

TRAVEL INSURANCE CERTIFICATE

POLICY NO: WC- 186870

ISSUE DATE: 10/10/2021

PLAN: Covid-Bronze (UAE)

AGENT: WECARE WECARE

DESTINATION	FROM	TO	COUNTRY OF RESIDENCE	TELEPHONE NO
United Arab Emirates,	11/10/2021	09/11/2021	India	+971549949190
FULL NAME	DATE OF BIRTH	PASSPORT NUMBER		
ABDULLA KUNHALIKUTTY	10/01/1965	T2021534		

Contrary to any stipulations stated in the General Conditions, the plan subscribed to, under this Letter of Confirmation, covers exclusively the below mentioned Benefits, Limitations & Excesses shown in the table hereafter.

The General Conditions form an integral part of this Letter of Confirmation.

For more info/modification regarding your policy, kindly do not hesitate to contact your authorized agent or e-mail us on enquiry@wecare-center.com

BENEFITS	SUM INSURED	EXCESS
Emergency Medical expenses due to COVID-19	Up to \$ 5000	25% co-insurance
Quarantine expenses due to COVID-19	Not Covered	0
Emergency Medical Evacuation & Repatriation due to COVID-19	Up to \$ 5000	0
Repatriation of Mortal remains	Real Cost	0
Emergency Dental Coverage	Not Covered	0
Flight Cancellation	Not Covered	0
Loss Of baggage	Not Covered	0
Delay Of baggage	Not Covered	0
Loss Of Passport	Not Covered	0

Above sums insured are per person & per period of cover

Important Notes:

-Upon calling the Alarm Center and claim being processed on direct billing procedure, no deductible shall apply for insured up to 70 years old

In all cases, deductible shall apply for Insured above 70 years old.

Deductible shall be maintained for all insured bracket of age if claims are accepted and processed on reimbursement basis.

(Please refer to the General Conditions for all deductible details)

In case claim is accepted on reimbursement, please refer to the General Conditions.

-This policy is specially designed to cover Covid-19 related expenses only. (Please carefully read the general conditions)

Coverage in the USA, Canada, Japan & Australia for Emergency Medical Expenses and Evacuation & Repatriation due to Covid-19 is limited to US \$ 20,000 per benefit.

Confirmation Code



For official use, scan the above code to validate this confirmation letter

PLEASE KEEP THIS LETTER OF CONFIRMATION WITH YOU AT ALL TIMES

Claims must be reported within 48 hours from occurrence of the event and all related original documents must be submitted to the Company by the beneficiary within four (4) months maximum.

in case of emergency or claims of assistance, call us on: **+91 95 11 45 89 78** or **+91 87 56 54 23 70** or send e-mail to: **claims@wecare-center.com**

You will be asked to provide the reference of this letter and/or show this document. This purchase is non-refundable. Please refer to your receipt