

MAX ADVANTAGE

POLICY WORDING



DEFINITIONS

For the purpose of this policy, the following terms wherever used herein shall be held to mean:

Accident means a sudden, unexpected, unintentional, specific event, 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 Person is traveling.

AED means the lawful currency of the United Arab Emirates.

Bank means First Gulf Bank, United Arab Emirates.

Beneficiary means the individual named by the Policy Holder and as mentioned in the Certificate of Insurance to whom the benefits under the Policy would be paid in case of a Death of the Policy Holder. Otherwise the benefits will be paid directly to the Policy Holder. Beneficiaries shall be the Spouse or Children or Parents.

Bodily Injury means identifiable physical injury which is caused by an Accident and solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury.

Certificate of Insurance (COI) means the schedule of benefits duly signed by the Company which includes the Policy number, the name of the Insured Person, the death benefit amount, the Commencement Date, limits as well as the Premium payable.

Commencement Date/Effective Date means the date Insured Person has given consent to the telephone marketing person of the Bank or the complete application form with valid payment instructions or the date of actual premium receipt, whichever is later.

Company means Royal & Sun Alliance Insurance (Middle East) B.S.C.(c), United Arab Emirates.

Date of Event means with respect to Death, the date of death of the Insured Person.

Death due to illness means loss of life due to a Sickness as determined by a physician / medical practitioner.

Expatriate means a person temporarily or permanently residing in a country and culture other than that of the person's upbringing.

His/Her/He/She means where the context admits, words importing the masculine gender shall include the feminine gender and words importing singular member shall include the plural and vice versa.

Insured Person means the primary credit card holder of the Bank &/ or the Bank's customer who has taken the policy for himself

Max Advantage means the insurance policy made available to the Insured Person by the Company under this Policy and evidenced in the Certificate of Insurance.

Maximum Coverage Age means 65 years.

Minimum Age at Entry means 18 years.

Period of Insurance means the period for which premium is fully paid by the Insured Person.

Premium means the amount of premium payable by the Insured Person, in consideration of the Insurance cover provided by the Company.

Pre Existing Illness means illness, disease or sickness occurring or manifesting prior to the Effective Date or the date of commencement of subscription, for which advice or treatment was sought or obtained from a medical practitioner, chiropractor, naturopath, or any other practitioner of a similar kind within twelve months immediately prior to the Effective Date or the date of commencement of subscription whichever is later.

Passive War means a situation where the Insured Person is not actively involved in War, whether declared or not, or any Warlike operations, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Physician/Medical Practitioner means a person other than the insured person or close relative of the insured person, who is qualified by degree in western medicine and legally authorized in the geographical area of his/her practice to render medical and surgical services.

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 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.

Self-employed means working for one's self. Self-employed people can also be referred to as a person who works for himself instead of an employer, but drawing income from a trade or business that they operate personally.

Sickness/illness/ill means sudden and unforeseen change in health, sickness or disease of the insured person contracted and commenced during the period of insurance as certified by a physician. The illness must be serious enough to consult a physician for the purpose of medical treatment and for which prevents the normal continuation of the insured person's daily life.

Temporary Total Disability means Where, in the opinion of a practitioner, the insured person is temporarily unable to engage and completely carry out their usual occupation and principal duties to generate income and not working in any other similar occupation for which the insured person is reasonably qualified by education, training or experience. The insured person must be acting in accordance with the instructions or advice of a medical practitioner.

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, the civilian population or any segment of the economy.

Waiting Period means a period following the Commencement Date. No claim for Second Medical Opinion is permitted by the Insured Person where the Notification occurs during this period.

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

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

PERSONAL ACCIDENT

ELIGIBILITY FOR COVER

The Insured Person must:

1. Meet the eligibility conditions stipulated by the Bank;
2. Be older than 18 years and under 64 years at the Commencement Date;
3. Be a UAE resident;
4. Be a salaried employee;

The coverage stated hereunder are valid only in respect of the amount of indemnity specifically indicated in the Policy, its limitation and subject to payment of the appropriate premium.

ACCIDENTAL DEATH

If a covered Injury results in the death of a Named Insured within one hundred eighty (180) days of the date of Accident, the Company will pay the Principal Sum Insured applicable to such Named Insured in accordance with the Table of Benefits, less any other amount paid or payable under Benefits payable under Permanent Partial Disability and/ or Permanent Total Disability.

PERMANENT TOTAL DISABILITY DUE TO ACCIDENT

If, as a result of a covered Injury and commencing within one hundred eighty (180) days of the date of Accident, a Named Insured becomes Totally and Permanently Disabled and such disability has continued for a period of twelve (12) consecutive months, the Company will pay the Principal Sum Insured applicable to such Named Insured in accordance with the Table of Benefits, less any amount paid or payable under Permanent Partial Disability. The Named Insured must still be Totally and Permanently Disabled at the end of the twelve (12) consecutive month's period

PERMANENT PARTIAL DISABILITY DUE TO ACCIDENT

If a covered Injury results in any of the specific Losses to a Named Insured as shown in the PPD Table Of Benefits and within one hundred eighty (180) days of the date of Accident, the Company will pay the scheduled percentage of the Principal Sum Insured applicable to such Named Insured in accordance with the Table of Benefits.

PPD TABLE OF BENEFITS

Losses	Right	Left
For total loss of an upper member	70%	60%
For total loss of the hand or forearm	60%	50%
For total loss of a lower member above knee	60%	60%
For total loss of a lower member at the level of the knee or below	50%	50%
For total loss of a foot	40%	40%
For total loss of the thumb	18%	16%
For total loss of the index finger	14%	12%
For total loss of the pinky	12%	10%
For total loss of the middle finger	8%	6%
For total loss of the ring finger	8%	6%
For total loss of the big toe		5%
For total loss of any other toe		3%
For total deafness of one ear		10%
For total deafness, both ears		40%
For total loss of visual acuity of one eye		25%
For total loss of visual acuity of both eyes		100%
For total loss of speech		100%

Total, irremediable functional loss of use of an organ or member shall be considered as total loss thereof. For reduced functional use, the stated percentage shall be reduced in proportion to the lost functional use.

In case of occurrence of more than one of the Losses specified in the PPD Table Of Benefits as a result of any one Accident, the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss up to a maximum limit of 100% of the Principal Sum Insured.

For the terminal phalanx of the fingers, with the exception of the

thumb, only total removal will be considered as Permanent Partial Disability due to Accident. The indemnity for total functional or anatomical loss of the phalanx of the thumb and for an anatomical loss of the phalanx of the big toe is fixed at 1/3rd with the percentage specified for total loss thereof.

For cases of total loss not specified in the PPD Table Of Benefits, the indemnity shall be fixed by taking into account the permanently reduced capacity of the Named Insured for any occupation. In the event of anatomical loss or functional reduction of an organ or member already diminished, the above percentage shall be reduced taking into account the pre-existing disability.

TEMPORARY TOTAL DISABLEMENT DUE TO ACCIDENT

The Company will pay the insured person a weekly allowance up to a maximum of fifty two (52) weeks and as per the amount shown on the Certificate of Insurance, if, during the insurance period, a covered injury which solely and independently of any other cause results in temporary total disablement to the insured person within four (4) consecutive weeks after the date of the accident. The weekly allowance is payable whilst the temporary total disablement persists and the insured person should be unable to completely carry out his/her work and is incapable to return to his/her normal duties at full capacity. The insured person has to justify that he/she was employed on the first day of disability, whether under a permanent gainful contract of employment or under a fixed term contract of employment and that he/she had to stop working completely as a result of accident and is still unable to resume work at the time the claim is reported. In case less than three (3) months have elapsed between two (2) temporary total disablement claims, both claims are assumed to make only one.

ACCIDENTAL MEDICAL REIMBURSEMENT

If a covered Injury results in medical treatment of a Named Insured commencing within thirty (30) days of the date of Accident, the Company will reimburse the Named Insured for Covered Medical Expenses, subject to any Deductible and up to the Sum Insured applicable to such Named Insured in accordance with the Table of Benefits. All Covered Medical Expenses must be incurred within fifty two (52) weeks from the date the Named Insured's coverage terminates under the Policy and are not to exceed the amount payable to such Named Insured in accordance with the Table of Benefits as a result of anyone Accident.

REPATRIATION OF MORTAL REMAINS

The Company will reimburse the beneficiary up to the maximum amount shown on the Certificate of Insurance, in the event that the insured person dies due to an accident, for the costs of funeral expenses and local burial abroad at the place of death or the reasonable and unavoidable costs for transporting the insured person's mortal remains or ashes and his/her personal baggage back from the place of death to the country of residence or country of citizenship.

AIRFARE FOR A FAMILY MEMBER ON REPATRIATION

In case of accidental death of the Insured Person during the insurance period, the Company shall reimburse the return economy airfare expense for an immediate family member or close relative up to a maximum amount as specified in the Certificate of Insurance. This amount is payable to the family member or close relative accompanying the corpse.

EMERGENCY CASH BENEFIT

In the event of accidental death or permanent or partial disability of an Insured Person covered under this policy during the insurance period and due to a cause not specifically excluded under this policy, we shall pay emergency cash benefit amount as shown on the Certificate of Insurance.

IN HOSPITAL DAILY ALLOWANCE DUE TO ACCIDENT – PAID WEEKLY

The Company will pay the insured person a weekly allowance as a cash benefit up to a maximum of ninety (90) days and as per the amount shown on the Certificate of Insurance subject to two (2) days excess, if, during the insurance period, the Insured Person is confined in a hospital as a direct result of an accident and subject to the following exclusions:

- Hospital confinement due to surgery or medical treatment

which is not substantiated by a written report from the qualified medical practitioner;

- Hospital confinement due to quarantine and/or infectious disease;
- No compensation shall be payable if the Insured Person's living area has been declared as an infected area;
- Hospital confinement for non-essential medical treatment and/or non-emergency treatment which are not directly related to the illness or injury;
- Hospital confinement contrary to the advice of and which are not thought necessary by a medical practitioner;
- Hospital confinement due to any and all cosmetic surgeries, refractive errors of eyes or hearing-aids;
- Hospital confinement as a result of injury or illness that occurred prior to the insurance period;
- Hospital confinement relating to:
 - Pregnancy or childbirth; or
 - Injury and/or illness arising from you being under the influence of alcohol or drugs;
- Hospital confinement which is a result of stress, anxiety or nervous disorder;
- Hospital confinement as a result of pre-existing medical conditions
- Hospitalisation outside the country of residence.

SECOND MEDICAL OPINION

The medical consultation service known as 'Second Medical Opinion', allows the Insured Person, to receive a second medical opinion directly from medical specialists working in world-class medical institutions, in case of suffering from any medical condition or grave illness deemed deserving of such an external evaluation based on the nature, severity, or complexity of the condition.

This second medical opinion is provided to any individual covered by the service, on a remote basis without having to travel outside their country of residence. All pertinent data regarding the case is sent via electronic transmission to the Specialist who in-turn provides his/her opinion on the case. This opinion is appropriate in order to confirm a diagnosis, determine a diagnosis for a complex and unresolved case and/or work with the treating Physician to determine that the prescribed treatment is the most appropriate option available locally and/or internationally for the specific condition.

No case may be submitted for review during the first sixty (60) days of coverage. This waiting period begins to count on the same day that the person comes under coverage for this rider.

SECOND MEDICAL OPINION – THE PROCESS

The Insured Person initiates a request for service by contacting the Company who in turn is responsible to sending the information on the case to their contracted Medical Institute directly or via an appointed third party administrator (TPA). The Insured person provides background information on the case, which includes, among other information, a detailed medical history of the individual (provided by the treating Physician) as well as results of all medical tests which have been performed and that pertain to the case. All information is sent via internet unless a different transmission mode (courier) is deemed necessary due to the nature of the materials being sent.

Once the second medical opinion has been issued by the Specialist(s), it is sent to the contracting entity/TPA or directly to the treating Physician, for their subsequent review with the patient.

This 'opinion' may confirm or propose a diagnosis of the case and/or may help define the most appropriate treatment or procedures available to the Assured at that moment – be it in their own country or internationally. However the final professional evaluation and confirmation of the medical condition/diagnosis and/or the decision on the course of treatment to be followed is the responsibility of the treating Physician.

The Company may, if need be, insist on the above documents to be provided in original for verification. Documents should be submitted within a maximum period of 90 days from date of diagnosis or any extension provided by the Company.

EXCLUSIONS APPLICABLE WITH RESPECT TO SECOND MEDICAL OPINION

- There are NO exclusions in terms of the type of medical condition

or illness for which a second medical opinion may be requested, as long as it is deemed a critical or grave enough medical condition where such a review is warranted.

- There are NO exclusions for pre-existing conditions for which a second medical opinion may be requested
- A second medical opinion cannot be requested within sixty (60) days of the policy's effective date.

GENERAL CONDITIONS

CONTRACT

This Policy, and any endorsements (if any), the application form (if any) and the Certificate of Insurance shall constitute the entire contract between the parties. All statements made by the Insured Person shall, in the absence of fraud, be deemed representations and not warranties. No such statement shall void this Policy or be used in defense of a claim hereunder, unless such statement is contained in the said Certificate of Insurance.

No Agent but only a duly authorized Officer of the Company has the power on behalf of the Company to extend the time for the payment of Premium or in any way to modify this Policy.

All benefits under this Policy are payable at the Head Office of the Company situated at Dubai, UAE.

Each Insured Person and the Company agree and acknowledge that the Bank is not at any time an agent of the Company. Any claims, disputes or contestations of a Policy Holder in connection with this Policy shall be the full responsibility of the Company. The Company will manage all matters of the administration of the Policy directly with the Policy Holder.

AGE LIMITS

18 years to 65 years, but not more than 64 at the time of enrolment. If only the year of birth of an Insured Person is provided to the Company then the date of birth for this Policy shall be January 1st of such Insured Person's year of birth unless it is mentioned & confirmed by passport or National ID.

SUPPLEMENTARY CARD HOLDERS

Death benefit and Second Medical Opinion under this policy shall be extended only to the primary credit card holders of the Bank.

REVIEW / FREE-LOOK PERIOD

The Insured Person is entitled to a full refund of premium if coverage under the policy is cancelled by the Insured Person within thirty (30) days from the commencement date, by making a request through the Bank Call Center. The Company reserves the right to decline a second application following the cancellation of the first application under this plan from the same Insured Person.

SUFFICIENCY OF NOTICE

Such notice given to the Company or to any authorized agent of the Company, with particulars sufficient to identify the Insured Person shall be deemed to be notice to the Company. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown by the Insured Person or Beneficiary that it was not reasonably possible to give such notice within the time provided and that notice was given as soon as reasonably possible thereafter.

CONTRIBUTION

In no circumstances can the Insured Person claim under more than one Max Advantage policy with the Bank at any one time

TERMINATION

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

- i. The Insured Person attains the Maximum Coverage Age;
- ii. Cancellation of this policy by the Insured Person at any time in accordance with the terms and conditions of this policy.
- iii. The Insured Person loses his UAE residency status.
- iv. The Insured Person's Employment Visa is cancelled.
- v. The Insured Person is no longer resident in UAE.
- vi. The date the Policy is terminated;

OBSERVANCE OF TERMS AND CONDITIONS

The observance by the Insured Person of the terms of this policy and the truth of the statements and the answers given by the Insured Person in the application form /tele-conversation and other material information provided by the Insured Person shall be condition precedent to any liability of the Company. If the circumstances in which this policy was entered into are materially altered without the written consent of the Company, the policy shall become null and void.

FRAUDULENT CLAIMS

If any claim under this policy is in any way fraudulent or unfounded, all benefits under this policy shall be forfeited in respect of the particular Insured Person.

ARBITRATION

If any difference shall arise as to the amount to be paid under this policy (liability being otherwise admitted) such difference shall be referred to arbitration under the Dubai International Arbitration Center (DIAC) Rules, which Rules are deemed incorporated by reference to this clause. The seat of the arbitration will be Dubai. The language used in the arbitration proceedings shall be English. The governing law shall be the substantive law of Dubai. Where any difference is to be referred to arbitration the making of an award shall be final.

JURISDICTION

This policy shall be governed by and construed in accordance with the laws of the United Arab Emirates. In the absence of a valid arbitration proceeding agreement among the parties, all disputes arising hereunder shall be referred to the exclusive jurisdiction of the courts of the United Arab Emirates.

DATA TRANSFER

The Insured Person provide the Company with his / her unambiguous consent to process, share, transfer and/ or disclose the personal data of the Insured Person – or any other party to this contract, howsoever obtained, to any recipient within or outside the country for the following purposes: (1) Assess and service this policy, (2) to conduct insurance claims Or analysis and (3) to comply with any legal and regulatory obligations to which the Company is subject to.

CUMULATIVE BENEFITS

The maximum cumulative amount of Benefits payable under this Policy for any one person shall not exceed the amount stated in the Certificate of Insurance. If the Insured Person has more than one Policy issued by the Company then the maximum liability paid under all policies shall not exceed the limits, stated in one Certificate Of Insurance for the highest plan, subject otherwise to the terms and conditions.

REINSTATEMENT OF POLICY

Reinstatement of the policy after a claim is paid is not allowed. In case if it is found that the Insured Person has re-enrolled into the scheme at any time during the currency of the policy, the policy will become null and void. No claim will be paid and the premium paid by the Insured Person is also not refundable.

When the Policy terminates by reason of non-payment of Premium, any subsequent acceptance of a Premium and reinstatement of the Policy by the Company shall solely be at the Company's option

CANCELLATION

The Insured Person may cancel the policy at any time by making a request through the Bank Call Center. Such cancellation shall be without prejudice to any valid claim originating prior thereto. If such cancellation is after the 30 days from the commencement date then there will be no refund of the premium.

The Company may cancel the Policy at any time by written notice delivered to the Insured Person or mailed to the last address as shown by the records of the Company stating when not less than fifteen (15) days thereafter such cancellation shall be effective. Such cancellation shall be without prejudice to any valid claim-originating prior thereto.

ASSIGNMENT

- a) Neither party to this Policy shall directly or indirectly assign this Policy or any of Its rights and obligations, without the prior written approval of the other party.
- b) The right of designation or change of Beneficiary is reserved to the Insured Person. No assignment of interest shall be binding upon the Company until the Company receives written notice of the change of Beneficiary in a form satisfactory to the Company. The Company assumes no responsibility for the validity of such designation or change of Beneficiary or assignment
- c) Consent of the Beneficiary, if any, shall not be requisite to change of Beneficiary or to any other changes in the Policy.

COMPLIANCE WITH POLICY PROVISIONS

Failure to comply with any of the provisions contained in the policy shall invalidate all claims hereunder.

PREMIUMS

All premiums are payable in advance by the Insured Person on or before the date they become due; unless official notice of termination has been given.

PREMIUM PAYMENT AND COVERAGE EFFECTIVE DATE

Coverage in respect of each Insured Person shall commence from the day the Insured Person signs application form of the bank /gives his consent to the Bank to enroll over thephone.

POLICY RENEWAL

Automatic Renewal, However the Company reserves the right to offer the renewal and also the right to change the premium rates terms and conditions.

CONFORMITY WITH STATUTES

Any provision of the policy which, on the Policy Effective Date, is in conflict with statutes ofthe jurisdiction in which the policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

LANGUAGES

In case of differences over the interpretation of the policy, the Arabic text shall prevail

TERRITORIAL LIMITS

Worldwide

CLAIMS PROCEDURE

Upon happening of an event giving rise to a claim under this policy, the Insured Person shall follow the following procedure:

1. Notification of claims
Immediate written notice to the Company but not later than 60 days from date of event.
2. Submission of Claim Documents
90 days from date of event.

SANCTION CLAUSE

Notwithstanding any other terms under this insurance contract, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

EXCLUSIONS

1. The Policy will not cover any loss, damage or legal liability arising directly or indirectly from:
 - Pre-existing Medical Condition;
 - Intentionally self-inflicted injury, suicide or any such attempt while sane or insane;
 - Wilful or deliberate exposure to danger (except in an attempt to save human life);
 - War or warlike operation, invasion, act of foreign enemy, hostilities (whether War has been declared or not), civil war, rebellion, revolution, insurrection, mutiny, riot, civil commotion, conspiracy, military or usurped power, martial law, or state of siege; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, seizure, quarantine; or customs regulations; or nationalization by or under the order of any government or public or local authority;
 - Act of Terrorism;
 - The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials;
 - Any period a Named Insured is serving in the Armed Forces of any country or international authority, whether in peace or war. In such event, the Company, upon written notification by the Named Insured, shall return the pro rata Premium for any such period of service;
 - Being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization;
 - a) a Named Insured being under the influence of alcohol with more than the legal limit of alcohol in his blood or breath; or b) a Named Insured being under the influence of drugs or narcotics unless such drugs or narcotics were administered by a Physician or unless prescribed by and taken in accordance with the directions of a Physician; or c) an Accident occurring whilst a Named Insured was driving a motor vehicle with more than the legal limit of alcohol in his blood or breath; or d) alcohol abuse, alcoholism, substance abuse, solvent abuse, drug abuse or addictive conditions of any kind;
 - Any loss of which a contributing cause was the Named Insured's attempted commission of, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Named Insured;
 - Any loss sustained while flying in any aircraft or device for aerial navigation except as a passenger; exclusions include, but are not limited to, pilot, operator or crew member;
 - Any costs incurred due to fluctuation in exchange rates;
 - Bacterial infections except pyogenic infections which are caused by an accidental wound;
 - Flying in any aircraft owned, leased or operated by or on behalf of the Named Insured or any subsidiary or affiliate or Relative of the Named Insured;
 - Driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving;
 - Any claim caused by opportunistic infection or malignant neoplasm, or any other illness condition, if, at the time of the claim, the Named Insured had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus);
 - Sexually transmitted diseases and the conditions commonly known as AIDS or ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus) and/or any related illness or condition including derivatives or variations thereof, howsoever, acquired or caused;
 - Any loss sustained while the Named Insured is participating in any Professional Sports;
 - Any hazardous pursuits, sports or activities which introduce or increase the possibility of a loss or training for or engaging in contact sports where physical contact between players is an accepted part of play;
 - Any hazardous pursuits, sports or activities;
 - Mental, nervous or emotional disorders including, but not limited to anxiety disorders, eating disorders, psychotic disorders, affective disorders, personality disorders, substance use disorders somatoform disorders, dissociate disorders, psychosexual disorders, adjustment disorders, organic mental disorders, mental retardation and autism;
 2. This Policy is null and void If the Insured has made any misrepresentations when applying for this Policy, including but not limited to, the age of the Named Insured.
- Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician;
 - Routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician;
 - Elective, cosmetic, or plastic surgery, except as a result of an Accident;
 - Congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except to sound natural teeth as occasioned by injury;
 - Expenses incurred in connection with weak, strained or flat feet; corns, calluses, or toenails;
 - Deviated septum, including sub mucous resection and/or other surgical correction thereof;
 - Organ transplants that competent medical professionals consider experimental;
 - Well Child care including exams and immunizations;
 - Treatment provided in a government Hospital or services for which no charge is normally made;
 - Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing;
 - Pregnancy and resulting childbirth, miscarriage or disease of the female reproduction organs and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child, birth control including surgical procedures and devices;
 - Consequential loss of any kind or financial loss and/or expense not otherwise specifically covered;
 - Engaging in occupational activities underground or requiring the use of explosives;
 - Preventative treatment, including but not limited to any vaccination and/or immunization;
 - Expenses relating to contraceptive devices, prosthetic devices, medical appliances or artificial aids;
 - Specialist Medical Treatment without referral from a Physician;
 - Any procedures relating to dental or oral hygiene or fillings or crowns of precious metal;
 - Expenses incurred due to investigatory treatment that is not specified by a Physician as immediately necessary;
 - The Named Insured's intention to emigrate;
 - Default or insolvency of the Common Carrier;
 - Employment involving Manual Labor, other than off duty;
 - Undertaking employment on a permanent or contract basis which is not casual, other than whilst on a leisure trip;
 - Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons;

CONTACT INFORMATION

In case of queries related to coverage, benefits, claims procedure or policy administration you may contact

For Sales & Other Enquiries: Call 8002700 or email us at customerserv@fgb.ae

For Claims: Call 04 302 9835 / 04 302 9903 or email us at nonmotorclaims@ae.rsagroup.com

