



## VOLUNTARY COMPREHENSIVE INSURANCE POLICY FOR TRAVELING ABROAD WITH COVID-19 COVERAGE

POLICY ISSUED ON

**POLICY # 109225** 01-09-2024 03:23

<b>POLICY NUMBER</b>	N° 109225	<b>TERMS OF VALIDITY</b>	19-12-2024	31-12-2024	<b>PAYMENT, USD</b>	58.50 USD
<b>COVERAGE TERRITORY</b>	SPAIN				<b>DEDUCTIBLE, USD</b>	100 USD
<b>NAME, SURNAME (INSURANT)</b>	JINGJIANG LI					
<b>PASSPORT</b>	EF5928841	<b>PHONE</b>	+13472851966			
<b>DATE OF BIRTH</b>	08-12-1987	<b>ADDRESS</b>	-			

  

<input checked="" type="checkbox"/>	COVID-19	<input checked="" type="checkbox"/>	TRAVELING NOW	<input checked="" type="checkbox"/>	CALM
<input checked="" type="checkbox"/>	APPLYING FOR VISA	<input checked="" type="checkbox"/>	STUDENT	<input checked="" type="checkbox"/>	ACTIVE
<input checked="" type="checkbox"/>	APPLYING TO EMBASSY	<input checked="" type="checkbox"/>	EMPLOYMENT, WORK	<input checked="" type="checkbox"/>	EXTREME
<input checked="" type="checkbox"/>	BORDER CROSSING	<input checked="" type="checkbox"/>	SPORT	<input checked="" type="checkbox"/>	CRUISE

  

<b>PLAN</b>	<b>INSURED SUM PER PERSON</b>	<b>PAYMENT, USD</b>
<b>TOTAL COVERAGE</b>	35 000 USD	
<b>MEDICAL COVERAGE</b>	39 750 USD	38.02
<b>ACCIDENT</b>	5 750 USD	5.85
<b>FINANCIAL RISKS</b>	5 000 USD	14.63
<b>OVERALL INSURANCE TARIFF</b>	0.001671	
<b>OVERALL INSURANCE PAYMENT</b>	58.50 USD	

### ADDITIONAL OPTIONS

<input checked="" type="checkbox"/>	NO DEDUCTIBLE	<input checked="" type="checkbox"/>	SEARCH AND RESCUE OPERATION	<input checked="" type="checkbox"/>	-
<input checked="" type="checkbox"/>	TRIP CANCELLATION	<input checked="" type="checkbox"/>	ALCOHOL	<input checked="" type="checkbox"/>	-
<input checked="" type="checkbox"/>	PREMIUM LOSS OF BAGGAGE	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	-

### INSURED PERSONS

#	NAME, SURNAME (INSURED)	DATE OF BIRTH	PASSPORT	ADDRESS
1	JINGJIANG LI	08-12-1987	EF5928841	-
2	KOUCHUN LI	19-02-1962	EJ7033399	-
3	LIMING ZHOU	01-12-1962	EJ5816752	-
4				



### EMERGENCY

#### IN CASE OF EMERGENCY

IN CASE OF AN EMERGENCY THAT REQUIRES MEDICAL AND OTHER ASSISTANCE UNDER THE TERMS OF THIS AGREEMENT, YOU MUST IMMEDIATELY CONTACT US USING PHONE NUMBER

**CALL, we're online 24/7**

+44 745 814 94 06

+1 844 541 40 06

+63 454 971 091

+971 800 032 00 10

+81 505 050 88 06

+91 117 127 95 45

**WRITE: info@auras.insure**



UG 09B, RAKEZ Amenity Center, Al Hamra Industrial Zone-FZ, RAK, United Arab Emirates  
Aura Global FZ-LLC. 0000004039800. 47007883

Insurance coverage is provided in accordance with:  
European Council Decision 2004/17/EG on travel medical insurance  
European Council Decision 2004/17/EC on travel medical insurance  
European Council Decision 2004/12/WE on travel medical insurance

For more details about your coverholder, insurer and claiming authority, please, refer to the Policy wordings.

I HAVE READ AND ACCEPTED TERMS AND CONDITIONS OF THIS CONTRACT  
I HAVE RECEIVED CONTRACT AND POLICY

INSURANT SIGNATURE

INSURER SIGNATURE