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The Company shall pay for necessary and reasonable emergency medical expenses for hospitalization abroad if the insured person suffers from COVID 19 during his/her insured trip, up to maximum amount as stated below in the compensation table.

Following conditions apply to COVID 19 Coverage:

- 1) Policy coverage validation will only be subjected to a Negative result of COVID 19 test undertaken 96 Hours prior to commencing the journey from Pakistan.
- 2) Medical Coverage for COVID 19 is included within the overall sum insured/Limit of indemnity of insuring Clause 2 i.e. emergency medical expenses for sickness & hospitalization abroad and is not in addition however following sub-limits to apply for this cover:
- 3) In case of Positive COVID 19 test result abroad from any Government authorized Centre, the
- 5) COVID 19 Screening/Test expense under taken abroad is covered if resulted positive only.
- 6) Follow up treatment is only covered when/if a followed up test is Positive and advised/prescribed by 7) With respect to COVID 19, Medical Evacuation & Repatriation is included but limited to the
- ompensation table of COVID 19 coverage as specified above. This cover is included within the
- 8) All claims related to COVID 19 will be settled on pay & claim basis and will be reimbursed in PKR at Insured's local Bank Account in Pakistan or through Cheque.
- 9) This is one time benefit for entire policy period & the policy COVID 19 cover shall cease upon

Table of COVID 19 coverage

| S.No | Plan Name | Coverage limit |
|------|---------------|----------------|
| 1 | No icing | USD 2000 |
| 2 | Majestic | USD 2500 |
| 3 | Majestic Plus | USD 3000 |

Specific Exclusions:

- 1) COVID 19 test for Self-investigation &/or Self-Evaluation.
- 2) Any Diagnosis which is not related & not incidental to COVID 19 is not covered in this policy. 3) Testing done at diagnostic Centre which is not authorized by the Government shall not be recognized
- 4) Airline/Visa requirement for any medical test related to COVID 19.

All other terms and conditions as per the worldwide travel insurance policy of "IGI

Free Assistance Services

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- Medical Service Provider Referral
- Arrangement of Hospital Admission Worldwide Consulate and Embassy Referrals
- Medical Translation Services Delivery of Essential Medicine
- Arrangement of Emergency Medical Evacuation and Repatriation
- Arrangement of Compassionate Visit Arrangement of Return of Minor Children
- Arrangement of Accommodation Interpreter Referral
- Lost Luggage and Passport Assistance
- Emergency Travel Service Assistance Emergency Document Delivery

Travel Sure **Application Form**

Mother Name Source of Income Others Business Salery

Name of Insured __

| Date of Birth | Day 💹 | Month L | Year L_L |
|------------------|-------|---------|----------|
| CNIC Number | | | |
| CNIC Issuance Da | nte | | |
| Passport Number | | | |

Address ___ Tel No. _ Spouse's Name_

| Date of Birth | Day 🔲 | Month | Year 🔲 |
|-----------------|-------|-------|--------|
| Passport Number | | | |

1. Child's Name_ Date of Birth Day Month Year Year 2. Child's Name _

Date of Birth Day Month Year Year 3. Child's Name __

Date of Birth Day Month Year Year Name of Beneficiary Relationship

Plan Selected ☐ Majestic + ☐ Majestic ☐ No Icing

☐ Single Trip Individual ☐ Family ☐ Multi Trip

Effective Date ___ Expiry Date ____ Premium Payable (PKR) _ Mode of Payment

☐ Cheque ☐ Cash ☐ Credit Card

Signature of the Insured Person

Declaration Form

☐ I am not traveling to receive medical treatment, diagnoses or consultations. ☐ I am now in good health and have never been treated for

or advised that I have heart disease, abnormal blood pressure, kidney disease, cancer or diabetes.

Do you have any existing ailment? ☐ Yes ☐ No

If yes, please specify

Signature of the Insured Person

For Office Use Only

Claims Procedure

To ensure prompt processing of your claim, please submit a completed form along with a copy of your Insurance Certificate and supporting documents. Please retain a copy for your own record.

Policy/Brochure effective from Jan, 2023

General Policy Exclusions

This is not a private medical insurance policy. The following general exclusions are being given as a guide only. Please read the full policy exclusions under each section of the policy for a full list of exclusions that are applicable.

We will not pay any claim, which results from loss or damage to property or expense, directly or indirectly caused by:

- 1. Medical expenses arising out of Pre-existing Conditions.
- 2. Insured Persons traveling abroad to obtain medical treatment as a consequence of accident, illness or Pre-existing Conditions.
- 3. Any expenses for medical evacuation or repatriation if the Insured Person is not suffering from a Serious Medical Condition and can be treated locally.
- 4. Any treatment or expenses related to childbirth, miscarriage or pregnancy.
- 5. Any loss sustained while the Insured Person is participating in any professional/extreme sport or engaging in any nonscheduled flight.
- 6. Any expenses incurred as a result of a self-induced injury, suicide, drug addiction or abuse, alcohol abuse, or sexually transmitted diseases.
- 7. Any expenses related to the Insured Person engaging in the commission of an unlawful act.

Notes

- 1. Family plan includes the Insured, Spouse and 3 Children aged one month to 18 years.
- 2. 100% medical expense limit for each family member.
- 3. 50% accidental death and permanent total disability limit for the Spouse and 25% of the same for Children.
- 4. Premiums are inclusive of all taxes and stamp duty.
- 5. Endorsement is possible before the effective date.
- 6. Serious Medical Condition means any such medical condition that requires urgent remedial treatment to avoid death or serious impairment to the Insured's health prospects.
- 7. Common Carriers are any land, water or air conveyance operated under a valid license for the transportation of passengers for hire.

Branch Network

Registered Office & Karachi Branch
7th Floor, The Forum, Suite No. 701-713
G-20 Block-9 Khayaban-e-Jami Clifton Karachi - 75600 Pakistan Fax +92 (21) 35301706 E-mail insurance karachi@igi com pk

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Corporate Office & Lahore Branch
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Rahim Yar Khan Branch

Faisalabad Branch Ground Floor, Regency International Office # 02-05-08, 949-The Mall, Faisalabad.

UAN +92 (41) 111-111-711 Tel +92 (41) 2618914 Fax +92 (41) 2614761 E-mail insurance faisalabad@igi com pk

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General

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Travel Insurance Plan Coverage

| COVERACE | | Amount in Dollars | | |
|--|-------------|-------------------|----------------------------------|--|
| COVERAGE | Majestic + | Majestic | No Icing | |
| ccidental Death and PTD | 20,000 | 20,000 | 10,000 | |
| Medical Benefits | | | | |
| Accident & Sickness Medical Expenses (Hospitalization & OPD) (Deductible 5% of EEL* or USD 250 on EEL* whichever is higher) (Deductible 20% of EEL* or USD 2500 on EEL* whichever is higher, for age more than 65 years) | 100,000 | 50,000 | 50,000 (Hospitalization Only) | |
| Emergency Evacuation | 25,000 | 25,000 | | |
| Emergency Dental Care (Deductible USD 100 EEL*) | 600 | 500 | | |
| Emergency Return Home following death of close family member | 1,000 | 1,000 | | |
| Return of Dependent Children / Repatriation of Family Member traveling with the Insured | 2,000 | 1,500 | | |
| Death Repatriation (Repatriation of Mortal Remains) | 10,000 | 7,500 | 5,000 | |
| Losses | | | | |
| In-flightchecked-in Loss Bagg age | 1,000 | 500 | | |
| Loss of Passport (Deductible USD 25 EEL*) | 300 | 200 | | |
| Loss Credit Card | 500 | 300 | | |
| Delays | | | | |
| Bagg ag e Delay (Excess first 8 Hours) | 150 | 100 | | |
| Flight Delay (Excess First 12 Hours) | 500 | 300 | | |
| Cancellations | | | | |
| Trip Cancellation & Curtailment | 300 | 300 | | |
| Emergencies | | | | |
| Kidnap & Ransom Consulatation | 5,000 | 4,000 | | |
| Travel & Stay over of one family member | 1,000 | | | |
| Hijacking per day (Maximum 10 days) | 1,000 | 500 | | |
| Repatriation of family member travelling with the insured | 2,000 | 1,000 | | |
| Delivery of Medicines | 150 | 100 | | |
| Personal Liabilty (Deductible USD 1000 TPPD**) | 10,000 | 5,000 | | |
| sistance Services | Free | Free | Free | |
| *Each and every Loss | | | | |
| **Third Party Property Damage | | | | |
| All Plans are Schengen compliant | | | | |
| Medical benefits in No Icing plan are limited to hospitali | ation only. | | | |

| Travel Premium for individuals (UP TO 65 Years) | | | |
|---|---------------|----------|----------|
| IGI General insurance Travel plans | | | |
| Duration | Mejistic Plus | Mejistic | No icing |
| 5 Days | 3,400 | 2,750 | 1,650 |
| 1 Week | 3,850 | 3,300 | 1,700 |
| 10 Days | 4,950 | 4,000 | 2,250 |
| 2 Weeks | 6,300 | 5,400 | 2,400 |
| 3 Weeks | 8,450 | 7,250 | 3,000 |
| 1 Month | 10,700 | 8,100 | 3,800 |
| 2 Month | 18,700 | 14,600 | 5,050 |
| 3 Month | 27,500 | 19,300 | 6,200 |
| 4 Month | 36,400 | 28,000 | 7,500 |
| 5 Month | 44,700 | 36,000 | 8,500 |
| 6 Month | 52,200 | 41,500 | 10,250 |
| 1Year (Multi trip)(Max stay per trip 90 days) | 26,200 | 18,500 | 13,500 |

Senior Citizens Plans (Above 65)

-For Age in more than 65 till 70 years, 50% additional premium will be charged in Majestic Plus and Majestic Plans
-For Age more than 70 till 85 100% additional premium will be charged in Majestic Plus and Majestic Plans
-No icing Plan is available for age more than 65 till 75 Years with 100% additional premium.
-Maximum 30 days stay limit applied in one trip in 1 Year (Multi trip) plans for age more than 65 years

| Travel Premium for Family (UP TO 65 Years) | | | |
|--|---------------|-----------------|----------|
| IGI General insurance Travel plans | | | |
| Duration | Mejistic Plus | <u>Mejistic</u> | No icing |
| 5 D.,y-, | 6,000 | 4,250 | 2,650 |
| I Week | 6,450 | 4,800 | 2,750 |
| 10 Days | 8,350 | 6,200 | 3,050 |
| 2 Weeks | 10,700 | 7,900 | 3,200 |
| 3 Weeks | 13,900 | 10,900 | 4,300 |
| 1 Month | 17,500 | 13,200 | 5,250 |
| 2 Month | 26,900 | 20,350 | 6,500 |
| 3 Month | 36,850 | 26,200 | 7,800 |
| 4 Month | 43,750 | 32,700 | 8,850 |
| 5 Month | 51,000 | 39,500 | 9,500 |
| 6 Month | 58,700 | 46,100 | 11,050 |
| Year (Multi trip)(Max stay per trip 90 days) | 40,050 | 32,430 | 17,950 |

Senior Citizens Plans (Above 65)

-For Age in more than 65 till 70 years, 50% additional premium will be charged in Majestic Plus and Majestic Plans -For Age more than 70 till 85 100% additional premium will be charged in Majestic Plus and Majestic Plans -No icing Plan is available for age more than 65 till 75 Years with 100% additional premium.

-Maximum 30 days stay limit applied in one trip in 1 Year (Multi trip) plans for age more than 65 years

*Premiums are inclusive of all taxes and stamp duties

Key Benefits

Please read full policy document for detail of benefits

- Emergency Medical & Sickness Expenses: Covers emergency hospitalization expenses for accident and illness, including Out-patient (OPD) expenses.
- Repatriation of Family Member: Covers the costs of air transfer of an immediate family member or a person appointed by the Insured, in case the Insured is hospitalized for more than seven days or dies.
- Emergency Return Home following Death of a Close Family Member: Covers the cost of air transfer to the place of residence of the Insured should a next of kin, parent, sibling, spouse or child of the Insured die whilst he/she is on a covered Trip abroad.
- Loss of Checked Baggage & Passport: Covers total and complete loss of baggage checked in by an international airline and covers reasonable and necessary expenses to obtain a duplicate passport or a valid travel document.
- Delay of Checked in Baggage: Covers cost of emergency purchase of replacement items in case of a delay of checked Baggage due to delay or misdirection by a Common Carrier for more than 8 hours from the time he/she arrives at the destination stated on the ticket.
- Hijacking: Covers for a maximum of 10 days that an Insured is forcibly or illegally detained as a result of Hijacking during the covered period.
- Delivery of Medicines: The Assistance Provider will arrange for medicines prescribed by the attending physician; medicines which are urgently required and not available at the place at which the Insured is under treatment.
- Emergency Sickness Dental Expenses: Pays the usual, customary and reasonable medical expenses actually incurred as a result of sudden acute pain requiring immediate medical treatment.
- Travel and Stay Over of One Immediate Family Member: The Insured will be compensated for the expenses incurred on one economy class airfare and accommodation, for an immediate family member or a person appointed by the Insured, if the Insured is hospitalized for more than seven days whilst on a Trip abroad during the period of Insurance.
- Trip Cancellation and Curtailment: Covers against all irrecoverable deposits, advance payments and other charges paid or due to be paid for travel and / or accommodation in the event of the Insured's covered Trip being necessarily cancelled or curtailed.