



## Travel Care Qatar Policy Schedule

**Name of Insured** : MOHAMED HAMED  
**Policy No.** : 2210510424  
**Address** : ,  
 P.O.Box :  
 , Sudan  
**Issue Date** : 13/03/2022  
**Cover Note No.** :  
**Mobile No.** : 33055253  
**Passport No.** : P09026183  
**Email ID** : reemsustech@gmail.com

**Policy Period** : From : 15-MAR-2022 To : 31-MAR-2022 23:59:59  
**Premium** : QAR 63.75

**Agency/Source** : -

**Excess** : Refer to policy wordings

**Travel Details** : From : Sudan To : State Of Qatar  
**Territorial Limit** : State Of Qatar

### Details of person travelling to be insured

| Sr. No           | Insured Name  | Relation | Nationality | Passport No. | Date of Birth | Winter Sports |
|------------------|---------------|----------|-------------|--------------|---------------|---------------|
| No of Adults : 1 |               |          |             |              |               |               |
| 1                | MOHAMED HAMED | SELF     | Sudanese    | P09026183    | 21/01/1999    | No            |

**Remarks** :

### Condition & Clauses :

Terms and Condition as attached

Issued at Doha Branch On 13/03/2022

Authorized Signatory  
 Qatar Insurance Company



24hour Medical Claims assistance by QLM "Q Life & Medical Insurance Company LLC" TEL NO. +974 44533666/ Toll free no: 8000880

## Declaration by insured

1. I hereby declare that to the best of my knowledge:

- a) There are no circumstances connected with the holiday which render it abnormal.
- b) No member of the party has had similar insurance cancelled or refused or made any claim within the last 3 years for any loss damage or liability.
- c) All persons to be insured are in good health and free from any physical defect or infirmity at the time of effecting insurance.
- d) There are no reasons of which I am aware for the planned holiday to be cancelled or curtailed.
- e) The above statements and particulars are correct and that I have withheld no material information.

2. In the event of a claim under Section A (Medical Expenses) I hereby authorize the company to obtain further information from the attending doctor and/or hospital and/or the claimant's usual medical practitioner.

3. I agree to reimburse the company within one month of their request in respect of any expenditure incurred by QLM"Q Life and Medical Insurance company LLC" assistance for events not covered by the Policy and for which QLM service is not intended.

4. I agree that this declaration shall form the basis of contract between me and the company and that I will accept and abide by the terms and conditions of this policy.

5. I agree that the Policy once issued is Non-Refundable.

Travelcare Qatar - Cover Summary - Limit per person.

### **A. Emergency Medical Treatment -QAR. 150,000\*\***

Covers Inpatient treatment, cremation & repatriation costs. Emergency call center assistance medicine consulting service

### **B. Medical Emergency Assistance-QAR. 35,000**

24 hour assistance services available in the event of the insured suffering a medical emergency during the trip.

### **C. Travel Cancellation-QAR. 1,500\***

Compensates for travel delay or missed departures, due to reasons beyond your control.

### **D. Curtailment-QAR. 5,000\***

Covers loss of advance / deposits due to unavoidable cancellation / curtailment of your trip.

### **E. Travel Baggage-QAR. 10,000\***

Covers loss or damage to baggage occurring during the operative time of cover

### **F. Loss of passport-QAR. 1,500\***

Covers additional cost incurred in replacing lost passport.

\* Excess of QAR 250/- Applicable for each and every claim. Terms and conditions apply, refer to policy wordings.

**Date:**

Declaration by insured

*Price quoted excludes withholding tax, value added tax, goods and services tax and / or any other similar taxes, charges, duties or levies (collectively "Taxes") that:*

- A) exist at the date of this offer, contract or agreement, or*
- B) which may be altered, changed or introduced after the date of this offer, contract or agreement*

*In the case of B) above, where Taxes are altered, changed or introduced such that the Taxes altered, changed or introduced shall retrospectively apply in whole or in part to offers, contracts or agreements that are issued prior to the date of such alteration, change or introduction, [we] reserve, and you hereby acknowledge, that [we] have the right to collect such Taxes from [you].*

*The level of a claim [or compensation] to be paid under this policy will be equal to the net cost to you of the claim exclusive of your right, irrespective of whether exercised, to recover VAT, GST or other similar taxes*

"قيمة قسط التأمين لا تشمل ضريبة الخصم و الإضافة وضريبة القيمة المضافة وضريبة السلع والخدمات أو أية ضرائب أو رسوم أو استقطاعات مماثلة (يشار إليها معاً بـ "الضرائب") والتي تكون: أ) مُطبقة في تاريخ هذا العرض أو العقد أو الاتفاق ، أو ب) يمكن تعديلها أو تغييرها أو إدخالها بعد تاريخ هذا العرض أو العقد أو الاتفاق.

في الحالة (ب) كما هو مذكور أعلاه، عندما يتم تعديل الضرائب أو تغييرها أو إدخالها تطبق الضرائب التي تم تعديلها أو تغييرها أو إدخالها بأثر رجعي كلياً أو جزئياً على العروض أو العقود أو الاتفاقات التي تصدر قبل تاريخ هذا التعديل أو التغيير أو الإدخال ، تؤكد و توافق [انت] و نحتفظ [نحن] بالحق في أن نحصل [منك] أي تلك الضرائب"

أن مبلغ المطالبة أو التعويض الواجب دفعه بموجب هذه الوثيقة سيكون بصافي التكلفة بغض النظر عن ممارسة الحق في استرداد مبلغ ضريبة القيمة المضافة أو ضريبة السلع و الخدمات أو أي ضرائب مماثلة

**Declaration by insured**

**COMPLAINTS PROCEDURE**

If you have a complaint about our practices or performance, please call or write the details of your complaint to:

Tel No: 8000QIC (8000 -742)

Email : [info@qic-insured.com](mailto:info@qic-insured.com)

If you feel we've not considered all of your issues or you can provide further information kindly log on to our website and register your complaint using the form

[www.qic-insured.com](http://www.qic-insured.com)

We will acknowledge we have received your complaint within 24 hours. Where possible, we will outline the steps we proposed to take to sort out your complaint.

If for any reason you are still not satisfied, kindly write to:

Manager - Process Excellence  
QATAR INSURANCE COMPANY  
P.O. Box: 666  
Tel No: 44485 813  
Email : [syed.khaleel@qic.com.qa](mailto:syed.khaleel@qic.com.qa)

In addition to the above, there is availability of customer dispute resolution scheme at Qatar Central Bank (QCB)

P.O. Box 1234  
Doha Qatar  
Tel. No. +974-4445 6456

**Date:**