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Thank You for choosing our Travel Insurance

This is **Your Journey** Travel Insurance **Policy** Document which, together with **Your Policy Schedule** and the information supplied when applying for this insurance, is a contract between **You** and **Us**. Together, these documents constitute the full terms and conditions of **Your** travel insurance **Policy** with **Us**.

Please check over **Your Policy** documents carefully to ensure they are correct and meet **Your** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect **Your** cover in the **Event** of a **Claim**.

In return for payment of the premium, **We** agree to insure **You** during the **Period of Insurance**, subject to the **Policy** Terms, Conditions and Exclusions. The **Policy Schedule** shows the cover **You** have chosen and the most **We** will pay under each section. The premium is due and payable on the **Effective Date** of this **Policy**.

You must tell **Us** if either **Your** insurance needs or any of the information **You** have given **Us** changes. A change in circumstances may affect **Your** cover, even if **You** do not think a change is significant, and **We** may need to change this **Policy**. **We** will update the **Policy** and issue a new **Policy Schedule** each time a change is agreed.

If **You** have any questions, do contact **Us** and **We** will be happy to help. Cover provided under sections 1 – 3 are underwritten by Chubb Arabia Cooperative Insurance Company.

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has hereunto set his hand.



For and on Behalf of
Chubb Arabia Cooperative
Insurance Company

(Company Seal)

Summary of Cover

The following is only a summary of the main cover limits. **You** should read the rest of this **Policy** for the full terms and conditions.

Coverage and Benefits	Domestic		International	
	One Way Journey	Return Journey	One Way Journey	Return Journey
Section 1: Personal Accident Benefits				
Personal Accident	SAR 56,000 (aged 2 years and older) SAR 5,600 (under 2 years)	SAR 56,000 (aged 2 years and older) SAR 5,600 (under 2 years)	SAR 93,750 (aged 2 years and older) SAR 9300 (under 2 years)	SAR 93,750 (aged 2 years and older) SAR 9300 (under 2 years)
Section 2: Medical & Additional Expenses				
Medical Expenses	N/A	N/A	N/A	SAR 187,500
Excess	N/A	N/A	N/A	SAR 375
Emergency Dental Expenses (Accident)	N/A	N/A	N/A	SAR 950
Medical Evacuation & Repatriation	N/A	SAR 18,700	N/A	Included within Medical Expenses
Repatriation of Mortal Remains	N/A	SAR 18,700	N/A	Included within Medical Expenses
Pro-longed Stay	N/A	N/A	N/A	SAR 185/day maximum SAR 1300
Escort of Dependent Child	N/A	N/A	N/A	SAR 9300
Accompanying Traveller Expense	N/A	N/A	N/A	SAR 375/day maximum SAR 3750
Chubb Assistance	Included	Included	Included	Included
Section 3: Travel Inconvenience Benefits				
Loss of Checked-in Luggage	SAR 3,000	SAR 3,000	SAR 3,000	SAR 3,000
Single Article Limit	SAR 375	SAR 375	SAR 375	SAR 375
Loss of Travel Documents / Passport	SAR 1,125	SAR 1,125	SAR 1,125	SAR 1,125
Luggage delay	N/A	SAR 150 / 6 hours – maximum SAR 600	SAR 225 / 6 hours – maximum SAR 750	SAR 225 / 6 hours – maximum SAR 900
Flight delay	N/A	SAR 150 / 6 hours – maximum SAR 600	SAR 225 / 6 hours – maximum SAR 750	SAR 225 / 6 hours – maximum SAR 900
Flight Cancellation	Flight Cost	Flight Cost	Flight Cost	Flight Cost
Hotel Cancellation	N/A	N/A	N/A	SAR 750
Flight Curtailment	N/A	Flight Cost	N/A	Flight Cost
Flight Overbooked	SAR 375 / 6 hours – maximum SAR 750	SAR 375 / 6 hours – maximum SAR 750	SAR 375 / 6 hours – maximum SAR 750	SAR 375 / 6 hours – maximum SAR 750

KSA-AR/FLYNAS/Travel 20201

Chubb. Insured.™

Chubb Arabia Cooperative Insurance Company a public listed company, Head Office address, 8th Floor, Southern Tower, Khobar Business Gate King Faisal Bin Abdulaziz Road (Coastal Road) Al Khobar, Saudi Arabia, paid up capital 100M Saudi Arabian Riyal.

1. Some sections of cover also have extra sub limits, for example the **Personal Accident** section has a **Benefit** limit depending on the age of the **Insured Person**.
2. Coverage for accompanying Infant(s) who is/are named in the Policy Schedule is afforded as follows: Coverage is afforded to one (1) accompanying named Infant if the Insured Person has purchased the protection herein provided. For a Domestic Return Journey, this free coverage is limited to 1. Personal Accident, 2. Medical Evacuation & Repatriation (Accident only) 3. Repatriation of Mortal Remains (Accident only) 4. Flight cancellation 5. Flight Curtailment 6. Chubb Assistance. For an International Return Journey, this free coverage is limited to 1. Personal Accident, 2. Medical Expenses, 3. Medical Evacuation & Repatriation (Accident only) 4. Repatriation of Mortal Remains (Accident only) 5. Flight cancellation 6. Flight Curtailment 7. Chubb Assistance. For a One-Way Journey, Domestic or International, this free coverage is limited to 1. Personal Accident, 2. Flight cancellation
3. Customers will be covered whilst they remain in the geographical region only. Cuba and Iran **Destinations** are excluded as these are currently sanctioned countries. Chubb as a US company is unable to offer travel insurance for these **Destinations/Residents** from Cuba and/or Iran.
4. There is no cover for :
 - a. Any Pre-existing Medical Conditions.
 - b. any Person travelling for the specific purpose to receive medical treatment, diagnosis or consultation,
 - c. Any losses incurred outside the Geographical region shown on the **Policy Schedule**.
 - d. Any loss as a result of pregnancy, suicide, self-inflicted injury.
 - e. Any **Claim** where **You** have travelled to a country against Governmental Travel advice.
 - f. Any Claim arising out of an epidemic or pandemic except under Section 2: medical and additional expense in relation to Coronavirus Disease 19 (COVID – 19) provided **YOU** are not travelling in to or through any country where the Government or relevant Public Authority in the Kingdom of Saudi Arabia or the World Health Organization has advised or recommended against Travel. Where **You** have failed to pay for the insurance or abide by the terms and conditions.
5. By purchasing this **Policy** I hereby consent to:
 - a. verification of the ID and/or Passport number of all **Insured Persons**.
 - b. transfer of **Personal** data as is necessary for Chubb, its agents and partners to service my **Policy**, provide **Claims** handling and assistance.
6. **Policy** not valid for travel to certain countries – see **Policy** terms for details.
7. Whenever coverage, **Benefit** or **Claim** payment provided by this **Policy** would be in violation of the United Nations Resolutions or the trade and economic sanctions, laws or regulations of the Kingdom of Saudi Arabia or United States of America, such coverage, **Benefit** or **Claim** payment shall be null and void.

Advice to Travellers

Important Phone Numbers

Please make a note of the following phone numbers or add them to **Your** mobile; **You** may need them in an emergency or if **You** need to make a **Claim**.

Chubb Assistance

Medical Emergency, Referral Services and Personal Assistance Services

Telephone: +966 13 804 7695

Chubb Arabia Claims

Telephone: +966 13 810 5656

Fax: +966 13 849 3660

Email: Hemayittravelclaims@chubb.com

Helpful hints for Your insurance

- Do take copies of **Your Policy** docs on **Your Journey** with **You**
- Do report any loss of theft to the hotel or local police and get a report from them,
- Do keep **Valuables** safe (eg in a safety deposit box),
- Don't leave **Valuables** lying around or in view of other people,
- Do leave **Yourself** enough time to get to the airport, park, and get through security. Remember to allow time for delays in traffic or travel
- Do contact **Us** if **You** have a change in health that may lead to **You** having to cancel or alter **Your Journey**
- Do contact **Us** for advice before incurring costs that **You** would seek to subsequently **Claim** for under this **Policy**.

Immunisations

You may need extra immunisations when travelling **Abroad**. Check whether **You** do before travelling by visiting

Waiver of Medical Excess

If **You** have a valid **Claim** for **Medical Expenses** under this **Policy**, which is reduced by **You** using **Your** private medical insurance at the point of treatment, **We** will not deduct the **Excess**.

Important Information

The words and phrases appearing in bold type and starting with a capital letter in this **Policy Document** and the **Policy Schedule** always have the same meanings wherever they appear. These meanings are explained in the General Definitions section on Pages 31 to 35 of this **Policy Document**.

Your Policy and Policy Schedule

This is **Your** Travel Insurance **Policy** Document. **Your Policy** Document and **Your Policy Schedule** sets out the terms of **Your** contract with **Us** and contain full details of what is covered;

- what is not covered;
- the maximum amount **We** will pay in the **Event** of a **Claim**;
- the conditions that apply;
- how to get assistance in an emergency;
- how to make a **Claim**.

Please:

- note that the **Policy** Cover Sections that apply, and the maximum amounts that **We** will pay in the **Event** of a **Claim** will depend on which level of cover **You** have purchased – these are clearly shown in **Your Policy Schedule**.
- check them carefully to ensure that the cover provided meets **Your** needs;
- keep them in a safe place;
- take them (or a copy) with **You** when travelling;
- make a note of the Important Phone Numbers (or store them on **Your** mobile phone) and take them with **You** at all times when travelling on **Your Journey**.

Persons Covered

To be covered under this **Policy**, **You** **MUST**:

1. Have correctly stated the dates of birth for all **Persons Insured** on the **Policy Schedule** at the time **You** applied for this **Policy**; and
2. be continually a **Resident** in The **Kingdom of Saudi Arabia** during the **Period of Insurance**.

Children

Children will only be covered when they are travelling with an adult named under **Persons Insured** on the **Policy Schedule**.

Journeys Covered

1. **Return Journey Policy**

A **Return Journey Policy** covers a single trip during the **Period of Insurance** that takes place entirely within the Geographical Area of Travel stated in the **Policy Schedule**.

A trip not including a Flynas flight is not covered.

2. **One Way Policy**

A **One Way Journey** that commences from the time **You** leave **Your Departure Country** and completes immediately after **You** have cleared passport control at **Your** final **Destination** country, including any stop overs up to 24 hours on route to **Your** final **Destination** country.

A trip not including a Flynas flight is not covered.

Geographical Cover

1. If a “Domestic Plan” has been chosen, only **Journeys** within the Kingdom of Saudi Arabia will be covered.
2. If an “International” plan has been chosen, **Journeys** to and from **International Countries** defined, under the Geographical Area of Travel stated in **You Policy**, will be covered under this **Policy**.

Such insurance as is afforded under this **Policy** shall apply 24 hours a day during the **Period of Insurance** whilst **You** are on a **Journey** as stated in the **Policy Schedule** unless otherwise endorsed or amended.

Geographical Area of Travel are as follows:

Region 1: means UAE, Qatar, Oman, Saudi Arabia, Bahrain, Egypt, Jordan, Morocco, Pakistan, Sudan, and Turkey.

Region 2: means Europe, including Brussels, Geneva, United Kingdom, France, Netherlands, and Zurich.

Region 3: means Asia, including Malaysia, Singapore and Seychelles.

Region 4: All countries (including USA / Canada), excluding Iran and Cuba.

Benefits

1. The monetary amounts and limits of **Benefits** will vary according to the **Plan** selected and whether a “**One Way**” or “**Return Journey**” has been chosen; and
2. The monetary amounts and limits of **Benefits** for Section 1 – **Personal Accident** will be reduced based on the age of the **Insured Person**.

Journeys Not Covered

We will not cover any **Journey**

- which involves **You** travelling specifically to obtain medical, dental or cosmetic treatment;
- when **You** have been advised not to travel by **Your Doctor**
- when **You** have received a terminal prognosis
- where sports or activities are the main focus of, or form a significant proportion of **Your Journey**;
- where, on the date it is booked (or commencement of the **Period of Insurance** if later), **You** or **Your Travelling Companion** are aware of any circumstance that could reasonably be expected to result in a **Claim** under this **Policy**;
- involving travel to areas where the Government or any Public Authority in the Kingdom of Saudi Arabia or the World Health Organization has advised or recommended against travel.

The Cover We Provide

The Level of Cover **You** have bought is shown in **Your Policy Schedule**.

Your Policy Schedule also shows which cover Sections apply and the maximum amount **We** will pay under each Section that does apply.

Commencement of Coverage

1. Cancellation cover under Section 3 begins when a **Journey** is booked and upon issuance of the **Policy Schedule** and terminates on the **Journey Departure Date**.
2. Insurance cover under all other Sections operates for a **Journey** that takes place during the **Period of Insurance** and is effective upon **Journey Departure Date** of a **One Way Journey** or **Return Journey**.

When Cover Will End Automatically

Any cover under this **Policy** in respect of **You** shall terminate on the earliest of the following **Events**

1. upon the expiry of the **Period of Insurance**;
2. upon **You** ceasing to satisfy any of the eligibility requirements set out herein; or
3. upon **Your** death.

If a **Journey** continues beyond the expiry date of this **Policy** or a **Journey** has been booked which begins after the expiry date of this **Policy** **You** must buy a new **Policy** if **You** wish cover to continue. If **You** do not buy a new **Policy**, the remaining period of the **Journey** or any future **Journey** which has been booked will not be covered after the expiry date of this **Policy**.

Automatic Extension of the Period of Insurance

In the **Event** that Flynas re-schedules the **departure time** or **date** of **Your** return flight on **Your Return Journey** or outbound flight on **Your one-way Journey**, **Your Policy** cover will automatically be extended up to a maximum of 3 days.

Health Exclusions

This **Policy** contains Exclusions relating to **Your** health and the health of other **Persons Insured**. These appear under the General Exclusions.

If **You** have a valid **Claim** for **Medical Expenses** under this **Policy**, which is reduced by **Your** using **Your** private medical insurance at the point of treatment, **We** will NOT deduct the **Excess**.

Claims' Conditions

(Conditions that apply to the whole **Policy**)

Making a Claim

1. If **You** are injured or become ill **Abroad** and need:
 - a. hospital in patient treatment, specialist treatment, medical tests, scans or to be brought back to **Your Home Country**: **You** MUST contact **Chubb Assistance** as soon as is reasonably practicable on: +966 13 804 7695 If **You** cannot do this **Yourself**, **You** MUST arrange for a **Personal** representative to do this for **You**. If this is not possible because **Your** condition is serious, **You** or **Your Personal** representative MUST contact **Chubb Assistance** as soon as is reasonably possible.

If **Chubb Assistance** are not contacted, it may affect **Your** rights to make a **Claim** or reduce its payment.
 - b. medical treatment other than under A. above -
You MUST follow the procedure detailed under condition 2. below. **You** can make **Use** of the services provided by **Chubb Assistance**, as appropriate (these are detailed on Page 14 of this **Policy**).
2. All other **Claims**
You MUST notify **Us** as soon as practicable by telephone as soon as possible and within 30 days of becoming aware of anything likely to result in a **Claim**.

A Personal representative can do this for **You** if **You** cannot;

We can be contacted at:

Chubb Arabia Cooperative Insurance Company
7th Floor, Southern Tower Khobar Business Gate
King Faisal Bin Abdul-Aziz Street
(Coastal Road)
P.O. Box 2685 Al Khobar 31952
T: +966 13 810 5656
F: +966 13 849 3660

E: HemaytiTravelclaims@chubb.com

Reporting Lost or Stolen Property:

Personal Property lost or stolen whilst in the custody of an airline or other carrier.

You MUST notify the airline or other carrier in writing within 24 hours of discovery and provide **Us** with a copy of the original written reports.

Entire Agreement

This Policy contains details of benefits, conditions and exclusions relating to valid **Insured Person(s)** and is the basis on which all claims **made** will be settled.

Complying with Special Conditions

You MUST comply with the Special Conditions detailed in the relevant Section of this **Policy**.

Other Insurance

If there is another insurance **Policy** in force (whether in **Your** name or otherwise) at the time of any incident which results in a **Claim** under this **Policy** which does (or would but for the existence of this **Policy**) cover the same loss, damage, expense or liability, **We** will not pay more than **Our** proportionate share of such **Claim**. This Condition shall not apply to any **Claim** under Section 1 Personal Accident.

Subrogation

We may take action in **Your** name to recover compensation or security for loss, damage or expenses covered by this insurance. **You** will not have to pay anything towards this action but **We** will be entitled to retain some or all of any amount recovered.

Supplying Details & Documents

You **MUST** supply at **Your** own expense any information, evidence and receipts **We** require including medical certificates signed by a **Doctor**, police reports and other reports.

Your Duty to Avoid or Minimise a Claim

You and each **Person Insured** must take ordinary and reasonable care to safeguard against loss, damage, **Accident**, injury or illness as though **You** were not insured. If **We** believe **You** or any **Person Insured** have not taken reasonable care of property, the **Claim** may not be paid. The items insured under this **Policy** must be maintained in good condition.

Protecting Property

You **MUST** take all reasonable steps to protect any item or property from further loss or damage and to recover any lost or stolen article.

Interest

We will not pay interest on any **Benefit** payable under this **Policy** unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**.

Sending Us Legal Documents

You **MUST** send **Us** any original writ, summons, legal process or other correspondence received in connection with a **Claim** as soon as practicable when it is received and without answering it.

Things You MUST NOT Do

You **MUST NOT** do the following without **Our** written agreement:

1. Admit liability
admit liability, or offer or promise to make any payment; or
2. Dispose of items
Sell or otherwise dispose of any item or property for which a **Claim** is being made, or abandon any item or property to **Us**.

Recognising Our Rights

You and each **Person Insured** must recognize **Our** right to:

1. Pay or replace
choose either to pay the amount of a **Claim** (less any **Excess** and up to any **Policy** limit) or replace or reinstate any item or property that is lost or stolen;
2. Inspect & dispose of items
inspect and take possession of any item or property for which a **Claim** is being made and handle any salvage in a reasonable manner;
3. Handle a **Claim** in **Your** name
take over and deal with the defence or settlement of any **Claim** in his or her name and keep any amount recovered;
4. Pay in Saudi Arabia Riyals (SAR)
settle all **Claims** in Saudi Arabian Riyals (SAR)

5. Be reimbursed promptly
be reimbursed within 30 days for any costs or expenses that are not insured under this **Policy**, which **We** pay to **You** or on **Your** behalf;
6. Receive medical certificates
be supplied at **Your** expense with appropriate original medical certificates where required before paying a **Claim**;
7. Carry out medical examinations
request and carry out a medical examination and insist on a post-mortem examination, if the law allows **Us** to ask for one, at **Our** expense.

Dishonesty and Fraudulent Claims

We will not be liable to pay a **Claim** and may cancel the **Policy** immediately in either of the following circumstances

1. Dishonesty
if a **Claim** is in anyway dishonest;
2. Fraud
if **You**, any other **Person Insured** or anyone acting on **Your** or their behalf, uses fraudulent means to **Benefit** under this **Policy**.

Paying Claims

1. Death
 - a. If **You** are 18 years old or over, **We** will pay the **Claim** to **Your** estate and the receipt given to **Us** by **Your Personal** representatives shall be a full discharge of all liability by **Us** in respect of the **Claim**.
 - b. If **You** are aged under 18 years and covered under this **Policy** as the **Spouse** of a **Person Insured**, **We** will pay any **Claim** for **Accidental** death to **Your Spouse**. In all other circumstances **We** will pay any **Claim** for **Accidental** death to **Your Parent or Legal Guardian**. **Your Spouse's** or **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.
2. All other **Claims**
 - a. If **You** are 18 years or over, **We** will pay the **Claim** to **You** and **Your** receipt shall be a full discharge of all liability by **Us** in respect
 - b. If **You** are aged under 18 years and covered under this **Policy** as the **Spouse** of a **Person Insured**, **We** will pay the **Claim** to **Your Spouse** for **Your Benefit**. In all other circumstances **We** will pay the appropriate **Benefit** to **Your Parent or Legal Guardian** for **Your Benefit**. **Your Spouse's** or **Parent or Legal Guardian's** receipt shall be a full discharge of all liability by **Us** in respect of the **Claim**.

Chubb Assistance

Chubb Assistance can provide a range of assistance and medical related services when **You** are on a **Covered Journey**. Please make sure **You** have details of this **Policy**, including the **Policy** number and **Period of Insurance** when **You** call.

To contact **Chubb Assistance** please call:

+966 13 804 7695

While **Chubb Assistance** will make every effort to make sure that advice or assistance is provided promptly and in good faith it cannot accept liability for loss or damage of any kind that may arise or result from the **Use**, or intended **Use**, of the **Chubb Assistance** - Medical Emergency and Referral Services / Personal assistance Services.

1. Medical Emergency and Referral Services

If **You** are injured or become ill **Abroad** **You** must contact **Chubb Assistance** as soon as practicable if **You** need hospital in patient treatment, specialist treatment, medical tests, scans or to be brought back to Kingdom of Saudi Arabia.

If **You** cannot do this **Yourself**, **You** must arrange for a Personal representative to do this for **You**. If this is not possible because **Your** condition is serious, **You** or **Your** Personal representative must contact **Chubb Assistance** as soon as possible.

If **Chubb Assistance** are not contacted, any expense incurred by **You** that would otherwise not have been incurred had **Chubb Assistance** been contacted will be deducted from **Your Claim**.

In all other circumstances **You** are entitled to use the services of **Chubb Assistance** detailed below, as appropriate.

Chubb Assistance - Medical Emergency and Referral Services can help with

- A. Payment of bills - if **You** are admitted to hospital **Abroad**, the hospital or attending **Doctor(s)** will be contacted and payment of their fees up to the **Policy** limits may be guaranteed so that **You** do not have to make the payment from **Your** own funds.
- B. Being brought back to **Your Home** Country - if the **Doctor** appointed by **Chubb Assistance** believes treatment in **Your Home** Country is preferable, transfer may be arranged by regular scheduled transport services, or by air or road ambulance services if more urgent treatment and/or specialist care is required during the **Journey**.
- C. Provision of medical advice –
 - i. if **You** require emergency consultation or treatment **Abroad**, **Chubb Assistance** will provide the names and addresses of local **Doctors**, hospitals, clinics and dentists, and its panel of **Doctors** will provide telephone medical advice.
 - ii. if necessary **Chubb Assistance** will make arrangements for a **Doctor** to call, or for **You** to be admitted to hospital.
- D. Unsupervised **Children** - if a **Child** is left unsupervised on a **Journey Abroad** because **You** or **Your Partner** (if shown as insured on the **Policy Schedule**) is hospitalised or incapacitated, **Chubb Assistance** may organise his or her return **Home**, including a suitable escort when necessary.

Please note that whilst **You** will not be charged for advice or assistance, **You** will be responsible for paying fees and charges for services provided to **You** if they are not covered as part of a valid **Claim** under this **Policy**.

2. Personal Assistance Services

The services under this Section are provided by **Chubb Assistance** are only available during a **Journey Abroad**. These are non-insured facilitation services making use of **Chubb Assistance's** wide experience and contacts. Any costs incurred must be reimbursed to **Chubb Assistance** unless they form part of a successful **Claim** under an appropriate Section of this **Policy**.

Chubb Assistance - Personal Assistance Services can help with

- A. **Transfer of emergency funds**
Transfer of emergency funds up to SAR 30,000 per **Journey** if access to normal financial/ banking arrangements are not available locally. In order to reimburse **Chubb Assistance You** must authorise **Chubb Assistance** to debit **Your** credit or charge card with the amount of the transfer, or make alternative arrangements to deposit the funds in **Chubb Assistance's** account in the Kingdom of Saudi Arabia. If the emergency transfer is needed **Due To** theft or **Loss** of **Personal** money, a **Claim** may be made under the **Policy**.
- B. **Message relay**
Transmission of urgent messages to relatives or business associates if medical or travel problems disrupt a **Journey** travel schedule.
- C. **Replacement Travel Documents**
Assistance with the replacement of **Lost** or stolen tickets and **Travel Documents**, and referral to suitable travel offices. **Chubb Assistance** will not pay for any item or guarantee any payment.
- D. **Emergency translation facility**
A translation service if the local provider of an assistance service does not speak English.

General exclusions

(Exclusions that apply to the whole **Policy**)

We will not be liable to make any payment under this **Policy** where

1. Eligibility
You do not meet the eligibility criteria detailed under Persons Covered on Page 8 of this **Policy**.
2. **Children** travelling alone
You are a **Child** travelling or booked to travel without an adult **Person Insured** named on the **Policy Schedule**.
3. Journeys not covered
Your Journey is described under “Journeys Not Covered”, on Page 9 of this **Policy**.
4. any **Claim** is **Due To**:
 - a. Pre Existing Medical Conditions.
 - i) Any serious, chronic or reoccurring medical condition which existed in the 12 months immediately preceding the purchase of the Policy (or commencement of the **Period of Insurance** if later).
 - ii) Any serious, chronic or recurring medical condition affecting any person upon whom **Your Journey** depends that was diagnosed, treated or required hospital inpatient or outpatient treatment in the 12 months before **Your Journey** was booked (or commencement of the **Period of Insurance** if later).
 - b. A **Person Insured** not taking medication or treatment recommended as prescribed or directed by a **Doctor**.
 - c. Any condition which is, results from or a complication of pregnancy, childbirth, miscarriage (except **Accidental** miscarriage) or abortion, intoxication by alcohol or drugs not prescribed by a **Doctor**.
 - d. Tropical disease
Claim Due To a tropical disease where the **Person Insured** has not had the vaccinations or taken the medication recommended by the Department of Health or the World Health Organisation required by the authorities in the country being visited, unless they have written confirmation from a **Doctor** that they should not be vaccinated or take the medication, on medical grounds.
 - e. Pandemic and Epidemic
Any **Claim** arising out of an epidemic or pandemic except under Section 2: medical and additional expense in relation to Coronavirus Disease (COVID – 19) provided **YOU** are not travelling in, to or through any country where the Government or relevant Public Authority in the Kingdom of Saudi Arabia or the World Health Organization has advised or recommended against Travel.
 - f. Anxiety, stress, depression, phobia, mental or nervous disorder
a **Person Insured** suffering from any anxiety state, stress, depression, or fear of flying or mental or nervous disorder, that was diagnosed before the **Period of Insurance** commenced or **Your Journey** was booked (whichever is later).
 - g. **You** engaging in, practicing for or taking part in training in any speed contest or racing (other than on foot) and any professional competition or sports.
 - h. **You** engaging in, water and/or winter sports.
 - i. Air travel unless **You** are travelling as a fare paying passenger in a fixed wing aircraft which is provided by a licensed airline or air charter company.
 - j. Cruise trip(s)
 - k. Currency
currency exchange.
 - l. Illegal acts
any illegal act by **You**.
 - m. Misuse of alcohol/drugs
 - i) **Your** misuse of alcohol or solvents; or ingesting drugs except for drugs which are properly prescribed; or
 - ii) **Your** driving a vehicle of any kind whilst the alcohol level in **Your** blood exceeds the legal limit of the country where **You** are driving.
 - iii) **You** are acting in a manner that has resulted in **You** contravening the laws of the country that **You** are taking **Your Journey**.

- n. Suicide/self-injury
 - i) **Your** suicide, attempted suicide or deliberate self-inflicted injury regardless of the state of **Your** mental health; or
 - ii) **Your** needless self-exposure to danger except in an attempt to save human life.
 - o. Radiation
 - i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel; or
 - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.
 - p. Sonic waves

pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.
 - q. **War**

War or any act of **War** whether **War** is declared or not.
 - r. **Terrorism**

Directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any **Terrorist Activity**.
 - s. **Financial Failure**

The financial failure of a tour operator, travel agent, transport provider, accommodation provider, ticketing agent or excursion provider
 - t. **Your** Disinclination to Travel
 - u. Loss of Enjoyment of the **Journey** by Any **Person Insured**
5. Sanctions Clause
- No insurer shall be deemed to provide cover and no insurer shall be liable to pay any **Claim** or provide any **Benefit** hereunder to the extent that the provision of such cover, payment of such **Claim** or provision of such **Benefit** would expose the insurer or its parent, to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations or the trade and economic sanctions, laws, regulations or restrictions of the European Union, United Kingdom, the United Arab of Emirates, the DIFC, the Kingdom of Bahrain, the Kingdom of Saudi Arabia, the Arab Republic of Egypt or United States of America.

Cover

Section 1. Personal Accident

What is covered

If, during the **Period of Insurance**, whilst **You** are on a **Journey**, **You** sustain **Bodily Injury** or fall victim to **Terrorism** which results in **Death** and/or **Permanent Disablement** within 365 days after the date of the **Accident**, **We** will pay the percentage of Sum Insured for the relevant Loss **Event** shown in the Table of **Benefits** below, up to the relevant **Benefit** amount specified in the **Policy Schedule** subject to the terms and conditions of this **Policy**.

Table of Benefits

Loss Event	% of Sum Insured
1. Accidental Death	100%
2. Permanent Total Disablement	100%
3. Loss of Limb	100%

Special Conditions

We will not pay more than;

1. one **Benefit** for the same **Bodily Injury**.
2. SAR 9,300 if **You** are under 2 years of age at the time of the **Bodily Injury**.

What is not covered

1. Death, **Loss of Limb** or **Permanent Total Disability Due To** disease or any physical or Birth defect, injury or illness which existed before the **Journey**.
2. Death, **Loss of Limb** or **Permanent Total Disability** caused by or resulting from Physical Defect or Birth defect or from **Sickness**.
3. The occurrence of any Death and/or **Permanent Disablement** for which a **Claim** is payable under this Section shall immediately terminate all cover under the **Policy Schedule**, but such termination shall be without prejudice to any other **Claim** originating from the **Accident** causing such loss.
4. Anything mentioned in General Exclusions

Section 2. Medical and Additional Expenses

What is covered

If, during the **Period of Insurance**, whilst **You** are on a **Return Journey Abroad You**:

1. are injured; or
2. become ill;

We will pay up to the amount stated in the **Policy Schedule**, subject to the terms and conditions of this **Policy**, for:

A. Medical Expenses (Applicable to International Return Journey only)

All reasonable costs that it is medically necessary to incur outside of the **Home** Country for hospital, ambulance surgical or other diagnostic or remedial treatment, given or prescribed by a **Doctor**, and including charges for staying in a hospital.

We have the option of returning **You Home**, if the cost of the **Medical Expenses** and/or Dental Expenses where **You** are on **Your Journey**, is likely to exceed the cost of returning **You Home**, subject always to medical advice from a **Doctor**. **We** also have the option of evacuating **You** to another country for the treatment.

B. Emergency Dental Expenses – Accident only (Applicable to International Return Journey only)

All reasonable costs that it is medically necessary to incur outside of the **Home** Country for emergency dental treatment for the relief of pain only.

C. Medical Evacuation and Repatriation Expenses (Applicable to Return Journey only)

All reasonable costs that it is medically necessary for **Chubb Assistance** to incur to return **You** to **Your Home**; or to move **You** to the most suitable hospital; if it is medically necessary to do so.

Chubb Assistance or its authorised representative, shall arrange for the evacuation within a reasonable timeframe and utilise the best suited means based on the medical severity of **Your** condition, including but not limited to, air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final **Destination** will be made by **Chubb Assistance**, or its authorised representative, and will be based solely upon medical necessity. **You** may in appropriate circumstances be returned to **Your Home**.

We shall pay the **Covered Expenses** directly to **Chubb Assistance**, up to the relevant **Benefit** amount specified in the **Policy Schedule**, subject to the terms and conditions of this **Policy**.

If **Due To** reasons beyond **Your** control, **You** are unable to notify **Chubb Assistance** to make the necessary evacuation arrangements, **We** shall, if satisfied that the evacuation was **Due To** the necessary medical treatment not being available, either at the nearest **Hospital** where **You** were transported to or in the immediate vicinity thereof, reimburse **You** for expenses incurred in relation to the evacuation, up to the amount which **Chubb Assistance** would have incurred for services provided under the same circumstances, subject to the terms and conditions of this **Policy**.

D. Repatriation of Mortal Remains (Applicable to Return Journey only)

If, during the **Period of Insurance**, whilst **You** are on a **Return Journey**, **You** die, **Chubb Assistance**, or its authorized representative shall make the necessary arrangements for the return of **Your** mortal remains to **Your Home** in The Kingdom of Saudi Arabia. **We** shall pay directly to **Chubb Assistance** the **Covered Expenses** for such repatriation up to the relevant **Benefit** amount specified in the **Policy Schedule**, subject to the terms and conditions of this **Policy**.

E. Pro-Longed Stay Travel Expenses (Applicable to International Return Journey only)

All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, if it is medically necessary for **You** to stay **Abroad** after **Your** scheduled date of return to **Your Home** in The Kingdom of Saudi Arabia and including travel costs, back to **Your Home** in The Kingdom of Saudi Arabia if **You** cannot use **Your** original return ticket.

F. Escort of Dependant Child (Applicable to International Return Journey only)

All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, by any one other person if required to escort a **Child Home** to the **Your Home** in The Kingdom of Saudi Arabia.

G. Accompanying Traveller Expenses (Applicable to International Return Journey only)

All necessary and reasonable accommodation (room only) and travel expenses incurred with the consent of **Chubb Assistance**, by any one other person if required on medical advice to accompany **You**.

Special Conditions

1. If **You** are injured or become ill **You MUST** follow the procedure detailed under 'Making a Claim' on page 11 of this **Policy**.
If **You** do not, **We** may reject **Your Claim** or reduce the amount that **We** pay **You**.
2. **Chubb Assistance** may:
 - a. move **You** from one hospital to another; and/or
 - b. return **You** to **Your Home** in The Kingdom of Saudi Arabia; or move **You** to the most suitable hospital; at any time, if **Chubb Assistance** believes that it is necessary and safe to do so.
3. All original receipts must be kept and provided to support a **Claim**.

What is not covered

1. Any amount recoverable under **Your** private medical insurance.
2. Any treatment or surgery or exploratory tests:
 - a. not confirmed as medically necessary;
 - b. not directly related to the injury or illness that **You** were admitted to hospital for.
3. Surgery, medical or preventative treatment which can be delayed in the opinion of the **Doctor** treating **You** until **You** return to **Your Home** in The Kingdom of Saudi Arabia.
4. Any costs incurred following **Your** decision not to move hospital or return to **Your Home** in The Kingdom of Saudi Arabia after the date when, in the opinion of **Chubb Assistance**, **You** should do so.
5. Cosmetic surgery
6. Treatment or services provided by any convalescent or nursing **Home**, rehabilitation centre or health spa.
7. Any medical treatment that **You** travelled **Abroad** to obtain.
8. Medication **You** are taking before, and which **You** will have to continue taking during, a **Journey**.
9. Any **Medical Expenses** incurred in **Your Home Country**.
10. Any additional travel and accommodation expenses incurred which have not been authorised in advance by **Chubb Assistance**.
11. Accommodation and travel expenses where the transport and/or accommodation used is of a standard superior to that of the **Journey**.
12. Any additional costs for single or private room accommodation.

13. Cremation or burial costs in **Your Home Country**.
14. The cost of medical or surgical treatment of any kind received by a **Person Insured** later than 52 weeks from the date of the **Accident** or commencement of the illness.
15. Any **Pre-existing Condition**
16. the **Excess**.
17. Anything mentioned in General Exclusions

Section 3. Travel Inconvenience Benefits

A. Loss of Checked luggage

What is covered

If, during the **Period of Insurance**, **Your** Checked Luggage, caused by Flynas, is lost or stolen during **Your Scheduled Flight**, **We** will pay **Replacement Costs** up to the amount stated in the **Policy Schedule**, subject to the terms and conditions of this **Policy**.

Special Conditions

1. The covered luggage must travel on the same **Scheduled Flight** as **You**.
2. **You** **MUST** take reasonable care to keep **Your Personal Property** safe. If **Your Personal Property** is lost or stolen **You** **MUST** take all reasonable steps to get it back.
3. Loss to **Baggage** in the custody of an airline **MUST** be reported in writing to the airline within 24 hours of discovery and **We** **MUST** be provided with a copy of the original written airline report;
4. **We** will deduct any amount payable under a **Claim** for the purchase of essential items, resulting from the same cause or **Event**.

What is not covered

1. More than the amount stated in the **Policy Schedule** for a single item, pair or set, or part of a pair or set;
2. Loss or theft of any luggage that is not checked luggage and any checked luggage not in the custody of Flynas as the time of the loss or theft.
3. Loss or theft of **Valuables**.
4. Loss or Theft of property whilst in the custody of an airline, unless reported as soon as practicable on discovery and a Property Irregularity Report is obtained.
5. loss to property insured under any other insurance **Policy**, or otherwise reimbursed by any other source.
6. Loss of any **Personal Property** unless in the custody or control of the airline.
7. Loss, theft or damage to:
 - a. antiques, musical instruments, pictures, household goods, foodstuff, contact or corneal lenses, dentures, or dental fittings, hearing aids, artificial limbs, business equipment, tools, samples or merchandise, hired or leased equipment, bonds, securities or documents of any kind;
 - b. property shipped as freight, or shipped prior to the **Scheduled Departure Date**;
 - c. contraband;
 - d. sports equipment whilst being used, vehicles or their accessories (other than **Mobility Aids**), watercraft and ancillary equipment, glass, china or similar fragile items and pedal cycles.
8. Depreciation in value, normal wear and tear, denting or scratching, damage by moth or vermin, electrical, electronic or mechanical breakdown, or damage **Due To** atmospheric or climatic conditions.
9. Delay, detention, seizure or confiscation by customs or other officials.
10. The **Excess**
11. Anything mentioned in General Exclusions

B. Loss of Travel Documents / Passport

What is covered

If, during the **Period of Insurance**, whilst **You** are on a **Journey**, **Your** passport (and/or **Travel Documents**) is lost destroyed or stolen, **We** will pay up to the amount stated in the **Policy Schedule** to cover the cost of:

1. getting any temporary replacement documents needed to enable **You** to return to **Your Home** including any additional travel and accommodation (room only) costs incurred by **You** or on **Your** behalf during **Your Journey** to obtain such documents; and
2. the replacement passport fee payable, provided that it remained valid for at least 2 years at the date it was lost destroyed or stolen.

Special Conditions

1. Loss or theft **MUST** be reported to the police (and the hotel management if the loss or theft occurs in a hotel) within 24 hours of discovery and **We MUST** be provided with a copy of the original written police report and report to the hotel management as applicable.
2. For the avoidance of doubt, in the **Event You** become entitled to a refund or reimbursement of all or part of such loss from any other source, or if there is in place any other insurance against the **Events** covered under this section, **We** will only be liable for the **Excess** of the amount recoverable from such other source or insurance.
3. **You** must take every possible care to ensure the security of **Your Travel Documents**.

What is not covered

1. Loss or theft of any passport or driving licence left **Unattended** unless contained in a locked safe or safety deposit box.
2. Loss not reported to either the police or relevant authority having jurisdiction where the loss occurred within twenty-four (24) hours of the discovery of such loss.
3. Delay, detention, seizure or confiscation by customs or other officials.
4. The **Excess**.

C. Luggage Delay (not applicable to one way domestic Journey)

What is covered

If, during the **Period of Insurance**, **Your** baggage that is accompanied and checked in on the **Scheduled Flight** or in which **You** had arranged to travel is not delivered to **You** within six (6) hours of **Your** arrival at the scheduled **Destination**, **We** will reimburse **You** the relevant **Benefit** amount specified in the **Policy Schedule** for every six (6) consecutive hours of delay (being calculated from the actual arrival time at the **Destination**), up to the amount stated in the **Policy Schedule** to reimburse **You** for the cost of essential items of clothing medication, toiletries and **Mobility Aids** that **You** have to purchase, subject to the terms and conditions of this **Policy**.

We will pay one delay per **Journey**.

You cannot **Claim** under both Loss of Luggage (Section 3 A) and this Section (Luggage Delay) for the same **Event**.

Special Conditions

Where **Personal Property** is temporarily lost or misplaced by the airline **We** must be provided with original written confirmation from such airline that the delay lasted for at least 6 hours after **You** arrived at **Your Destination**.

What is not covered

1. Delay, detention, seizure or confiscation by customs or other officials.
2. The **Excess**.
3. Anything mentioned in General Exclusions

D. Flight Delay (not applicable to one way domestic Journey)

What is covered

If, during the **Period of Insurance**, whilst **You** are on a **Journey**, the departure of the **Scheduled Flight** in which **You** have arranged to travel is delayed for at least six (6) consecutive hours at any single location from the time specified in the Flynas Travel Itinerary supplied to **You** **Due To Strikes** or industrial action, adverse weather conditions or mechanical breakdown/ derangement of the **Scheduled Flight** or **Due To** the grounding of the **Scheduled Flight** as a result of mechanical or structure defect, **We** will pay **You** the relevant **Benefit** amount specified in the **Policy Schedule** for every full six (6) consecutive hours of the delay (being calculated from the **Scheduled Departure Time** of the **Scheduled Flight** specified in the Flynas Travel Itinerary), up to the maximum **Benefit** amount specified in the **Policy Schedule** subject to the terms and conditions of this **Policy**.

We will pay one delay per **Journey**.

Special Conditions

1. **You** must check-in before the **Scheduled Departure Time** shown on **Your** travel itinerary and comply with the airline contract terms.
2. The delay must be verified in writing by the operators of the **Scheduled Flight** or their handling agent(s) as well as the number of hours delayed and the reason for delay

What is not covered

Any **Claim Due To**:

1. failure by **You** to check in according to the itinerary supplied to **You**;
2. **Strike** or industrial action existing on the date **You** applied for cover under this **Policy**;
3. late arrival by **You** at the airport after check-in or boarding time (except if the late arrival is **Due To Strike** or industrial action).
4. Delay caused by Air Pollution such as Haze or Smog or restricted visibility **Due To** intentional Forest Fires for commercial or industrial purposes.
5. Anything mentioned in General Exclusions

E. Flight Cancellation

What is covered

If, **You** are forced to cancel prior to the commencement of **Your** planned **Journey** as a direct and necessary result of any **Specified Cause**, **We** will refund **Your** unused travel up to the amount stated in the **Policy Schedule** which **You** have paid or are contracted to pay and which cannot be recovered from any other, subject to the terms and conditions of this **Policy**. This coverage is effective only if the insurance cover is purchased before **You** become aware of any circumstances which could lead to the disruption of **Your Journey**.

The maximum **We** will pay is the amount stated in the **Policy Schedule**, and this shall never exceed the face value of those tickets.

Specified Cause means:

1. **Your** Death;
2. **You** sustaining **Bodily Injury** or is suffering from a **Sickness**, which in the opinion of a **Doctor** causes **You** to be unfit to travel on the **Scheduled Departure Date**;
3. the death of **Your Family Member** or **Bodily Injury** or **Sickness** of such person necessitating him/her to be Confined;
4. **You** are or required to be in compulsory quarantine, jury service, subpoenaed or hijacked;
5. **Your** residence becoming uninhabitable following fire, storm, or flood occurring such that the **Your** presence is required on the premises on the scheduled **Journey Departure Date**;

Whereby, in the context of cancellation of a **Journey**, for points (2) to (5), the **Events** mentioned must occur within 72 hours before the **Scheduled Departure Date**, and must be accompanied with travel advice from the relevant authority(s).

What is not covered

We will not in any **Event** be liable in respect of any **Claim** under this section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

1. changes in plans by **You** or an **Immediate Family Member** for any reason;
2. financial circumstances of **You** or an **Immediate Family Member**;
3. any business or contractual obligations of **You** or an **Immediate Family Member**;
4. **Financial Default** by the person, agency, carrier or tour operator with whom **You** made **Your** travel arrangements;
5. any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation.
6. any loss or expenses incurred as a result of **Pre-existing Condition** that existed 12 months immediately preceding and including the **Effective Date** of the **Policy Schedule**.
7. Any loss, charge or expense **Due To**:
 - a. a delay in notifying the tour operator, travel agent, transport provider that it is necessary to cancel or rearrange a booking;
 - b. prohibitive regulations by the government of any country.
8. Anything mentioned in General Exclusions

F. Hotel Cancellation (Applicable to International Return Journey only)

What is covered

If, **You** are forced to cancel prior to the commencement of **Your** planned **Journey** as a direct and necessary result of any **Specified Cause** (as defined in Section 3E), **We** will refund **Your** unused accommodation expenses up to the amount stated in the **Policy Schedule** which **You** have paid or are contracted to pay and which cannot be recovered from any other, subject to the terms and conditions of this **Policy**. This coverage is effective only if the insurance cover is purchased before **You** become aware of any circumstances which could lead to the disruption of **Your Journey**.

What is not covered

We will not in any **Event** be liable in respect of any **Claim** under this section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

1. changes in plans by **You** or an **Immediate Family Member** for any reason;
2. financial circumstances of **You** or an **Immediate Family Member**;
3. any business or contractual obligations of **You** or an **Immediate Family Member**;

4. **Financial Default** by the person, agency, carrier or tour operator with whom **You** made **Your** travel arrangements;
5. any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation.
6. any loss or expenses incurred as a result of **Pre-existing Condition** that existed 12 months immediately preceding and including the **Effective Date** of the **Policy Schedule**.
7. Any loss, charge or expense **Due To**:
 - a. a delay in notifying the tour operator, travel agent, or accommodation provider that it is necessary to cancel or rearrange a booking;
 - b. prohibitive regulations by the government of any country.
8. Anything mentioned in General Exclusions

G. Flight Curtailment (Applicable to Return Journey only)

What is covered

If, during the **Period of Insurance**, **You** are forced to curtail any part of a **Journey** that is a **Return Journey**, as the direct and necessary result of any **Specified Cause** (as defined Section 3E), **We** will indemnify **You** in respect of the **Scheduled Flight** ticket paid in advance and which have not been and will not be used, and become forfeited, up to the relevant **Benefit** amount specified in the **Policy Schedule**, subject to the terms and conditions of this **Policy**.

What is not covered

We will not in any **Event** be liable in respect of any **Claim** under this section which is directly or indirectly, caused by, a consequence of, arises in connection with or contributed to by any of the following:

1. changes in plans by **You** or an **Immediate Family Member** for any reason;
2. financial circumstances of **You** or an **Immediate Family Member**;
3. any business or contractual obligations of **You** or an **Immediate Family Member**;
4. **Financial Default** by the person, agency, carrier or tour operator with whom **You** made **Your** travel arrangements;
5. any loss that is covered by any other existing insurance scheme, government programme or which will be paid or refunded by a hotel, carrier or travel agent or any other provider of travel and/or accommodation.
6. any loss or expenses incurred as a result of **Pre-existing Condition** that existed 12 months immediately preceding and including the **Effective Date** of the **Policy Schedule**.
7. Any loss, charge or expense **Due To**:
 - a. a delay in notifying the tour operator, travel agent, or transport provider that it is necessary to Curtail or rearrange a booking;
 - b. prohibitive regulations by the government of any country.
8. Anything mentioned in General Exclusions

H. Flight Overbooked

What is covered

If, during the **Period of Insurance**, whilst the **You are** on a **Journey**, **You** are denied boarding of an aircraft on a commercial **Scheduled Flight Due To** over-booking, and no alternative transportation is made available to **You** for at least six (6) hours calculated from the original **Scheduled Departure Time** of such flight, **We** will pay to **You** the relevant **Benefit** amount specified in the **Policy Schedule**.

The overbooked flight details must be verified in writing by the operator(s) of the airline or the handling agent(s).

Special Conditions

1. **You must** check-in one and a half hours (1.5) before the **Scheduled Departure Time** shown on **Your** travel itinerary and comply with the airline contract terms.
2. The delay must be verified in writing by the operators of the **Scheduled Flight** or their handling agent(s) as well as the number of hours delayed and the reason for delay

What is not covered

Any **Claim Due To**:

1. failure by **You** to check in according to the itinerary supplied to **You**;
2. late arrival by **You** at the airport after check-in or boarding time (except if the late arrival is **Due To Strike** or industrial action).
3. Anything mentioned in General Exclusions

General Conditions

(Conditions that apply to the whole **Policy**)

Contract

This **Policy**, the **Policy Schedule** and any information provided in **Your** application will be read together as one contract.

Legal Interpretation and Language

We agree that:

1. Communication of and in connection with this **Policy** shall be in the English or Arabic language.
2. In the **Event** of any difference in the interpretation between the English and Arabic texts in this **Policy**, the Arabic text shall prevail.

Disputes, Jurisdiction and Applicable Laws:

Any disputes arising out of or in connection with this **Policy** shall be subject to and governed by the laws and regulations applicable in The Kingdom of Saudi Arabia. The committees for the settlement of insurance disputes and controversies provided for in article (20) of the Saudi Supervision of Cooperative Insurance Companies Law promulgated by Royal Decree No. (M/32) dated 02/06/1424H shall be the only competent bodies to deal with such matters.

Third Party Rights

You and **We** have agreed that it is not intended for any third party to this contract to have the right to enforce the terms of this contract. **You** and **We** can rescind or vary the terms of this contract without the consent of any third party to this contract, who might seek to assert that they have rights under the Contracts (Rights of Third Parties) Act 1999.

Observing Policy Terms & Conditions

We will not be liable to make any payment under this **Policy** if a **You** or **Your Personal** representative(s) do not observe and fulfil its Terms, Exclusions and Conditions.

Changing Your Policy

1. If **You** want to change **Your Policy**
If **You** want to change **Your Policy** or if **Your** insurance needs or any of the information **You** have given **Us** changes **You** must telephone (and confirm in writing if **We** request **You** to do so), e-mail or write to **Us**. **We** will update the **Policy** and issue a new **Policy Schedule** each time a change is agreed.
2. If **We** want to Change **Your Policy**
We reserve the right to make changes or add to these **Policy** terms for legal or regulatory reasons and/or to reflect new industry guidance and codes of practice. **We** will write to **You** with details at least 30 days before **We** make any changes. **You** will then have the option to continue with or to cancel the **Policy**.

Any change made to **Your Policy** will begin on the date that the **Policy Schedule** issued to record the change in cover becomes effective.

Cancelling Your Policy

If **You** want to cancel **Your Policy**

If, for any reason, You are not satisfied with this Policy, and provided you have not already commenced your Journey or made a claim under this policy, You may, within 7 days of Your receipt of full policy documentation, cancel it. If this happens the policy will have provided no cover and We will refund any premiums You have paid after deducting an administration charge of SAR 50.

If **We** want to cancel **Your Policy**

We reserve the right to cancel the **Policy** immediately, with no refund in Insurance premium, in either of the following circumstances:

1. In the **Event** of deliberate misrepresentation on behalf of the Insured.
2. In the **Event** of fraud or a fraudulent **Claim** submitted to the Company

We also reserve the right to cancel the Policy immediately and **We** will refund any premium **You** have paid after deducting an administration charge of SAR 50, in the event of misrepresentation on behalf of the Insured.

Surplus

The Insurer shall determine at the end of each financial year the Net Surplus arrived at by adding to the Gross Surplus, or deducting from it, the **Policyholders'** share of the Investment Income after computing their share of the income and deducting their share of incurred expenses.

Ten Percent (10%) of said Net Surplus shall be distributed to all **Policyholders**, each proportionately to his premium, by reducing the premium of the following year.

Complaints procedures

We are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not satisfied with this service, please contact **Us** immediately, quoting **Your Policy** details, so that

Your complaint can be dealt with as soon as possible.

If **You** have a complaint about the sale of **Your Policy** or the Customer Service **You** have received please contact:

The Customer Service Department,
Telephone: 800 11 600 38 (Inside KSA), +966 920024429 (Outside KSA)
Email: customerservice.chubbarabia@chubb.com

If **You** have a complaint in relation to **Claims** please contact:

The **Claims** Manager
Chubb Arabia Cooperative Insurance Company
7th Floor, Southern Tower Khobar Business Gate
King Faisal Bin Abdul-Aziz Street
(Coastal Road)
P.O. Box 2685 Al Khobar 31952
Telephone: +966 13 810 5656
Fax: +966 13 849 3660
Email: HemaytiTravelclaims@chubb.com

Data Protection Statement

PLEASE READ this notice as it explains the purposes for which **We** will Use the **Personal** and sensitive **Personal** data (information) which that **We** hold.

We accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of information given to **Us**.

Where **You** have provided information about another person in connection with the purchase and performance of this insurance **Policy** **You** confirm that they have appointed **You** to act for them, that they have consented to the processing of their personal data, including sensitive personal data and they have consented to the transfer of their information **Abroad**. **You** also agree to receive on their behalf any data protection notices from **Us**.

We will Use the information **You** have provided for;

- customer service
- handling **Claims**
- providing emergency assistance

in connection with this Travel Insurance **Policy**,

We may disclose information to **Our** service providers and agents for these purposes. The information **You** have provided may also be **Used** for the purpose of fraud prevention including passing details to other insurers and regulatory bodies.

In the **Event** that a **Person Insured** makes an injury or illness related **Claim**, **We** may need to obtain further Sensitive **Personal** information such as medical history in order to assess the **Claim**. The **Claim** form will explain in more detail how this Sensitive **Personal** data is handled.

If a **Person Insured** asks **We** will provide details of the information **We** hold in accordance with the applicable law.

Any information which is found to be incorrect will be corrected promptly. **We** may monitor and/or record **Your** communication with **Us** either **Ourselves** or by reputable organisations selected by **Us**, to ensure consistent servicing levels and account operation. **We** will keep information about **Persons Insured** only for so long as it is appropriate.

General Definitions

The following words and phrases below will always have the following meanings wherever they appear in the **Policy** in bold type and starting with a capital letter in this **Policy** Document and the **Policy Schedule**.

Abroad

Outside the Kingdom of Saudi Arabia.

Accident, Accidental

A sudden identifiable violent external **Event** that happens by chance and which could not be expected; or unavoidable exposure to severe weather conditions.

Chubb

Chubb Arabia Cooperative Insurance Company.

Chubb Assistance

1. The telephone advice, information and counselling services; and/ or
2. The travel assistance and emergency medical and repatriation services;

arranged by **Chubb**.

Benefit

means the respective **Benefit**, as stated in the **Policy Schedule**, payable by **Us** under the terms and conditions of this **Policy** in respect of each **Event** or loss covered by this **Policy**.

Bodily Injury

An injury to a **Person Insured** which happens while the **Policy** is in force and which

1. is caused solely by an **Accident**; and
2. on its own leads to **Permanent Total Disability**; death; **Loss of Limbs** within 12 months of the **Accident**;

and results in a **Claim** covered under this **Policy**.

Child, Children

Your Children, Your Spouse's Children and the grandchildren of **You** or **Your Spouse**, extending to include step **Children**, step grandchildren and fostered or adopted **Children** or grandchildren, each of whom must be:

1. under 18 years old (or under 23 years old if still in full-time education) on the date **You** purchase cover; and
2. dependent on **You** or **Your Spouse** (or in the case of grandchildren dependent on **You** or **Your Spouse** or their Parent(s)) even if he or she does not live with either of **You** (or in the case of grandchildren, with either **You** or **Your Spouse** or their Parent(s)); and
3. not be married or living with a **Spouse**.

Checked Luggage

Means that part of **Your** luggage which Flynas has taken into their custody for carriage in the hold of the aircraft.

Claim, Claims

Single loss or a series of losses **Due To** one cause covered by this **Policy**

Covered Expenses

means expenses for services provided and/or arranged by **Chubb Assistance** for the transportation, medical services and medical supplies necessarily incurred as a result of **Your** evacuation.

Destination

means the place where **You** expect to travel on **Your Journey**, as shown on the **Policy Schedule**.

Doctor

A **Doctor** or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

1. a **Person Insured**; or
2. a relative of the **Person Insured** making the **Claim**,

unless approved by **Us**.

Due To

Directly or indirectly caused by, arising or resulting from, in connection with.

Effective Date

means the commencement date of the **Period of Insurance** as stated on the **Policy Schedule**.

Event

One Occurrence or all series of occurrences' including any appeal against judgment consequent upon or attributed to, the same original cause, **Event** or circumstance.

Excess

The first amount stated in the **Policy Schedule** of any **Claim** which each **Person Insured** must pay.

Financial Default

means either the complete suspension of operations **Due To** financial circumstances whether or not a bankruptcy petition is filed; or partial suspension of operations following a filing of a bankruptcy petition.

Home

Your usual place of residence in the **Kingdom of Saudi Arabia**.

Immediate Family Member

Your Spouse or fiancé(e) or the grandchild, child, brother, sister, parent, grandparent, grandchild, step - brother, stepsister, step-parent, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, aunt, uncle, nephew, niece, of **You** or **Your Spouse**, or anyone noted as next of kin on any legal document, all of whom must be **Resident** in **Your Home** Country, and not **Persons Insured**.

Infant

refers to a **Person Insured** between the age of 9 days and 2 years who is accompanied to travel under a ticket issued under the regulations of FlyNas and who is named in the **Policy Schedule**. Coverage is afforded to only one (1) accompanying named Infant if the Insured Person has purchased the protection herein provided.

Insured Person(s), Insured Person

You, and **Your Spouse** and **Children** if they are shown as insured on the **Policy Schedule**.

International Countries

means countries which are outside of the Kingdom of Saudi Arabia.

International Journey

means travel to and from **International Countries**.

Journey, Journeys

means a **One Way Journey** or a **Return Journey**

Journey Departure Date

means the date on which **You** are scheduled to commence **Your Journey**. This date is shown on the **Policy Schedule**.

Loss of Limb

Amputation or total and permanent loss of **Use** of one or more hands at or above the wrist or of one or more feet above the ankle (talo-tibial joint).

Medical Expenses

means **Usual, Reasonable and Customary Medical Expenses** necessarily and reasonably charged and incurred for the medical or surgical treatment of **Bodily Injury** and **Sickness**.

Mobility Aid/Mobility Aids

Any crutch, walking stick, walking frame, wheeled walking frame, walking trolley, evacuation chair, wheelchair, powered wheelchair or mobility scooter constructed specifically to aid **Persons** suffering from restricted mobility but excluding any golf buggy or golf trolley.

One Way Journey

means a one way Domestic **Journey** or **International Journey** made by **You** and shall commence at the time **You** arrive at the airport premises for the purpose of commencing **Your Journey** and shall terminate at the time **You** arrive at the airport premises at the **Destination**.

Departure Country

means the country where **You** will commence **Your Journey**, as shown on the **Policy Schedule**

Parent or Legal Guardian

A person with parental responsibility, or a legal guardian, both being in accordance with the **Children Act 1989** and any statutory amendment modification or re-enactment of it.

Period of Insurance

means the period in which the insurance is effective and specified in the **Policy Schedule**.

Permanent Disablement

means disablement that results from **Bodily Injury** and which occurs within 365 consecutive days of the **Accident** in which **Bodily Injury** was sustained and:

- a. Falls into one of the Loss **Events** listed in the Table of **Benefits**;
- b. is a disablement which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months, is at the expiry of that period, beyond hope of improvement.

Permanent Total Disability

means disablement that results from **Bodily Injury** and which occurs within 365 days of the **Accident** in which such **Bodily Injury** was sustained, which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months, will, in all probability, entirely prevent **You** from engaging in gainful employment of any and every kind for the remainder of **Your** life and from which there is no hope of improvement.

Personal Property

Any suitcase, trunk or container of a similar kind and its contents that is not otherwise excluded and which is either owned by **You** or for which **You** are legally responsible.

Person(s) Insured, Person Insured

You, and **Your Spouse** and **Children** if they are shown as insured on the **Policy Schedule**.

Policy

means the Travel Insurance **Policy Documents** including the **Policy** wording and **Policy Schedule** issued thereunder.

Policyholder

means FLYNAS customers.

Policy Schedule

means the document entitled "**Policy Schedule**" which sets out the **Benefits** and limits and is incorporated and forms part of this **Policy**.

Pre-existing Condition

Any condition which:

1. You received medical treatment, diagnosis, consultation or prescribed drugs within a twelve (12) month period preceding the commencement of a Journey;
2. medical advice or treatment was recommended by a Doctor within a twelve (12) month period preceding the commencement of a Journey; or
3. a reasonable person in the circumstances would be expected to be aware of within a twelve month period preceding the commencement of a Journey.

Public Transport

Any air, land or water vehicle operated under licence for the transportation of fare-paying passengers.

Replacement Costs

The cost of replacing property as new less a deduction for wear, tear or depreciation. (Note: **We** will pay a reasonable proportion of the total value of a set or pair to replace an item that is part of a set or pair).

Resident

means a Kingdom of Saudi Arabia citizen or a Permanent **Resident** of The Kingdom of Saudi Arabia on the **Effective Date** of the **Policy Schedule**.

Return Destination

means the place to which **You** expect to return to on **Your Return Journey**, as shown on the **Policy Schedule**.

Return Journey

means a round trip **Domestic Journey** or **International Journey** made by **You** and shall commence at the time **You** arrive at the airport premises for the purpose of commencing **Your Journey** and shall terminate at the time **You** arrive at the airport premises at the **Destination** or **Return Destination**.

Riot

means the act of any person taking part together with others in any disturbance of the public peace (whether connection with a **Strike** or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.

Scheduled Departure Date

means the date on which **You** are scheduled to depart on a **Journey** as set out in **Your** travel ticket.

Scheduled Departure Time

means the time on which **You** are scheduled to depart on a **Journey** as set out in **Your** travel ticket.

Scheduled Flight

means the Flynas flight and/ which corresponds to the flight details set out in the **Insured Person's** Flynas Travel Itinerary.

Sickness

means physical condition marked by a pathological deviation from the normal healthy state as verified by a Physician.

Spouse

means **Your** legal **Spouse**.

Strike

means the wilful act of any **Striker** or locked-out worker done in furtherance of a **Strike** or in resistance to a lock-out; or the action of any lawfully constituted authority in preventing or attempting to prevent any such act in minimizing the consequences of any such act.

Terrorism/Terrorist Activity

means an act, or acts, of any person, or group(s) of persons committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. **Terrorist Activity** can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of **Terrorist Activity** can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

Travel Documents

means passport, visas, or travel tickets.

Travelling Companions

Someone **You** have arranged to go on a **Journey** with and who it would be unreasonable to expect **You** to travel or continue **Your Journey** without.

Unattended

Where **You** are not in full view of or in a position to prevent unauthorized taking or interference with **Your Personal Property** or vehicle.

Usual, Reasonable and Customary Medical Expenses

means charges for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition, does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed.

Valuables

Cameras and other photographic equipment, telescopes and binoculars, Audio/Video equipment (including radios, cassette/compact disc players, ipods, mp3 and mp4 players, camcorders, DVD, video, televisions, and other similar audio and video equipment), mobile phones, satellite navigation equipment, computers and computer equipment (including PDAs, personal organizers, laptops, notebooks, netbooks and the like), computer games equipment (including consoles, games and peripherals) jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

War

Armed conflict between nations, invasion, act of foreign enemy, hostilities (whether **War** declared or not), civil **War**, rebellion, revolution, insurrection or military or usurped power.

We/Us/Our/Ourselves

Chubb Arabia Cooperative Insurance Company

You; Your; Yourself

The **Person Insured** shown in the **Policy Schedule**