procedure, such as a surgery, during an approved hospitalization must be subject to the Company's prior approval. Failure to notify the Company of such decision will result in the denial of coverage.

5- Failure by the Beneficiary to notify the Assistance Company of the existence of another insurance covering the same risks.

6- Failure by the Beneficiary to take measures which reasonably ought to have been taken to avoid the accident.

7- Failure by the Beneficiary to provide the Company with the information it needs, and to give it honest and complete answers.

8- Refusal by the Beneficiary or the person who decides for him/her to receive those benefits provided by the Assistance Company and mutually agreed upon by the Assistance Company doctors and those present at the place of the damage. Such refusal will result in the cancellation of the contract, unless the Beneficiary changes his/her mind before the expiration of the contract.

F- Exclusions :

Expenses and damages resulting from the following events are not covered:

1- The practice of reckless undertakings or needless risk by the Beneficiary or not taking reasonable care, except in an attempt to save human life.

2- Brawl (punches during a violent dispute).

3- The practice of high-risk sports such as parachuting, acrobatics, spelunking, races using mechanical appliances, high wire, ski jumping, sky flying & surfing, , bungee jumping, Base jumping, hang gliding, open water swimming, scuba diving, skidoo, jet skiing, kite & windsurfing, wakeboarding, rafting & kayaking, shooting, indoor & outdoor climbing, mountain biking, free falling, boxing, motor racing, rugby, aviation.

4- War, declared or otherwise, revolution, sabotage actions, terrorism or vandalism strikes, street barricades erected at the time of public demonstrations, and generally troubles of all kinds and measures taken for restoring order.

5- Telluric movements, floods, volcanic eruptions, or other kinds of natural phenomenon considered as natural calamity.

6- Any expenses related to abuse of consumption of alcohol, narcotics, and/or other hallucinogenic substances.

7- All damage to health brought about by ionizing rays (nuclear radiation).

8- Any loss arising from biological and/or chemical material(s), substance(s), compound(s) or the like used directly or indirectly for the purpose to harm.

9- Expenses related to depression, anxiety, stress, mental or nervous condition.

10- Suicide or attempted suicide.

11- Ablation and transplantation of organs, tissues, or cells.

12- All events and accidents associated with or resulting from pregnancy, including diagnosis, follow-up treatments, abortion, or delivery.

13- Prosthesis and anatomical and orthopedic devices (fixed or removable)

14- Physiotherapy sessions unless prior approval by the Assistance Company when performed as part of an inpatient treatment related to the declared event.

15- Elective stay at a convalescent home or a revalidation center.

16- Any pathology or condition (whether or not previously known or treated) constituting a major risk factor in relation with the declared emergency

17- All treatments related to congenital malformations.

18- Endemic and epidemic diseases.

19- Spontaneous consultations of doctors and specialists, and all kinds of check-ups or medical investigations.

20- Treatment, hospitalization or medical costs related to any existing medical condition (whether known or unknown, diagnosed or not, treated or not) at the time of signing of this contract) and possible complications.

20- Treatment, hospitalization or any medical costs related to a pre-existing medical condition (whether known or unknown, diagnosed or not, treated or not to the beneficiary at the time of signing of this contract) and possible complications thereto. Pre-existing medical conditions, and any related treatment, repatriation, evacuation or Emergency Room expenses are not covered under this plan.

21- Any subsequent admission, related to the first one, of the Beneficiary to the hospital or emergency room, unless diagnosed as a new pathology.

22- Any dental treatments.

23- Any medical condition for which the beneficiary didn't take the recommended treatment or prescribed medications as directed by his medical practitioner in his country of residence.

24- Medicines, prescribed outside the emergency coverage or the hospitalization that follows.

25- Unconventional trips:

In addition, the Beneficiary is not covered when a trip is undertaken:

- Against medical advice.
- Following acknowledgement of a diagnosis establishing an illness in terminal phase.
- With the intention to receive medical treatment, medical investigation or follow-up treatment for a pre-existing medical condition.
- During a period of illness, major treatment, or incapacity to work.
- When a doctor has ordered an operation, which has not yet been performed.

G- Online Dispute Resolution

Any dispute resulting from the execution or the interpretation of this agreement shall be settled by competent tribunal of the Insurer's country.

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