



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

POLICY ISSUED ON

POLICY # 105496 **15-04-2024 14:02**

POLICY NUMBER	N° 105496	TERMS OF VALIDITY	02-11-2024	23-11-2024	PAYMENT, USD	82.00 USD
COVERAGE TERRITORY	THAILAND				DEDUCTIBLE, USD	100 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"/>	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

PLAN	INSURED SUM PER PERSON	PAYMENT, USD
TOTAL COVERAGE	35 000 USD	
MEDICAL COVERAGE	35 000 USD	53.30
ACCIDENT	2 500 USD	8.20
FINANCIAL RISKS	15 100 USD	20.50
OVERALL INSURANCE TARIFF	0.002343	
OVERALL INSURANCE PAYMENT	82.00 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				




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