SECTION 1

We welcome you as an Emirates NBD Credit Cardholder to enjoy the benefits offered under the Group personal Accident Insurance Policy pursuant to Policy No. H1L21000150 (the "Policy") issued by Abu Dhabi National Insurance Company (the "Company") in favor of Emirates NBD PJSC (the "Policyholder").

This Policy protects you in the event of Death due to Accident, Permanent Total Disability due to Accident, Critical Illness and Involuntary Loss of Employment. In addition, this Policy also offers enhanced protection to you in the event of an unfortunate Hospitalization due to Accident.

We request that you read these Policy details carefully in order to understand the scope of the cover being offered.

IMPORTANT NOTICE:

The scheme is being offered to all eligible credit cardholders who are resident in the UAE and who have enrolled in this Policy within 60 days from the 01-08-2021 (the "Inception Date"), the final date for enrolment being 30-09-2021 referred to thereafter as the Insured Cardholder(s).

In the event of Death due to Accident or Permanent Total Disability due to Accident or diagnosis of Critical Illness or Involuntary Loss of Employment or Hospitalization due to Accident, the Company shall pay the Benefit to the Policyholder and/or the Insured Cardholder as stated herein.

SECTION 2: SCHEDULE

After the initial 60 days, the Policyholder's family or legal representative may renew the Policy for additional coverage without any medical examination by paying the premium for the remaining 12 months.

The Policyholder must ensure that all premiums are paid in full and on time to maintain coverage.
**Scope of Cover**

**Sum Insured**

**Death due to Accident:**
In the event of Death due to Accident of the Insured Cardholder, the Company shall pay to the Policyholder an amount of AED 200,000/-.

**Permanent Total Disability due to Accident:**
In the event of Permanent Total Disability due to Accident of the Insured Cardholder, the Company shall pay to the Policyholder an amount of AED 100,000/-.

**Critical Illness:**
AED 100,000/- (in the event of Critical illness and subject to Section 5: Exclusions, the Company shall pay to the Policyholder, the outstanding Credit Balance or Credit Limit, whichever is lower subject to maximum of AED 100,000).

- **Waiting Period:** No Benefit shall be payable under this Policy in respect of a Critical Illness diagnosed within a period of three months after the Commencement Date.
- **The Insured Cardholder survives more than 30 days (the 'survival period') from the date of a conclusive diagnosis.**
- **A claim for Critical Illness under this Policy will only be considered if submitted within 30 days of the first diagnosis.**
- **Pre Existing Conditions are not covered under this Policy.**

**Critical Illnesses Covered under this Policy:**
- Stroke
- Kidney Failure (End Stage Renal Disease)
- Coronary Artery Bypass Surgery
- Cancer
- Major Organ Transplant
- Multiple Sclerosis

**Involuntary Loss of Employment (ILOE):**

In the event of ILOE occurring during the Period of Insurance and **subject to the Section 5:** Exclusions the following shall be paid to the Policyholder, 10% of the Outstanding Credit Balance or Credit Limit, whichever is lower but not exceeding a maximum amount of AED

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**نطاق التغطية**

**مبلغ التأمين**

**الوفاة بسبب حادث:**
في حالة وفاة حامل البطاقة المؤمن عليه بسبب حادث، يجب على الشركة أن تدفع لحامل البطاقة مبلغ 200,000 درهم إماراتي /-

**العجز الكلي الدائم بسبب حادث:**
في حالة إصابة حامل البطاقة المؤمن عليه بعجز الكلي الدائم بسبب حادث، يجب على الشركة أن تدفع لحامل البطاقة مبلغ 100,000 درهم إماراتي /-

**الأمراض الحرجة:**

100،00 درهم إماراتي (وذلك في حالة الإصابة بمرض خطير، وكانت الحالة تحقق للفصل 5: الاستثناءات، يجب على الشركة أن تدفع لحامل البطاقة، قيمة الرصيد المستحق على بطاقة الائتمان أو قيمة الحد الائتماني، أيهما أقل، بشرط أن يكون الحد الأقصى 100،000 درهم إماراتي). -

1. **فترة الانتظار:** لن تدفع أي مكافأة (تعويضات) بموجب هذه البطاقة لحالة إصابة بمرض خطير في حالة تم تشخيصه خلال الثلاثة أشهر الأولى من تاريخ البدء.
2. **أن ينجو حامل البطاقة المؤمن عليه لفترة أكثر من 30 يومًا (فترة النجاة) وتبدأ من تاريخ التشخيص القاطع للحالة الحرجة.**
3. **لن يتم النظر في مطالبة إصابة بمرض خطير بموجب هذه البطاقة إلا إذا تم تقديمها في غضون 30 يومًا من تاريخ التشخيص الأول.
4. **لا تغطي هذه البطاقة أي حالات إصابة مسببة ذات صلة.**

**الأمراض الحرجة التي تغطيها هذه السياسة:**
- الجلطة
-isodes (نهاية مرحلة المرض الكلوي)
- عملية جراحة الشريان التاجي الالتفافية
- مرض السرطان
- زراعة الأعضاء الرئيسية
- مرض التصلب المتعدد

**فقدان العمل غير الطوعي (ILOE):**

في حالة فقدان العمل غير الطوعي أثناء فترة التأمين والخاضعة لما هو مذكور في "الفصل 5: الاستثناءات"، ستحصل دفعة ما يلي إلى حامل البطاقة 10٪ من قيمة الرصيد المستحق على بطاقة الائتمان أو الحد الائتماني، أيهما أقل، بشرط أن يتجاوز الحد الأقصى لهذا المبلغ 4,000 درهم إماراتي /-

على عاملًا عن العمل.
4,000/-, for each month the Insured Cardholder remains unemployed.

Further, an additional 10% of the Outstanding Credit Balance or Credit Limit, whichever is lower but not exceeding a maximum amount of AED 1,000/-, or the remaining Outstanding Credit Balance or Credit Limit after paying to the Policyholder will be paid to the Insured Cardholder for each month the Insured Cardholder remains unemployed.

These payments are subject to the condition that such Indemnity Period shall not exceed 12 months from the date of first claim pay-out. The maximum combined Benefit amount payable to the Policyholder in respect of any one Insured Cardholder shall not exceed AED 60,000 for any one claim or several claims in aggregate and shall not under any circumstance exceed 100% of the Outstanding Credit Balance or Credit Limit of the Insured Cardholder whichever is lower on the Date of Event.

Hospital Cash Benefit: Subject to Section 5: Exclusions, in the event of Accidental Bodily Injury first occurring or manifesting itself during the Period of Insurance causing the Insured Cardholder to be hospitalized in excess of a continuous period of 48 hours, the daily Benefit of AED 100 in cash, shall be payable by the Company to the Insured Cardholder. The total number of days for which Hospital Cash Benefit shall be payable in any Policy Year is limited to a maximum of 30 days Hospitalization.

The Company agrees to pay to the Policyholder the Benefit herein agreed to be applied to the accounts of Insured Cardholders with the Policyholder. Any Benefit so paid shall completely discharge the Company’s liability with respect to the claims to which such Benefit relates.

Irrespective of the number of Credit Cards held by an Insured Cardholder, the total Sum Insured in relation to the Scope of Cover is limited to the Aggregate Sum Insured as set-out in the table below.

Coverage under this Policy is subject to premiums being paid to the Policyholder from the Commencement Date of this Policy.
### Scope of Cover

<table>
<thead>
<tr>
<th>Event Description</th>
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### Notes:

- Minimum eligible age for this Policy is 18.
- Maximum eligible age for Death due to Accident and Permanent Total Disability due to Accident is 69.
- Maximum age for Critical Illness, Involuntary Loss of Employment and Hospital Cash Benefit due to Accident is 59.

- For Death due to Accident and Permanent Total Disability due to Accident this Policy will only provide coverage up to the age of 70.
- For Critical Illness and Involuntary Loss of Employment and Hospital Cash Benefit this Policy will only provide coverage up to the age of 60.
- The geographical limit of this policy is 'worldwide /24 hours' in respect of all Benefit except for Involuntary Loss of Employment and Hospital Cash Benefit, for which the geographical limit is restricted to the UAE.
- Permanent Total Disability due to Accident can only be recognized in the United Arab Emirates by a physician authorized by the Company.
- Only the primary Cardholder will be eligible for this Policy. Supplementary cardholders or corporate credit card holders are not eligible.

### Additional Information:

- Minimum eligible age for this Policy is 18.
- Age limit for Death due to Accident and Permanent Total Disability due to Accident is 69.
- Age limit for Critical Illness, Involuntary Loss of Employment and Hospital Cash Benefit due to Accident is 59.
- For Death due to Accident and Permanent Total Disability due to Accident this Policy will only provide coverage up to the age of 70.
- For Critical Illness and Involuntary Loss of Employment and Hospital Cash Benefit this Policy will only provide coverage up to the age of 60.
- The geographical limit of this policy is 'worldwide /24 hours' in respect of all Benefit except for Involuntary Loss of Employment and Hospital Cash Benefit, for which the geographical limit is restricted to the UAE.
- Permanent Total Disability due to Accident can only be recognized in the United Arab Emirates by a physician authorized by the Company.
- Only the primary Cardholder will be eligible for this Policy. Supplementary cardholders or corporate credit card holders are not eligible.

### Death due to Accident

- AED 300,000

### Permanent Total Disability due to Accident

- AED 300,000

### Critical Illness

- AED 100,000

### Hospital Cash Benefit due to Accident Only

- AED 3,000

### Involuntary Loss of Employment

- AED 60,000

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الحد الأدنى للسن المؤهل لهذه البوليصة هو 18 عاماً.

الحد الأقصى للسن المؤهل للإستفادة من ميزة الوفاة بسبب حادث و الإصابة بالعجز الكلي الدائم بسبب حادث هو 69 عاماً.

الحد الأدنى للسن الذي يسمك له الإستفادة من منحة الإصابة بأمراض خطيرة وفقدان العمل غير الطوعي والتعويضات النقدية للعلاج في المستشفى بسبب حادث هو 59 عاماً.

في حالة الوفاة بسبب حادث والعجز الكلي الدائم بسبب حادث، ستتوفر هذه البوليصة تغطية حتى سن الـ 70 فقط.

ستوفر هذه البوليصة تغطية حتى سن الـ 60 فقط بالنسبة لميزة الأمراض الحرة وفقدان العمل غير الطوعي والتعويضات النقدية للعلاج في المستشفى.

الحد الجغرافي لهذه البوليصة هو "حول العالم وعلى مدار الساعة"، وذلك لما يتعلق بجميع المزايا باستثناء فقادات العمل غير الطوعي والتعويضات النقدية للعلاج في المستشفى، والتي تقتصر الحد الجغرافي عليها على دولة الإمارات العربية المتحدة.

سيتم الاعتراف بإصابات العجز الكلي الدائم الناتجة عن حادث في دولة الإمارات العربية المتحدة من قبل طبيب مصرف له من قبل الشركة فقط.

سيكون حامل البطاقة الأساسي فقط مؤهلاً للإسقاط من هذه البوليصة، أما حالات البطاقات الإضافية أو حملة بطاقات الشركات الإتمانية فهم غير مؤهليين للإسقاط من هذه البوليصة.

في حالة إعادة تسجيل أو إعادة إدراج حملة البطاقات الذين اخترىوا الانسحاب من هذه البوليصة، سيتم التعامل مع مثل هذه الحالة على أنها حالة تأسيس جديدة لحامل البطاقة الممون عليه ويطبق فترة الانتظار المعمول بها من تاريخ البدء.
In case of re-entry or inclusion of Cardholders who have opted out of this scheme it will be treated as new insurance for the Insured Cardholder and the applicable Waiting Period shall apply from the Commencement Date.

This Policy shall be governed by and construed in accordance with the laws of the Emirate of Abu Dhabi and United Arab Emirates. Any claims and or disputes arising out of or relating to this Policy shall be subject to the exclusive jurisdiction of the competent courts of the Emirate of Abu Dhabi.

SECTION 3
DEFINITIONS:

For the purpose of this Policy, the following definitions shall apply unless the context otherwise requires:

Accident means a sudden, unintended, fortuitous, violent, visible and external event and does not include any naturally occurring condition or degenerative process, which occurs during the period of insurance at an identifiable time and place including exposure resulting from a mishap to a conveyance in which the Insured Cardholder is travelling.

Agreement means a Credit Card agreement entered into on or after the date of this Policy, between the Policyholder, as creditor and the Insured Cardholder.

Appropriate Authority means governmental or regulatory bodies set up by the state or Central Government from time to time that are solely responsible for registering, permitting and monitoring hospitals and other similar places where medical treatment is provided.

Benefit means the amounts payable to the Policyholder or Insured Cardholder under this Policy in respect of Death due to Accident, Permanent Total Disability due to Accident, Critical Illness, ILOE or Hospital Cash Benefit as set-out in Section 2: Schedule.

Bodily Injury means injury to the body which:
(a) is sustained by an Insured Cardholder
(b) was caused by an Accident or
(c) was a result of an Injury of a similar nature to the Injury sustained by the Insured Cardholder from which the Insured Cardholder has recovered
(d) was not due to any misconduct of the Insured Cardholder.

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during the Period of Insurance;
(b) caused by an accident, and
(c) solely and independently of any other cause, except illness directly resulting from, or
surgical or medical treatment rendered necessary by, such injury, occasions the disablement of the
Insured Cardholder within 120 days from the date of the accident by which such injury is caused.

Cardholder means a natural person and is a primary account holder of the Credit Card issued to the insured who has not been disqualified by the provisions of this Policy to be eligible to receive the Benefits under this Policy.

Credit Balance means amounts payable by the Cardholder arising from the use of the Card or the Card Number or the PIN or under the Terms and Conditions of the Credit Card Agreement and includes without limitation all Card transactions, fees, finance charges, additional expenses, damages, legal costs, and disbursements, which will be debited to the Card Account and form part of Current Balance.

The applicable Credit Cards are ENBD Credit Card Facility as issued from time to time to the Cardholder and subsequently issued, renewal and replacement Credit Cards if any, which has been nominated as the facilities to which the coverage is to apply.

Commencement Date means the date the Cardholder is enrolled for this Policy by the Policyholder or the Inception Date whichever is later.

Credit Card means the credit card or other form of financial accommodation provided by the Policyholder to the Cardholder.

Credit Limit means the Credit Limit set out by the Policyholder on the Credit Card for the Insured Cardholder.

Credit Card Facility means the Policyholder credit card facility, which have been nominated as the facilities to which the Benefits under this Policy applies.

Covered Critical Illness means the Insured
Cardholder having suffered or developed one of the following critical illnesses during the Period of Insurance:

- **Cancer**
  Every cancer is characterized by uncontrolled growth, spread of malignant cells and invasion of tissue. The term “Cancer” includes leukaemia and Hodgkin’s disease. Excluded are:
  - All tumors the histology of which is in pre-cancer stage and is non-invasive or cancer localized in situ.
  - Tumors of the prostate, unless they are histologically classified as a result of Gleason score exceeding (6) or amounting at least to the TNM classification (T2N0M0).
  - All forms of lymphomas in the presence of any Human Immunodeficiency Virus.
  - Kaposi’s Sarcoma in the presence of Human Immunodeficiency Virus.
  - Any skin cancer except invasive malignant melanoma.

- **Stroke**
  Any Cerebrovascular incident (or accident) producing neurological sequelae lasting more than 24 hours; which are of permanent nature. This includes infarction of brain tissue, haemorrhage from an intracranial and/or a subarachnoid vessel and embolism from an extracranial source. Excluded specifically are Transient Ischemic Attacks (TIA).

- **Coronary artery (bypass) surgery**
  The actual undergoing of open-heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of two or more coronary arteries by the use of bypass grafts, excluding balloon angioplasty, laser techniques or any other procedures.

- **Major Organ Transplant**
  The actual undergoing of transplant of the heart, liver, lung, pancreas or bone marrow. It must be ensured that the donated organ is of a human source. It is understood that the cost of organ is not covered.

- **Kidney Failure**
  End stage, irreversible, renal failure due to chronic failure of both kidneys to function. This must be evidenced by the insured undergoing
regular renal dialysis or undergoing renal transplant.

- Multiple Sclerosis

Unequivocal diagnosis of multiple sclerosis by a consultant neurologist holding such an appointment at an approved Hospital. The Cardholder must exhibit neurological abnormalities that have existed for a continuous period of at least six months or must have had at least two clinically documented episodes. This must be evidenced by the typical symptoms of demyelisation and impairment of motor and sensory functions.

**Daily Benefit** means the amount of Hospital Cash Benefit payable per day under this Policy.

**Date of Event** means any one of the following:

I. In respect of Accidental Death, the date of death resulting from accident except those expressly excluded, happening or manifesting after the Commencement Date to be covered and during the Period of Insurance.

II. In respect of Permanent Total Disability, the date of recognition by a Competent Authority of Permanent Total Disability resulting from an accident, happening or manifesting after the Commencement Date to be covered and during the Period of Insurance.

III. In respect of Critical Illness, the date of diagnosis of any one of the Critical Illnesses by a competent Authority, resulting from an accident or illness happening/ manifesting after the Commencement Date to be covered and during the Period of Insurance.

IV. In respect of Hospitalization the date of admission to Hospital following an Accident after the Commencement Date and during the Period of Insurance.

V. In respect of ILOE, the date of Notice of Termination served to the Cardholder after the date of entry into the Policy by the member and during the Period of Insurance, subject to the Waiting Period.

**Death** means death due to accident except as stated under Section 5: Exclusions of this Policy.

**Defaulted Cardholder(s)** are Cardholders having three or more unpaid instalments.

في مستشفى معتمد. يجب أن يظهر حامل البطاقة تشوهات عصبية كانت موجودة لفترة متواصلة لا تقل عن ستة أشهر أو يجب أن يكون قد تعرض لحادثين مؤقتين سريعاً على الأقل. يجب أن يصبح هذا من خلال الأعراض البدنية لإزالة المجلدات وضعف الوظائف الحركية والحساسية.

**المكافأة اليومية:** تعني مبلغ المنفعة النقدي للعلاج في المستشفى والمستحق الدفع يوميًا بموجب هذه البوليصة.

**تاريخ الحدث:** يعني أيًا مما يلي:

1. إذا كان التاريخ يتعلق بالوفاة نتيجة حادث، فسيكون تاريخ الوفاة الناتجة عن حادث، باستثناء تلك التواريخ المستبعدة.

2. إذا كان التاريخ يتعلق بالإصابة بالعجز الكلي الدائم، فسيكون هو تاريخ الاعتراف المعلن من قبل السلطة المختصة.

3. إذا كان التاريخ يتعلق بالإصابة بالمرض الحرج، فسيكون تاريخ تشخيص أي من الأمراض الخطرة من قبل السلطة المختصة، أو النتائج عن حادث أو عن إصابة بمرض حدث أو الذي ظهر بعد تاريخ البدء تغطيته وخلال فترة التأمين.

4. إذا كان التاريخ يتعلق بالعلاج بالمستشفى، فسيكون هو تاريخ الإدخال إلى المستشفى بعد وقوع حادث بعد تاريخ البدء وخلال فترة التأمين.

5. إذا كان التاريخ يتعلق بفقدان العمل غير الطوعي، فسيكون تاريخ استلام إشعار الفصل عن العمل المقدم إلى حامل البطاقة والذي حصل بعد تاريخ إشراك العضو في البوليصة وخلال فترة التأمين، مع مراعاة فترة الانتظار.

**الوفاة:** تعني الموت الناتج عن حادث باستثناء ما هو مذكور في "القسام: الاستثناءات" في هذه البوليصة.

**حامل البطاقة المعترضون:** يعني حامل البطاقة (حملة البطاقات) الذي لديه ثلاثة أقسام غير مفوضة أو أكثر.

**استمارة طلب التسجيل:** تعني، وما لم يتم ذكر خلاف الأمر المتفق
Enrollment Form shall mean, unless otherwise arranged by mutual agreement between the Policyholder and Company, the Credit Card application form with the necessary legal insurance requirements & information included, as to make it valid as a single form for both Credit Card & insurance application.

Expatriate means a person temporarily or permanently residing in a country (in this context U.A.E), holding a valid permanent residence visa as per UAE Regulations.

Expiry Date: twelve months from the Commencement Date.

Geographical limits: The cover provided under this insurance is Worldwide basis/24 hours for Death due to accident, Permanent Total Disability (Accident), and Critical Illness. However, the cover is restricted to the UAE in respect of the ILOE Benefit & Hospital Cash Benefit.

Hospital means an institution in U.A.E established for indoor care, offers allopathic treatment only for sickness and injuries which:

a) is registered as a hospital or nursing home with the Appropriate Authorities and is under the supervision of a registered and qualified Physician, and

b) provides all the following facilities:
   i. at least 10 inpatient beds;
   ii. a fully equipped operation theatre of its own where surgical operations are carried out;
   iii. fully qualified nursing staff under its employment 24 hours per day;
   iv. fully qualified Physicians in supervision 24 hours per day; and
   v. maintains a daily medical record for each of its patients.

c) For the purpose of this Policy, the terms Hospital shall not include any custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders even if the institution has been registered as a Hospital or nursing home with the Appropriate Authorities.
**Hospitalization** means the Insured Cardholder is required to stay as an inpatient in a Hospital within UAE for medically necessary treatment following and due to Accidental Bodily Injury.

**Hospital Cash Benefit** means the Benefit as specified in Section 2: Schedule of this Policy.

**ILOE Waiting Period** There will be no Waiting Period for the existing protect plus customers who enrol in this Policy within 60 days from the Inception Date of this Policy, the final date for enrolment being 30-09-2021. If following enrolment in this Policy the Insured Cardholder changes employer the ILOE Waiting Period shall be 180 days from the start of their new employment.

**Indebtedness** means the total amount outstanding in the Credit Card Facility as on the Date of Event excluding any Credit Card Facility availed after the Date of Event and subject to a maximum of the Insured Cardholder's Credit Limit.

**Indemnity Period** means the period specified in Section 2: commencing from the date of ILOE.

**Involuntary Loss of Employment (or ILOE where it appears)** means unemployment of the Insured Cardholder arising out of the unilateral decision of the employer to terminate the Insured Cardholder’s employment contract without citing any valid reason or for any reason other than those mentioned under Section 5: Exclusions in this Policy.

Provided the Insured Cardholder provides notification at least 180 days after the Inception Date or date of enrolment in the Policy whichever is later.

**Notice of Termination** means the first intimation given to the Insured Cardholder in writing of his impending loss of employment by his employer.

**Outstanding Credit Balance** means the total amount outstanding in the Credit Card Facility of the Insured Cardholder as on the Date of Event and excluding, any Credit facility availed after the Date of Event not exceeding maximum of the Cardholder’s Credit Limit.

**العلاج في المستشفى**: يعني أن حامل البطاقة المؤمن عليه مطالب بالبقاء كمريض داخلي في مستشفى داخل دولة الإمارات العربية المتحدة وذلك لتلقي العلاج اللازم طبيًا بعد الإصابة الجسدية العرضية وبسببها.

**التعويض النقدي للعلاج في المستشفى**: يعني الميزة ذات الصلة والمذكورة في القسم 2: جدول هذه السياسة.

**فترة الانتظار الخاصة لمنفعة فقدان العمل غير الطوعي**: لن تكون هناك فترة انتظار للعملاء المشتركين بميزة "بروتيكت بلس"، والذين اشتركيوا بهذه البوليصية خلال فترة 60 يومًا من "تاريخ البدء" بهذه البوليصة، حيث سيكون التاريخ النهائي للانتظار هو 30-09-2021. وإذا قام حامل البطاقة المؤمن عليه بتغيير صاحب العمل بعد الإشراك في هذه البوليصة، ستكون فترة الانتظار الخاصة بمنفعة فقدان العمل غير الطوعي هي 180 يومًا وتبدأ من تاريخ التحاقهم بعملهم الجديد.

**المديونية**: تعني المبلغ الإجمالي المستحق على تسهيل بطاقة الائتمان في تاريخ وقوع الحادث، استثناء أي تسهيلات بطاقة الائتمان تم الاستفادة منها بعد وقوع الحادث، وسيتم تسوية هذا المبلغ لشروط قيمة الحد الإجمالي الأقصى المتوفر لحامل البطاقة المؤمن عليه.

**فترة التعويض**: تعني الفترة المحددة في "القسم 2: البدء من من تاريخ فقدان العمل غير الطوعي".

**فقدان العمل غير الطوعي (أو ILOE)**: يعني حالة بطاله (عدم عمل) حامل البطاقة المؤمن عليه، وناتجة عن قرار إحدى من جانب صاحب العمل بإنهاء عقد عمل حامل البطاقة المؤمن عليه دون ذكر أي سبب وجيه أو أي سبب آخر غير الأسباب المذكورة في "القسم 5: الاستثناءات في هذه البوليصة".

يفرض على حامل البطاقة المؤمن عليه إحضار أخذ رخصة قدرة 180 يومًا على الأقل من تاريخ البدء أو من تاريخ التسجيل في البوليصة، أيهما يأتي لاحقًا.

**الإشعار بإنهاء عقد العمل**: يعني أول إخطار كتابي يتم إرساله إلى حامل البطاقة المؤمن عليه ويهتم صاحب العمل بإعلامه أنه يفقد وظيفته قريبًا.

**الرصيد المستحق على بطاقة التأمين**: يعني إجمالي المبلغ المستحق على تسهيل التأمين لحامل البطاقة المؤمن عليه، وذلك اعتبارًا من تسهيل التأمين تم الاستفادة منه بعد تاريخ وقوع الحادث، مع إشارة أن لا يتجاوز ذلك المبلغ الحد الإجمالي الأقصى المتوفر لحامل البطاقة.
Permanent Total Disability (or PTD where it appears) means in the opinion of the Company's medical officer, a medically observed total and permanent inability of the Cardholder to perform any activity or occupation, due to Accident that occurs prior to attaining the age of 70 years. This is subject to exclusions mentioned in this agreement. PTD includes the permanent and total inability to perform, without assistance of a third person, the following Acts of Daily Living:

1. Washing: the ability to wash in the bath or in a shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from bed/chair to an upright position or wheelchair and vice-versa;
4. Mobility: the ability to move indoors from room to room on level surface;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

Assessment of PTD and subsequent potential payment of Benefit is made after 6 months continuous disability following the event-giving rise to the claim. However, this time limit shall not apply to cases of physical severance or amputation of limbs. The Company reserves its right to seek a second opinion at its own cost to satisfy their decision prior to invoking the appropriate clause.

Physician means a qualified allopathic medical practitioner holding a valid subsisting license, granted by the appropriated licensing authority and practicing within the scope of his license.

Pre Existing Condition means illness, disease or sickness occurring or manifesting prior to the Commencement Date of cover in respect of an Insured Cardholder for which advice or treatment

العجز الكلي الدائم (أو PTD: يعني، حسب رأي المسؤول الطبي للشركة، عدم قدرة حامل البطاقة الكلية والدائمة، والتي تتم بناء على الملاحظة والمعاينة بشكل طبي، على أداء أي نشاط أو مهنة، والنتيجة بسبب حدث وقعت قبل 70 عاماً. يفتقد ما حققه من مساعدة شخص ثالث، على أداء أعمال الحياة اليومية التالية:

1. الإغتسل: القدرة على غسل في الحمام أو الخروج من الحمام (أو الإغتسل بطريقة مرضية من السابق أخرى)
2. ارتداء الملابس: القدرة على ارتداء جميع الملابس وجعلها، وربطها وفكها، وركوب وك荔枝م أو أطراف صناعية أو جراحة أخرى أخرى (عند الحاجة)
3. النقل: القدرة على الانتقال من السيارة / الكرسي إلى حالة الوقوف أو الجلوس على الكرسي المتحرك والعكس
4. القدرة: القدرة على التحرك في الأماكن الداخلية مثل الانتقال من غرفة إلى أخرى متواجدة على نفس المستوى الأعلى
5. استخدام المرحاض: القدرة على استخدام المرحاض، أو بشكل آخر تلبية المحتاجين في حالة الكهف أو الفضيلة أو الامام أو المانيا للحفاظ على مستوى مرض من النظام الشخصي
6. تناول الطعام: القدرة على تناول الطعام بشكل شخصي بمجرد تحضير الطعام وتوفيره

يتم إجراء تقييم العجز الكلي الدائم والدفع المحتمل للاعتراف PTD والدفع المحتمل للاعتراف. يتم اتخاذ إجراءات بعد 6 أشهر من تاريخ إثبات الإصابة المستمرة بالعجز نتيجة الحادث الذي أدى إلى تقييم الطبيعة. ومع ذلك، لا تنطبق هذه المهلة على الحالات التي يحدث فيها قطع في الجسد أو بتر للأطراف. تحقق الشركة بنجاح في مملأ تأكيد قرارها في القدرة والدفع بالسبب المناسب.
was sought or obtained from a Physician, chiropractor, naturopath or any other practitioner of a similar kind within twelve months immediately prior to the Commencement Date.

Policy shall mean this agreement, any supplementary contracts or endorsements herein, amendments signed by the Company and the Policyholder, along with any insurance application, health declaration, medical questionnaire, medical evidences of the insured cardholders and summaries of cover, which together constitute entire contract between the Company and Policyholder.

Policyholder means the financial institution granting the Credit Card Facility to the Insured Cardholder.

Policy Year means any period of twelve months from the Inception Date of this Policy.

Period of Insurance means the period commencing from the Commencement Date of insurance for which the premium is fully paid, taking into account any applicable grace periods under the terms of this Policy.

Re-employment (including re-employed) means accepting and starting work for a new employer or the same employer under a new employment contract within the Indemnity Period.

Self-employed means working for oneself. A self-employed person is one that works for themself rather than an employer drawing an income from the business in which they are owner or have an equity ownership or an interest in (including but not limited to share holdings).

Sickness means illness or disease of the Insured Cardholder which commences or manifests itself after they meet the eligibility requirements, the date of endorsement or reinstatement of this Benefit whichever is later.

Scheduled Airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for a civilian scheduled air carrier.

البوليصة: تعني الاتفاقية وأي عقود تكميلية أو وثائق متضمنة، والفواتير الخاصة. البدء في العمل أو استئناف العمل أو إعادة التوظيف أو العمل الحر أو العمل الخصوصي: يعني العمل الخاص لشخص يحمل لمسحة شخصية أو مساحة خاصة هو الشخص الذي يعمل لصالح الشخص الذي ينتمي إليه وذلك في عمل يجعل دخله كم يحق له ملكية أسهم أو مملكة بموجب الائتمان أو التزامات الإعلانات الخاصة بالسياق المحدد بمساحات محددة.

المرض: يعني المرض الذي يسبب حامل البطاقة المؤمن عليه والذي بدأ أو يظهر بعد استيفائه لمتطلبات الأهلية، أو تاريخ الاستحقاق على هذه الموازات أو الاستفادة منها، أيما يأتي لاحقًا.

الخطوط الجوية المجدولة: تعني أي طائرة مدنية تقوم على تشيئتها.
transport issued by the country of the aircraft’s registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, or regular or chartered flights operated by such carrier.

**Terrorism** means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property or commission of an act that interferes with or disrupts an electronic communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, civilian population or any segment of the economy.

**Travel** means any transport conveyance which is deemed to include private motor vehicle as well as public aircraft, ships, trains and busses licensed by the appropriate governmental authority to carry passengers on a permitted route with scheduled ports, terminals or stations of embarkation and disembarkation.

**UAE** means United Arab Emirates.

**Waiting Period** means 90 days with respect to Critical Illness Benefit following the Commencement Date for the Insured Cardholder. No claim for Critical Illness is permitted by the Insured Cardholder where the notification occurs during this period.

**War** means, whether declared or not, any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**War like operations** means hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege.

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**SECTION 4**

**ELIGIBILITY**

**ACCIDENTAL DEATH AND PERMANENT TOTAL DISABILITY DUE TO ACCIDENT**
Eligible Cardholders are individuals who are granted Credit Card Facility by the Policyholder and meet the following criteria at time of enrolling into this Policy.

1. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
2. The Cardholder is not absent from work because of an accident, sickness or disability at time of enrolment.
3. The Cardholder shall be within the age criteria specified in Section 2: Schedule of this Policy.
4. The Cardholder must be residing in the UAE.

**IN VOLUNTARY LOSS OF EMPLOYMENT**

1. Cover is provided to an Expatriate, primary Cardholder only.
2. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
3. The gross salary of the Cardholder shall not be less than AED 2,000 per month.
4. The Cardholder should have been employed with the same employer for at least 6 months.
5. The Cardholder must have a full-time permanent employment contract with his employer of not less than 2 years.
6. The Cardholder shall be within the age criteria specified in Section 2: Schedule of this Policy.
7. The Cardholder is resident of UAE under a valid Employment Visa. (Tourist visa, students visa, spouse sponsorship, investor visa etc. are not eligible under this Policy)
8. No payment under the ILOE Benefit will be done during the employment termination notice period.
9. The Insured Cardholder has to submit their passport in original form showing the visa page to the Company as a proof of their continued unemployment. The indemnity will be paid out initially for first 6 months upfront following validation of documents. If the Insured Cardholder continues to be unemployed, post 6 months of first pay out then following shall apply:
   a) For Insured Cardholders residing in the UAE either on spouse sponsored resident visa or

**فقدان العمل غير الطوعي**

1. يتم توفير المغطاء لحامل البطاقة الأساسي من المقيمين فقط.
2. يجب أن يتضمن معايير الأهلية المعمقة على مستوى من قبل حامل البوليصة لتصبح مؤهل ليكون "حامل البطاقة".
3. يجب أن يكون متوسط أجر البطاقة عن 2,000 درهم في الشهر.
4. يجب أن يكون متوسط أجر البطاقة قد حققه لدى نفس صاحب العمل لمدة أشد من الاقتراب.
5. يجب أن يكون لدى حامل البطاقة عملاً دوماً بدأ كاملاً مع صاحب العمل لمدة لا تقل عن ستين.
6. يجب أن يكون حامل البطاقة ضمن المعايير العمرية المحددة في "القسم 2": جدول هذه البوليصة.
7. أن يكون حامل البطاقة مقيد في دولة الإمارات العربية المتحدة بموجب تأشيرة عمل سارية. (إن التأشيرة السياحية، تأشيرة الطالب، تأشيرة الزوج، تأشيرة المستمر و وما شابها ليست موفقة للإسقافة من هذه البوليصة).
8. لن يدفع أي تعويضات بموجب مفعمة فقدان العمل غير الطوعي خلال فترة إعطاء إشعار إنهاء الخدمة.
9. يجب على حامل البطاقة الموظف عليه تقديم جواز سفره الأساسي للشركة بشكل شهري يظهر صفة التأشيرة كدليل على استرداد البطالة. سيتم دفع التعويض مبديئاً عن أول 6 أشهر مقدماً بعد التحقق من صحة المستندات. وفي حالة ظل حامل البطاقة الموظف عليه عاطلاً عن العمل بعد فترة الأشهر من دفع التعويض، سيتم تطبيق ما يلي:
   a) بالنسبة لحملة البطاقات الموظف عليهم المقيمين في دولة الإمارات العربية المتحدة ساء بأنه تأشيرة إقامة برعاية الزوج أو بتأشيرة عمل ممتد من قبل صاحب البطاقة الأساسي: يجب على حامل البطاقة الموظف عليه تقديم جواز سفره الأساسي إلى الشركة بتكليف على استرداد البطالة كل شهر وسيتم دفع التعويضات على أساس شهري.
original employer extended work visa: the Insured Cardholder shall submit their passport in original showing the visa page to the Company as a proof of their continued unemployment every month and Benefit pay-out will be on monthly basis.

b) For Insured Cardholders residing outside the UAE, if the Insured Cardholder continues to remain unemployed after the first six months Benefit payment, an additional six-month lump sum Benefit will be paid to the Policyholder and to the Insured Cardholder in the seventh month. Evidence of continued unemployment such as Income Tax report or Social Security register report along with regular documents must be presented on seventh month to establish the authenticity of the claim. These documents should be attested and authenticated at the UAE consulate in their country of residence. This is subject to retroactive reimbursement of the monthly Benefit in case the Insured Cardholder was found to be working following the indemnity being paid for 6 months.

10. There must be at least 12 months of continuous employment following settlement of the first claim for which Benefit has been paid to re-qualify for a new ILOE Benefit. In this case, 12 months of continuous employment can only be achieved under a permanent contract of employment.

11. Applicable only if the Insured Cardholder becomes unemployed as a consequence of redundancy or dismissal (not due to a reason of misconduct and non-performance or any other condition mentioned in Section 5: Exclusions).

SPECIAL CONDITIONS APPLICABLE FOR INVOLUNTARY LOSS OF EMPLOYMENT.

1. In the event of a claim, it must be notified to the Company as soon as possible but in any event not more than 30 days after the occurrence of the first intimation given to the Insured Cardholder in writing of his impending ILOE by their employer, together with any supporting evidence required by the Company.

2. The notification should have been issued after the Waiting Period (180 days from the cover Commencement Date).

3. The Insured Cardholder remains unemployed during the period for which the
Benefit under this Policy is paid monthly.

4. The Insured Cardholder shall inform the Company as soon as Insured Cardholder accepts an alternative job within the Indemnity Period but not later than 30 days following Re-employment.

5. If it is found that the Insured Cardholder has been re-employed during the period they have been receiving indemnified Benefit the entire claim will be void and the Company reserves the right to recover the full amount paid to the Insured Cardholder since the beginning of their claim for ILOE.

6. The Insured Cardholder is eligible as per the eligibility conditions provided hereunder.

7. The ILOE Benefit payment will start from after the Date of Event, subject to not being remunerated by the Insured Cardholder’s employer.

8. In case of change in employer by the Insured Cardholder, the ILOE Waiting Period will start from the start date of the new employment.

HOSPITAL CASH BENEFIT

1. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become an Insured Cardholder.

2. The Cardholder shall be within the age criteria specified in Section 2: Schedule of this Policy.

3. The Cardholder must be resident of UAE

SPECIAL CONDITIONS APPLICABLE FOR HOSPITAL CASH BENEFIT:

1. For every Hospitalization, no Benefit will be paid for the first 48 hours (two days) of Hospitalization, regardless of whether the life assured was admitted in a general or special ward or in an intensive care unit.

2. The total number of days for which Hospital Cash Benefit would be payable in a Policy Year would be restricted to a maximum of 30 days of Hospitalization.

3. Hospital Cash Benefit cover in respect of each Insured Cardholder shall terminate at the earliest of the following:
   a. the Expiry Date
   b. attaining the maximum Hospitalization limit per year of 30 days;
   c. the date of termination of the Policy due to any reason; and

التعويض، وفي موعد لا يتجاوز 30 يومًا من تاريخ إعادة التوظيف.

5. إذا تبين أن حامل البطاقة المؤمن عليه قد أعيد توظيفه خلال الفترة التي حلها فيها على ميزة التعويض، فسكون الطالبة مالية باطلة بالكامل وستتم إخططر الشريك بالحق في استرداد كامل المبلغ المفروم إلى حامل البطاقة المؤمن عليه منذ تاريخ تقديم طالب تعويض فدان العمل غير الطالب.

6. أن يكون حامل البطاقة المؤمن عليه مؤهلاً للاستفادة من هذه المنفعة وفقاً لشروط الأهلية المنصوص عليها أدناه.

7. سيبدأ تعويض فدان العمل غير الطالب بعد تاريخ وقوع الحدث، بشرط أن لا يقوم صاحب عمل الذي كان يعمل لديه حامل البطاقة المؤمن عليه بعرض عمل بأجر على حامل البطاقة المؤمن عليه.

8. في حالة قيام حامل البطاقة المؤمن عليه بتغيير صاحب العمل، فستبدأ فترة الانتظار الخاصة بمنفعة تعويض فدان العمل غير الطالب من تاريخ بدء التوظيف الجديد.

الشروط الخاصة المطبقة على التعويض النقدي عند المعالجة في المستشفى:

1. أن يتم دفع أي تعويضات عن أول 48 ساعة (أول يومين) من أي حالب علاج في المستشفى، بغض النظر عما إذا كان الموطن علم قد تم في حال علاج عام أو خاص أو في وحدة العناية المركزة.

2. إن عدد الأيام التي يتم فيها دفع تعويضات التعويض النقدي للعلاج بالمستشفى خلال سنة البوليصة ستكون لـ30 يومًا كحد أقصى.

3. سبب إياه تعويض التعويض النقدي للعلاج بالمستشفى لكل حامل بطاقته مؤمن عليه في أقرب وقت في أي من الحالات التالية:
   a. عند تاريخ انتهاء الصلاحية.
   b. بطول الحد الأقصى لفترة التعويض النفع بالمستشفى في العام، وهي 30 يومًا.
   c. عند تاريخ انتهاء البطاقة المؤمن عليه.
   d. في تاريخ وفاة حامل البطاقة المؤمن عليه.

4. من الشروط المسبقة التي ستدفع الشركة لتحمل مسؤولياتها.
d. the date of Death of the Insured Cardholder.

4. It is a condition prior to the Company’s liability under this Policy
a) that in the event of any accidental Bodily Injury which gives rise to a claim, the Insured Cardholder shall immediately and in any event not less than 30 days from the date of discharge provide the Company with written notification of a claim in the form prescribed by the Company along with supporting evidence as required by the Company; and
b) shall take reasonable steps and / or measures to minimize the consequences of the Bodily Injury in respect of their own lives; and
c) shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company’s liability hereunder that may be requested, and where reasonably required, submit themselves for examination by the Company’s appointed medical advisors as often as may be considered necessary by the Company.

5. The Company shall only make payment of this Benefit to the Insured Cardholder or in the event of death of the Insured Cardholder, to the Spouse or nominee of the Insured Cardholder. They can claim the Hospital Cash Benefit in respect of the Hospitalization or surgery that occurred prior to the death of the deceased Insured Cardholder, within 30 days of death provided that the death occurred during Hospitalization.

6. Any settlement of Benefit made in respect of claims to the Insured Cardholder’s Spouse or nominee by the Company as stated in point 5 above shall operate as complete and final discharge of the Company’s liability to make payment under this Policy for such claim.

7. A written certification from the Physician who attended the patient at Hospital where medical treatment, was administered during Hospitalization. The exact date and time of admission and discharge from the Hospital is necessary for the Company to consider a claim.
8. In processing of a claim, the Company reserves the right to call for any evidence, including but not limited to clinical, radiological, histological and laboratory evidence as may be required and the Insured Cardholder agrees to take on the responsibility of providing such evidence as required at his own expense. The Insured also agrees where reasonably required to submit to and undergo at their own expense, any medical investigation (including physical examination) as may be required by the Company, by personnel/Doctors authorized by the Company and to comply and co-operate with such instructions of such investigation. No claim shall be considered in case of failure of the Insured Cardholder to provide such evidence or submit himself to such medical investigations.

9. While the Company shall do its best to ensure that such investigation called for by the Company or by the third party administrators at the Diagnostic Centres and / or by the Doctors authorized by the Company shall be carried out in a safe and professional manner, the Insured Cardholder shall not hold the Company and the Company shall not be responsible for any unprofessional conduct and unexpected effects of such investigation.

10. The Insured Cardholder consents to the Company, its personnel and its authorized agents in seeking any personal information affecting the health of the Assured life as may be required by the Company from any Doctor, Medical attendant, Hospital, medical institution, pharmacy or any organisation including but not limited to the employer of the Insured Cardholder. The Insured Cardholder hereby authorize any such person, institution or organisation to provide the Company with the information requested.

11. If the Insured Cardholder or claimant shall make or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, or fail to disclose a Pre Existing Condition, this Policy shall immediately become void and all claims or payments in respect of all the Insured under this Policy shall be forfeited. Non-disclosure of any Pre Existing Condition
which directly links to the benefits covered in the Policy shall be considered as fraudulent and any claims or payments in respect of all the Benefits under this Policy shall be forfeited.

SECTION 5
EXCLUSIONS:
ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY BY ACCIDENT / CRITICAL ILLNESS

This Policy does not apply in the following circumstances:

1. Self-inflicted bodily injury regardless of its date or cause.
2. Sickness directly or indirectly attributed to HIV and/or any related illness including AIDS.
3. Chronic alcoholism or, abuse of alcohol or, abuse or addiction to drugs.
4. Civil war, war, invasion or warlike operations, act of foreign enemy, hostilities, revolt, mutiny, riots, strike, civil common, rebellion, revolution, insurrection, acts of terrorist to such a degree and extent of the involvement or engagement of the insured in these conditions without any cause.
5. Exposure of the body voluntarily, or not, to nuclear power or radioactivity in war or warlike operations or in peace; or military service in the armed forces or security forces of any country or any authority; however if an Insured Cardholder is a member of the police service or armed forces personnel and dies or becomes permanently disabled while performing in-line of duty, the Benefit under this Policy shall be payable, no Benefit will be payable for members of the police or armed forces if the claim is due to any of the following events: civil war, war, invasion or warlike operations, act of foreign enemy, hostilities, revolt, mutiny, riots, strike, civil commotion, rebellion, revolution, insurrection, acts of terrorism, any kind of training, exercise or assignment involving the use of ammunition or explosives of any kind.
6. Commission of or attempted commission of an assault or any unlawful act, or being engaged in any illegal activity or felony.
7. Flight of the Insured Cardholder in any kind of aircraft other than a Scheduled Airline.
8. Suicide while sane or insane shall be
excluded during the first year of the insurance coverage.

9. Nuclear radiation, nuclear fission, nuclear fusion and/or radioactive contamination. However, medical professionals in the field of radiology are covered.

10. Insured Cardholder engaging or taking part in any hazardous sports or activities involving a motor engine (including rallies), boxing, scuba / sky diving, parachuting or hang-gliding.

11. Pre Existing Conditions for death and disability Benefits are excluded for a period of one year from the date of entry into the scheme by Insured Cardholder.

12. Critical Illness due to Pre Existing Condition is excluded.

13. In the case of Permanent Total Disability, the following will not be covered:
   a) any psychiatric, mental or nervous disorder;
   b) Normal pregnancy, childbirth, abortion or miscarriage, or any complications thereof.

14. Disability attributed by the insured to subjective complaints not detectable with laboratory measurement, microbiological, biochemical means and/or imaging; critical illness due to chronic illnesses / conditions.

15. Critical Illnesses occurring within 90 days of the date of enrolment of the Insured Cardholder into the Policy.

16. Congenital or hereditary conditions for Critical Illness.

17. In respect of Critical Illness, epidemics, defined as the widespread occurrence of an infectious disease in a community or region which is in excess of the number of instances normally expected in that community or region and classified as an epidemic by the World Health Organization.

18. The Company will not pay the Benefit unless the Insured Cardholder has survived for one month after a diagnosis of any of the Critical Illness as defined.

**INVOLUNTARY LOSS OF EMPLOYMENT**

This Policy does not cover Involuntary Loss of Employment directly or indirectly in the following circumstances:

1. Knowledge of termination or impending
termination of employment at the start of coverage.
2. Involuntary Loss of Employment, which occurs within 180 days of the Commencement Date.
3. Voluntary termination of employment.
4. Refusal to accept alternative employment offered by the employer, where alternative employment has been refused.
5. Insured Cardholders who have not been continuously employed with the same employer for a minimum 6 months.
6. Insured Cardholders who are on probation.
7. Employment on a fixed term contract, part time, temporary, casual or contingent employment.
8. Resignation or leaving by mutual agreement or voluntary unemployment or redundancy after voluntary breaks for retirement, including early retirement. Retirement including voluntary, early, temporary or permanent retirement.
10. Disability, sickness or accident or any other medical reasons (mental and/or physical).
11. Where the unemployment is a normal, seasonal part of the employment or due to non-renewal of employment.
12. Where the Insured Cardholder has left the UAE. Outside UAE condition will only be applicable as per clause 9(b) Section 4: Eligibility for ILOE.
13. Where the Insured Cardholder has neither been terminated nor become redundant but their salary or allowances are being withheld in part or in full for any reason of the employment contract.
14. Unemployment as a result of the following:
   a) misconduct;
   b) refusal to accept orders from superiors which are in line with the obligations of the employment contract;
   c) criminal conviction;
   d) dishonesty or fraud;
   e) intentional non-performance or underperformance.
15. The employer’s rights to do so under article 120 of the UAE labour law.
16. Being involved in strikes, lockouts or other organized labour disputes or any unlawful acts
partial, season or casual employment.

17. Payment after the Insured Cardholder reaches the Age Limit specified in Section 2: Schedule of this Policy.

18. Termination of employment during probationary period.

19. The period for which payment from the employer is received instead of working during the employment termination notice period.

20. Employer’s failure where a contributing cause was a natural catastrophic peril, war or warlike event, or nuclear radiation.

21. The expiry of contract of employment.

22. Non-renewal of employment contract due to cessation or expiry of visa.

23. Loss of employment due to breach of employment contract.

24. If the loss of employment is in any way voluntary or initiates directly or indirectly from the Insured Cardholder.

25. Insured Cardholder was either working or employed or residing outside UAE. Outside UAE condition will only be applicable as per clause 9(b) Section 4: Eligibility for ILOE.

26. Loss of employment where the Insured Cardholder cannot prove it was involuntary.

27. Dismissal or redundancy where the employer is a family member or Insured Cardholder is a shareholder of the company where Insured Cardholder is employed.

**HOSPITAL CASH BENEFIT**

Benefits are not available hereunder and payments will not be made by the Company for any claim for Hospital Cash Benefit under this Policy on account of Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Hospitalization due to sickness or illness.
2. Any treatment not performed by a physician or any treatment of a purely experimental nature.
3. Any routine or prescribed medical check-up or examination.
4. Medical expenses relating to any Hospitalization primarily for diagnostic, x-ray or laboratory examinations.
5. Circumcision, cosmetic or aesthetic treatments of any description change of gender.

**التعويضات النقدية للعلاج في المستشفى**

لمن تطبق هذه المنفعة على الحالات المذكورة أدناه ولن تقوم الشركة بدفع أي تعويضات مقابل أي مطالبة من التعويضات النقدية للعلاج في المستشفى بموجب هذه Política وذلك إذا كان العلاج في المستشفى نتج بشكل مباشر أو غير مباشر عن أي مما يلي، أو كان بناء على أو نشأ عن أو كان ضروريا من أي من:

1. الدخول للمستشفى بسبب مرض أو علة.
2. أي علاج لا يقوم به طبيب، أو علاج له طبيعة تجريبية بحتة.
3. الإدخال الروتيني للمستشفى أو الإدخال بغرض القيام بفحص طبي لم تعد مطلوبة.
4. المصاريف الطبية المتعلقة لأي حالة علاج بالمستشفى تمثل بشكل رئيسي من أجل التشخيص، أو لعلاج صور بالأشعة السينية أو للفحوصات المخبرية.
5. الختان، العمليات التجميلية أو العمليات الجراحية بغرض تغيير الجنس، جراحة التجميل البلاستيكي (إلا إذا أمر ضروري لعلاج مرض أو كان ضروريا لأنه تنتج عن إصابات جسدية عرضية مباشرة عن حدوث وقوع على المؤمن عليه وتم القيام به في غضون 6 أشهر من نفس تاريخ
surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).

6. Dental treatment or surgery of any kind unless necessitated by accidental Bodily Injury.

7. Self-afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.

8. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with human immune deficiency (HIV) virus or any syndrome or condition of a similar kind commonly referred to as AIDS.

9. Removal of any material that was implanted in a former surgery before Commencement Date.

10. Hospitalization for the sole purpose of physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.

11. Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

12. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).

13. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.


16. Resulting from war, invasion, act of foreign enemy, hostilities or war like operations (whether war be declared or not), civil war, rebellion, mutiny, revolution, confiscation or nationalization by or under the order of any government or public or local authority or any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of its government "de jure" or "de facto" or to the influencing of it by terrorism or violence. War zone as recognized by the United Nations or where there are warlike operations are
SECTION 6
TERMINATION OF POLICY:

Cover in respect of any Insured Cardholder shall automatically terminate at the earliest of the following events:

1. Premium is not paid when due.
2. Insured Cardholder reaches the maximum age limit specified in the Section 2: Schedule of this Policy.
3. Termination of Credit Card Facility.
5. Cancellation of the Benefits under this Policy by the Policyholder or the Insured Cardholder at any time in accordance with the Policy terms & conditions.
6. Cancellation of the Insured Cardholder’s Credit Card Facility.
7. The Insured Cardholder becomes a Defaulted Cardholder.
8. The Expiry Date of the Policy.
9. The date this Policy is terminated/cancelled; either by non-payment of premium to the Company or for any other reasons and the Policy is subsequently not renewed with the Company.
10. The Insured Cardholder is no longer able to satisfy the eligibility conditions set out in Section 4: Eligibility of this Policy.

Notwithstanding anything contained herein to the contrary the ILOE Benefit under this Policy in respect of the Insured Cardholder shall terminate upon the happening of any one or more of the following:

1. Payment of a Death or Critical Illness Benefit.
2. The Insured Cardholder’s employment visa is cancelled.
3. Insured Cardholder loses their UAE residency status or is no longer resident in UAE.
4. The Insured Cardholder returns to work, with regard to ILOE, even if it is only a part-time work.
5. The Insured Cardholder becoming unemployed voluntarily.
6. When the maximum Indemnity Period is expired.
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<th>SECTION 7</th>
<th>CLAIMS NOTIFICATION, FORMS AND PROOF OF LOSS</th>
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Upon the occurrence of an event giving rise to a claim under this Policy, the Insured Cardholder’s legal representative(s) and/or the Policyholder shall give immediate written notice to the Company but not later than 365 days from the Date of Event for Accidental Death/PTD.

The claim notification period shall be 30 days from the Date of Event for Critical Illness and Hospital Cash Benefit. For ILOE, the claim notification period shall be 30 days from the Date of Event.

Claims reported after the time limits referred to in the paragraph immediately above shall not be payable.

The Company shall have the right and opportunity to examine the Insured Cardholder following a claim having been made when and so often as it may reasonably require prior to and during the payment of any Benefit hereunder, and also the right and opportunity to carry out an autopsy in case of Death where it is not forbidden by law.

The Company shall make payment of the Benefit under this Policy on receiving satisfactory proof of the happening of an event upon which the Sum Insured is payable. Evidence of the age of the Insured Cardholder and subject to full payment of premiums and inclusion under the Policy of the Insured Cardholder as at the time that the event took place.

### 7.1 كيفية المطالبة

8. When the maximum Benefit has been reached for several ILOE claims during the period of coverage.
9. When the Insured Cardholder is not contactable for 30 days following the initiation of claim process for verification in case of claim.
10. In case of Death or PTD claim, ILOE Benefit shall terminate.
11. When the Insured Cardholder having attained the Age Limit specified as 60 years.

6 months prior to the Insured Cardholder’s normal retirement date depending upon the age of the Insured Cardholder and the law of the UAE.

When the maximum Benefit has been reached for several ILOE claims during the period of coverage.

When the Insured Cardholder is not contactable for 30 days following the initiation of claim process for verification in case of claim.

In case of Death or PTD claim, ILOE Benefit shall terminate.

When the Insured Cardholder having attained the Age Limit specified as 60 years.

When the maximum Benefit has been reached for several ILOE claims during the period of coverage.

When the Insured Cardholder is not contactable for 30 days following the initiation of claim process for verification in case of claim.

In case of Death or PTD claim, ILOE Benefit shall terminate.

When the Insured Cardholder having attained the Age Limit specified as 60 years.
Benefit shall not be payable for any claim for which the necessary evidence / information is not provided.

7.1 HOW TO CLAIM
All communications related to a claim should be addressed to the following address, marked to the attention of Company's Claims Department:
Abu Dhabi National Insurance Company
P. O. Box: 839, Abu Dhabi, United Arab Emirates.
Telephone: 02 4080100/fax no: 02 6268600
You may contact Abu Dhabi National Insurance Company (ADNIC) at the toll free no. 8008040/, or send an email to consumerlinesclaims@ADNIC.ae

Insured Cardholder or insured Cardholder’s representative will contact Company and submit all the applicable claim documents as advised by Company’s Claim Department.

7.2 GENERAL CLAIMS PROCEDURE
The claims handling procedure for the insurance effected with Company, as below:

1. Written notice of Accidental Death/ Permanent Total Disability / Critical Illness which could result in a claim being made under the Policy must be given to Company within the timeframes for notification set out in Section 7 of this Policy.

2. Such notification, apart from stating name of the Insured Cardholder in respect of whom the claim is made, should also provide basic details including date of Death/ Accident/Sickness and the type of Benefit being claimed.

3. Upon receipt of claim notification, the Company shall:
   • register the claim and allocate a claim number, to be quoted in all subsequent communications relating to that claim; and
   • advise the insured number to the insured and request the necessary documentation for processing of the claim.

4. Upon receipt of the above, a duly completed claim form shall be submitted to

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7.2 الإجراءات العامة للمطالبات
إن إجراءات معالجة مطالبات الاستماع من تأمين مبرم مع الشركة ستكون على النحو التالي:

1. يجب تقديم إشعار كتابي بحالة الوفاة الناتجة عن سبب طبيعي أو الإصابة بالعجز الكلي الدائم أو الإصابة بالأمراض الحرجة والتي تسببها تم رفع مطالبة مستحقة بموجب البوليسة إلى الشركة ضمن الفترات الزمنية المحددة لتقديم الإشعار، والمحتوي على معلومات مفصلة بما في ذلك تاريخ الوفاة/الإصابة/المرض، والمعلومات التفصيلية الضرورية.

2. يجب أن يوفر هذا الحادث، بصرف النظر عن صدرة الطلب، إشعار بحالة الوفاة أو الإصابة، يذكر اسم حامل البطاقة المؤمن له الذي تم تقديم المطالبة. يجب أن يشير هذا الإخطار إلى تاريخ الوفاة / تاريخ وقوع الحادث / تاريخ الإصابة بالمرض وت نوع المنفعة المطالبة بها.

3. عند استلام إشعار البطاقة المؤمن عليه، سيتوجه على الشركة:
   • القيام بتسجيل حالة الوفاة أو الإصابة وتخصيص رقم لهذه البطاقة المؤمن عليه من تأمين مبرم مع الشركة.
   • الاتصال بحالة الوفاة الخاصة بتلك البطاقة المؤمن عليها.
   • القيام بإعطاء رقم البطاقة المؤمن عليه لمصلحة الشركة المطالبة.

4. بعد استلام معلومات الإشعار، سيتوجه الى الشركة بتوفير معلومات التفاصيل المطلوبة، بما في ذلك تاريخ الوفاة أو الإصابة، والمعلومات التفصيلية الضرورية.

5. عند استلام معلومات الإشعار الموافقة من قبل حامل البطاقة المؤمن عليه، سيتوجه إلى الشركة للاستماع إلى أي معلومات أخرى.

6. قد تتطلبها من الحالة المفتوحة، يجوز للشركة أيضًا، وفقًا
Company together with any supporting documents, if requested.

5. Upon receipt of the documented claim from the Insured Cardholder, the Company shall advise any further documentation required to substantiate the claim or process the claim for settlement.

6. The Company is entitled to obtain any further information/documents as it may reasonably require. The Company may also, at its discretion, require the documents to be authenticated by the relevant authorities.

7. Validated claims shall be payable in accordance with the terms and conditions of this Policy, a discharge receipt would be issued within fourteen (14) working days of receipt by the Company of all necessary supporting documents.

Settlement of the claim would be effected to within twenty one (21) working days of receipt by the Company of the duly signed and stamped Discharge Receipt.

7.3 DOCUMENTS CHECKLIST

A. Accidental Death Claims:
   I. Claim form duly completed and signed by authorized signatory.
   II. Accident report (in case of Accident).
   III. Death certificate (in original). In case of death taking place outside U.A.E., such original Death certificate issued abroad should be attested by U.A.E Embassy.
   IV. Post mortem report (where required).
   V. Police report – if death due to Accident/Road Traffic Accident.
   VI. Copy of passport including visa page (for expatriates).
   VII. Copy of the Credit Card application form.
   VIII. Credit Card Statement for the last three months.
   IX. Any other document found necessary.

B. Permanent Total Disability Claims (due to Accident)
   I. Claim form duly completed and signed by authorized signatory.

For more details, please refer to the full document.
II. Accident report (in case of Accident).
III. Medical report (in original) confirming exact degree of permanent disability issued by the Medical Board.
IV. Police report – if disability is as a result of Accident/Road Traffic Accident.
V. Copy of passport including visa page. (for expatriates).
VI. Copy of the Credit Card application form.
VII. Credit Card statement for the last 3 months.
VIII. Any other document found necessary.

C. Critical Illness Benefit
I. Claim form duly completed and signed by authorized signatory.
II. Medical report confirming the disease and detailed medical reports.
III. Copy of the Credit Card application form.
IV. Credit Card statement for the last 3 months.
V. Copy of passport of the employee including visa page.
VI. Any other document found necessary.

D. Involuntary Loss of Employment
I. Letter by means of which dismissal or redundancy was notified (original should be submitted for verification) to the Insured Cardholder by his employer, including the date, the cause and the effective date of dismissal and a copy of the valid Passport and Visa as on the date of termination of employment.
II. Claim form duly completed and signed by authorized signatory.
III. Copy of passport with valid visa page.
IV. Copy of the employment / labour contract from the employer.
V. Copy of the Credit Card application form.
VI. Complete Credit Card statement (last 3 months Credit Card statement from the Date of Event).
VII. If the Insured Cardholder is eligible for the Benefit the Insured Cardholder will be required to submit the original passport for verification.

In case of Critical Illness Benefit:
I. Application form duly completed and signed by authorized signatory.
II. Medical report confirming the disease and detailed medical reports.
III. Copy of the Credit Card application form.
IV. Credit Card statement for the last 3 months.
V. Copy of passport including visa page. (for expatriates).
VI. Any other document found necessary.
verification at ADNIC office along with a self-declaration of employment status one month after the notice period to start with pay-out. 

VIII. Any other documents as may be required by the Company to validate the claim including further information necessary to determine the cause of involuntary loss of employment. 

IX. If a claim is accepted, the Benefit will be paid out initially for first 6 months upfront following the validation of documents. If the Insured Cardholder continues to be unemployed after the first 6-month Benefit pay out, the following will be applied:
   a) For Insured Cardholders residing in the UAE either on spouse sponsored resident visa or employer extended work visa: the Insured Cardholder shall submit their passport in original showing the visa page to the Company as a proof of their continued unemployment every month and a Benefit pay-out will be on monthly basis.
   b) For Insured Cardholders residing outside the UAE, if the Insured Cardholder continues to remain unemployed after the first six months Benefit payment, an additional six-month lump sum Benefit will be paid to the Policyholder and to the Insured Cardholder in the seventh month. Evidence of continued unemployment such as Income Tax report or Social Security register report along with regular documents must be presented on seventh month to establish the authenticity of the claim. These documents should be attested and authenticated at the UAE consulate in the country where the Insured Cardholder is resident. This is subject to retroactive reimbursement of the monthly Benefit in case the Insured Cardholder was found to be working following the initial 6-month Benefit payment.

X. Benefit payments with respect to ILOE are paid directly to the Policyholder and Insured Cardholder in the event of an admissible claim. The Insured Cardholder shall provide its personal account details in order to receive the Benefit payment.

E. Hospital Cash Benefit
   I. Claim form duly completed and signed by authorized signatory.
   II. Medical report.
III. Copy of the Credit Card application form.
IV. Credit Card statement for the last 3 months.
V. Copy of passport of the employee including visa page.
VI. Claim notification to the Company must be within 30 days from the date of discharge.
VII. Original copy of the following documents:
   a) Discharge card with details of diagnosis and treatment received.
   b) Surgical summary (in case the claimant has undergone a surgery).
   c) Certificate from Physician.
VIII. Any other document that may be reasonably required by the Company in the course of claim evaluation.

7.4 CLAIMS PROCEDURE
A. Involuntary Loss of Employment

Upon an event giving rise to a claim under this Policy, the Insured Cardholder shall follow the following procedure:

I. Give immediate written notice to the Company but not later than 30 days from the Date of Event.
II. The Insured Cardholder shall complete a standard claim form issued by the Company and provide such necessary evidence to substantiate the claim to the satisfaction of the Company as the Company may reasonably require.
III. The Insured Cardholder shall submit the following documents within 30 days from the Date of Event.
   a) Letter of termination confirming that the Insured Cardholder’s employment was terminated and the reasons for termination.
   b) Letter by means of which dismissal or redundancy was notified (Original should be submitted for verification) to the Insured Cardholder by his employer, including the date, the cause and the effective date of dismissal and a copy of the valid Passport and Visa as on the date
of termination of employment.
c) Letter from the Policyholder stating the Outstanding Credit Balance.
d) Copy of employment contract and a copy of passport showing visa page.
e) Complete Credit Card statement (last 3 months Credit Card statement from the Date of Event)).
f) Copy of the Insured Cardholder's Credit Card application.
g) Evidence of receipt of salary including but not limited to salary slips, for the 3 months preceding date of Notice of Termination.
h) The Company may also request a copy of the labour or employment contract from the employer if it is required to verify the period of employment.
i) Passport copy showing visa page it is applicable as per clause 9(a) Section 4 under Eligibility conditions for ILOE.
j) Any other documents as may be reasonably requested by the Company.
k) Proof of fulltime employment on the employer's letterhead paper, including copy of the employment agreement between employer and employee, clearly stating that the employee was employed on a fulltime basis.

All documents listed above may be required to be produced in original (other than those surrendered to the authorities or employer) for verification before the final settlement of claim. The Company reserves the right to request additional and/or detailed documents, beyond those stated above, which may be necessary to:

I. establish circumstances surrounding the ILOE of the Insured Cardholder should the said circumstances warrant it; or
II. investigate any suspected fraud or misuse of Policy included but not limited to the following circumstances:

a) the Indebtedness as on the Date of Event is not within the average preceding 6 months Indebtedness history of the Insured Cardholder from the Date of Event,
b) there is a sudden increased Indebtedness within last 2 month preceding the Date of Event,
c) there are any additional circumstances

قد يُطلب تقديم جميع المستندات المذكورة أعلاه الأصلية (بخلاف تلك التي تم تسليمها إلى السلطات أو لصاحب العمل) وذلك للتحقق منها قبل القيام بالتموين النهائي للملف.

تحتفظ الشركة بالحق في طلب تقديم مستندات إضافية و/أو تفصيلية، بخلاف تلك المذكورة أعلاه، والتي قد تكون ضرورية من أجل:

I. تحديد الظروف المحيطة بحالة فقدان العمل غير الطوعي لحامل البطاقة المؤمن عليه إذا كانت الظروف المذكورة تستدعي ذلك.
أو
II. التحقق في أي عملية احتيال مشتبه بها أو تواجد إساءة استخدام البطاقة المؤمن عليه بما في ذلك على سبيل المثال لا الحصر الظروف التالية:
أ. أن تكون المدعيونية في تاريخ الحدث ليست ضمن متوسط المدعيونية الخاصة بحامل البطاقة المؤمن عليه في الأشهر 6 أشهر سابقة.
ب. أن يكون هناك زيادة مفاجئة في المدعيونية خلال آخر شهرين من تاريخ الحدث:
ج. أن يكون هناك أي ظروف إضافية قد تدفع الشركة إلى الانتباه بنوايا احتيالية أو إساءة استخدام البطاقة.

إذا تم اكتشاف أن أي مطالبة قد تم تقديمها بموجب هذه البوليصة هي عملية احتيالية بأي شكل من الأشكال أو لا أساس لها، سيتم إلغاء المنفعة المقدمة بموجب هذه البوليصة لحامل البطاقة المؤمن عليه.
which may lead the Company to suspect fraud or misuse of the Policy.

If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular Insured Cardholder.

B. **Internal Investigation Stage:**

I. Upon receipt of all the documents, the Company will forward the file for internal investigation or request additional documentation from the Insured Cardholder as required. At all times the Insured Cardholder is required to cooperate with the Company wherever necessary to substantiate and justify their claim. If the claim is not admissible, the Insured Cardholder will be notified accordingly.

II. Based on the internal investigation report, the Company will process the claim in accordance with the terms and conditions of this Policy, and communicate the decision to the Insured Cardholder.

C. **First Settlement (if valid):**

If the claim is valid, the Benefit will be paid out for first 6 months as lump sum following validation of the documents. Settlement for all claims submitted on or before 15th of the previous month, and once validated, will be made on 1st of the following month and settlement for all claims submitted on or after 16th of the previous month, once validated, will be made on 16th of the following month.

D. **Subsequent Settlements:**

If the Insured Cardholder continues to be unemployed after the first 6-month Benefit pay out then following will be applied:

a) Either on spouse sponsored resident visa or employer extended work visa, the Insured Cardholder shall submit their passport in original showing the visa page to the Company as a proof of their continued unemployment every month and Benefit pay-out will be on monthly basis.

b) For Insured Cardholders residing outside the UAE, if the Insured Cardholder continues to remain unemployed after the first six-month
Benefit payment, an additional six-month lump sum Benefit payment will be paid to the Policyholder and to the Insured Cardholder in the seventh month. Evidence of continued unemployment such as Income Tax report or Social Security register report along with regular documents must be presented on seventh month to establish the authenticity of claim. These documents should be attested and authenticated at the UAE consulate in the country where the Insured Cardholder is resident. This is subject to retroactive reimbursement of the monthly Benefit in case the Insured Cardholder was found to be working following the initial 6-month Benefit payment.

The Company will conduct the internal investigation every month and the subsequent 6-month Benefit payment will be settled based on the internal investigation report. In case the Insured Cardholder is not eligible for the next 6-month lump sum Benefit payment, the Company will advise the Insured Cardholder accordingly.

If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular Insured Cardholder.

If the ILOE claim is accepted, the Insured Cardholder (if residing in the UAE) shall report in person to the Company’s head office following the first 6-month Benefit payout as a pre-condition to claim the Monthly Benefit payout in respect of the ILOE.

VALUE ADDED TAX “VAT” CLAUSE

1. It is hereby declared and agreed that the insurance premium and any other amounts due to the Company in relation to this Policy is subject to the Value Added Tax (VAT) pursuant to the applicable laws and regulations, and that the tax invoice to be issued by the Company to the Policyholder in relation to the insurance premium and any other amounts due to the Company shall mention the VAT amount and its percentage.

2. The Policyholder undertakes to pay the due VAT in accordance with the applicable
laws and regulations and to indemnify the Company for any damages or penalties imposed as a result of any delay or failure to pay any VAT amounts on the due dates.

3. The Policyholder acknowledges that failure to pay the VAT amount or any part thereof on the due date is considered a failure to pay the Policy premium and entitles the Company to terminate this Policy.

**MISCELLANEOUS**

These Terms and Conditions may be amended or changed from time to time by the Policyholder without prior notice or consent.

أو أي جزء منه في تاريخ الاستحقاق سيؤثر إخفاقًا في دفع قسط البوليصة وأنه سيحق للشركة بالتالي إنهاء هذه البوليصة.

**متفرقات**

يجوز لحامل البوليصة تعديل هذه الشروط والأحكام أو تغييرها من وقت لآخر من دون الحاجة إلى تقديم إشعار مسبق أو الحصول على موافقة.