



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

POLICY ISSUED ON


POLICY # 103396

24-02-2024
12:08

POLICY NUMBER	N° 103396	TERMS OF VALIDITY	24-03-2024	05-04-2024	PAYMENT, USD	22.5 USD
COVERAGE TERRITORY	THAILAND				DEDUCTIBLE, USD	-
NAME, SURNAME (INSURANT)	ANTONIO JOSE ALMEIDA DINIS					
PASSPORT	GA2951582	PHONE	+320499830887			
DATE OF BIRTH	07-10-1967	ADDRESS	-			

<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"/>	REGULAR VACATION	<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"/>	-

PLAN	INSURED SUM PER PERSON	PAYMENT, USD
TOTAL COVERAGE	35 000 USD	
MEDICAL COVERAGE	35 000 USD	14.63
ACCIDENT	2 500 USD	2.25
FINANCIAL RISKS	15 100 USD	5.63
OVERALL INSURANCE TARIFF	0.00064286	
OVERALL INSURANCE PAYMENT	22.5 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	ANTONIO JOSE ALMEIDA DINIS	07-10-1967	GA2951582	-
2				
3				
4				
5				




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

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

INSURANT SIGNATURE

INSURER SIGNATURE

