

GoSecure Travel Insurance – Domestic Policy Wording

GoSecure Domestic Travel Insurance		
Benefits	Limits in PKR	
	Domestic Delight	Domestic Basic
Accidental Death & Permanent Disability	500,000	250,000
Emergency Medical Expense-Accident & Sickness	50,000	25,000
Emergency Medical Evacuation	30,000	15,000
Repatriation of Mortal Remains*	15,000	15,000
Loss of baggage	7,500	3,500
Loss of CNIC	2,000	1,500

* in case of natural death only

This policy wording explains the terminology, limitations, and applicable conditions, general and specific exclusions of the cover.

Insuring Agreement

In consideration of payment of premium, we agree to provide insurance in accordance with the operative Sections of the Policy. The Schedule and any Endorsements are all part of the Policy. The information you have supplied forms part of the contract of insurance with us. The Policy is evidence of that contract.

Cover Chosen

The Schedule specifies the cover you have chosen.

Availability of Cover

This Policy is valid only if you are a citizen or having a residence permit of, and an operative local bank account in, and are travelling intercity within Pakistan, by common carrier with an authorized travel ticket issued under the name as per CNIC (or equivalent) of insured.

Conditions and Exclusions

Special Conditions apply to individual Sections of this Policy, while General Exclusions and General Conditions will apply to the whole of this Policy. Refer also to “not covered” which applies to each Section of the Policy. Additionally, specific claims procedures, which apply to certain Sections of the Policy, must be followed in order for a claim to be accepted.

Age Eligibility

This Policy is available to persons aged 6 months to 65 years.

Law and Jurisdiction

This Policy is governed by the Law and Jurisdiction of Competent Courts of Islamic Republic of Pakistan.

Material Fact

All material facts must be disclosed to the underwriters. Failure to do so may affect your rights under this Policy. A material fact is any fact required by underwriters and that is likely to influence the acceptance or assessment of the cover.

Policy Limits

Most Sections of the Policy have limits on the amount we will pay under that Section. Some Sections also have specific inner limits: for example, for Baggage. Please check the Policy to ensure that the cover offered is clearly understood.

DEFINITIONS:

“Accident” means a sudden, unforeseen, unusual and unexpected specific event caused solely or directly by external, visible and violent means which occur at an identifiable time and place resulting in injury during an insured trip and which is the sole and direct cause of accidental death or disablement.

“Accidental death” means loss of life due to an accident as determined by a physician or medical practitioner.

“Beneficiary” means the person or persons nominated by the insured person as stated on the policy schedule. If not mentioned, then the beneficiary will be the legal heir of the insured person. In case of Family Plan selection, the beneficiary will be the insured person in case of death of the spouse or the child.

“Children” mean the insured person’s dependent children between the ages of 6 months and below 18 years and primarily dependent on the insured person.

“Checked - In Baggage” means the baggage containing the clothing and personal effects, handed over by the insured person and accepted by the airline for transportation in the same airline in which the insured person is going to travel and for which the airline has issued a baggage receipt to the Insured.

“Common Carrier” means any mechanically propelled conveyance operated by a company or individual licensed to carry passengers for hire, including but not limited to aircraft, bus, coach, ferry, ship or train.

“Confined” an insured person is registered as an in-patient in a hospital for a medical treatment for an injury or illness upon the recommendation of a medical practitioner and continuously stays in the hospital prior to his/her discharge. It will be evidenced by a daily room and board limit charge by a hospital.

“Company” means Adamjee Insurance Company Limited.

“Close relative” means spouse, parent, parent-in-law, son or daughter, brother or sister, brother or sister-in-law, grandchild of the insured person.

“Disease” means an illness, disorder or ailment suffered by the insured person and certified by a medical practitioner or surgeon.

“Duration” means the period chosen by the insured person as per the Policy Schedule, for which premium has been paid, starting from the departure date of cover as shown on the Policy Schedule and expiring at the end of the chosen period.

“Effective Date of Coverage” means the Departure date of cover as shown on the policy schedule. Cover cannot start after an insured person’s trip has begun.

“Emergency medical evacuation or repatriation” means, the insured person may avail either transportation from the place where he is sick or injured to the nearest hospital where appropriate medical treatment can be obtained; or his medical condition warrants transportation to Home city.

“Family” means an insured person, spouse and up to four children.

“Hospital” means any licensed medical institution which (1) has full time facilities of overnight patients (2) has facilities for surgery, medical diagnosis and treating injured and sick persons (3) is run by medical practitioners (4) provides 24 hour nursing supervised by registered professional nurse (5) **is not** a medical institution specialized in training and education, a nursing or convalescent home, a hospice or place for the terminally ill, a residential care home, or a place for drug addicts or alcoholics.

“Injury” means accidental bodily injury solely and directly caused by external, violent, visible and evident causes.

“Insured” in an individual policy means the person whose name appears on the Policy, aged between 6 months and 65 years by whom premium has been paid and who is a permanent resident of Pakistan.

For Family Plan Insured Person will mean the person whose name appear on the Policy Schedule as an Insured Person, his/her spouse, and his/her children below the age of 18 years and also whose names appear on the Policy and with respect to whom Premium has been paid and who are permanent residents of Pakistan.

“Insurable Event” shall mean an event, loss or damage for which the Insured person shall be compensated under this policy.

“Insured Trip” a trip within Pakistan and not exceeding the period of travel as shown in the policy schedule during the insurance period and for which appropriate premium has been received.

“Illness” sudden and unforeseen change in health, sickness or disease of the insured person contracted and commenced during the insured trip 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 trip.

“Medical practitioner / Physician” means a person other than the insured person, family or close relative who is qualified by degree in medicine and legally authorized to practice medicine, render medical and surgical services.

“Policy” means all issued policy documents outlining information and policy details such as Insurance Certificate, the Schedule, but not limited to terms and conditions, premium, covers, benefits, limits, exclusions and conditions either at inception along with any endorsements issued to or forming part thereof or during the Period of Insurance.

“Pre-existing condition” means the insured person received medical treatment, diagnosis, consultation, or prescribed drugs, or a medical condition for which the insured person is on a waiting list for hospital in-patient treatment. Or an ongoing or recurring medical condition for which medical advice or treatment was recommended by a medical practitioner within a two (2) year preceding the insured trip including their consequences. Further to that any Chronic Disease hence proved to exist before the commencement of trip **whether known or unknown to the insured** shall be considered as pre-existing.

“Reasonable and Customary Charges” means usual amount charged for treatment, supplies or medical services in the locality where such expense is incurred and does not include charges that would not have been made if no insurance existed.

“Schedule” means the Schedule of Benefits attached to this policy.

“Serious Illness” means an injury which in the opinion of a physician involves risk of death.

“Service Provider” means any person, organization or institution that provides services to the Insured for an Insured Event covered under this policy and that is liable to be paid by the Company.

“Sum Insured” means the maximum amount payable under each cover of the policy schedule as set to be payable by the policy’s terms and conditions.

“Trip” means booked and planned travel within Pakistan.

“Valuables” means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry, furs and articles made of precious stones and metals, and negotiable instruments.

Important conditions relating to health:

It is a condition of this Policy that no Trip will be covered if at the time of taking out this Policy:

1. You or anyone upon whom the Trip is planned has received a terminal prognosis.
2. You or anyone upon whom the Trip is planned are on a waiting list for, or have knowledge of the need for, in-patient treatment at a hospital, clinic or nursing home.
3. You are traveling against the advice of a Medical Practitioner or would be traveling against the advice of a Medical Practitioner had you sought his/her advice.
4. You or anyone upon whom the Trip is planned is expected to give birth before, during or within two months of the Trip.
5. You are aware of any circumstances that could reasonably be expected to give rise to a claim on this Policy.

NOTE: You must be able to comply with these conditions to have the indemnity of this Policy, unless you have been given our prior written agreement as a special consideration.

Covers:

All the following covers are subject to the monetary limits mentioned specifically on the schedule page of the policy or Annexure attached with the Schedule page of the policy and the required Excess or Deductibles mentioned thereon.

SECTION A

Emergency Medical Expenses:

The Company shall pay for all necessary and reasonable medical expenses if the insured person suffers from injury or illness during his/her insured trip incurred in a hospital, subject to any deductible, up to maximum amount as stated in the table of benefit of emergency medical expenses.

Please note that this is not a private health insurance policy and does not provide cover for elective or non-emergency procedures.

Specific Exclusions:

The Company will not reimburse any emergency medical expenses for:

1. Any or all Pre-Existing medical conditions for which advice, medical care or treatment was acquired from a medical practitioner within a two year period preceding the departure date, or a condition for which surgery or hospitalization was required within a five year period preceding the departure date.

2. Any costs incurred in connection with diagnosed/undiagnosed treatment of cancer.
3. Any cardiac or cardiovascular or vascular or cerebral vascular illness or conditions or sequelae thereof or complications that, in the opinion of a medical practitioner appointed by the company, can reasonably be related thereto, if the insured person has received medical advice, treatment or prescribed medication for hypertension within 2 years prior to the commencement of the insured trip.
4. Medical treatment which is not determined as essential and necessary by a medical practitioner.
5. Surgery or medical treatment, which could reasonably be delayed until the expiry of the cover in the opinion of the qualified medical practitioner of the company.
6. Any and all types of cosmetic and aesthetic treatments/surgeries, refractive errors of eyes or hearing aids.
7. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
8. Any costs related to stress, anxiety, mental, psychiatric or nervous disorders.
9. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
10. Any medical expense or loss arising from any travel against the advice of a medical practitioner or for the purpose of receiving medical treatment.
11. The cost of non-emergency treatment or surgery including exploratory tests which are not directly related to the illness or injury.
12. Illness or injury arising from you being under the influence of or use of alcohol or drugs.
13. Any medical treatment or surgery which is not substantiated by a written report from the qualified medical practitioner.
14. Rehabilitation or physiotherapy or the costs of prosthetics or artificial aids.
15. Illness or injury caused by bacterial infections except which shall occur through an accidental wound or cut or any other kind of disease.
16. Charges in excess of Reasonable and Customary Charges incurred on account of an Insurable Event as per the determination by the Company.
17. Medical treatment in government hospital or services for which there is no expense or charges.

SECTION B

Emergency Medical Evacuation:

The company shall pay only once for the necessary & reasonable expenses incurred in the necessary emergency evacuation of the insured resulting from an illness or injury during an insured trip up to the maximum amount as stated in the table of benefits of emergency medical expenses, for the following;

- The cost of transportation, medical services and medical supplies necessarily and unavoidably incurred for the emergency medical evacuation of the insured person to a hospital better equipped to provide medical treatment, or which is closer to the city of residence.

Repatriation of Mortal Remains:

The company will pay up to the maximum amount as stated in the table of benefits of emergency medical expenses, in the event of death (due to natural causes) of the insured person during an insured event, for the reasonable and necessary costs of repatriating the body to the city of residence or an equal amount for local burial or cremation.

NOTE: All transportation arrangements made for evacuating the insured person must be by the most economical route possible. Expenses for emergency medical evacuation must be recommended by the attending medical practitioner.

SECTION C

Personal Accident Benefit:

We will pay one of the Benefits shown below if, during the Period of Insurance, you sustain Bodily Injury, which shall solely and independently of any other cause, result within one year in case of:

- Death
- Loss of Limb
- Loss of Sight
- Permanent Total Disablement

Special Conditions:

- a) Only one Benefit shall be payable,
- b) Our Medical Advisors may examine you as often as they deem necessary in the event of a claim.

Specific Exclusions:

The Company will not pay for any emergency medical expenses incurred for:

1. Any injury arising directly or indirectly from Pregnancy.
2. Any claim arising from your failure to comply with the Important Conditions relating to Health mentioned on page 5.

Section D

Loss of Baggage - Airline Checked in only:

The company will reimburse up to the maximum amount as stated in the table of benefits of baggage loss for the replacement of the airline checked in baggage and its contents and subject to the sub-limits as shown below for the accidental damage, theft or loss of the personal

checked-in baggage by airline, during the insured trip which are normally worn or carried and owned by the insured person.

Sub-limits for the baggage are;

- Per bag limit is up to 50% of the maximum amount as stated in table of benefits of Baggage of any one insured person.
- Per item limit shall not exceed 10% of the maximum amount as stated in the table of benefits for any one article, pair, set or collection in respect of any one insured person.

The company shall make payment, reinstate, or repair subject to due allowance for wear and tear and depreciation at their own opinion. Any claim amount will be in excess of any amount paid or is payable by the airline responsible for the loss.

Special Conditions:

You must take reasonable precautions at all times to ensure the safety and supervision of Baggage, and you should take all practicable steps to recover property lost or stolen. If property is lost, stolen or damaged whilst in the care of an airline you must:

- a) Obtain a Property Irregularity Report by Airline
- b) Give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (Please retain a copy)
- c) Retain all travel tickets and tags for submission if a claim is to be made under this Policy
- d) Retain receipts for items lost, stolen or damaged as these will help you to substantiate your claim

Specific Exclusions:

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured for the following:

- Money including cheques, travelers' cheques, credit and debit cards and its value, coupons or securities, bonds, negotiable instruments, tickets or documents.
- Business goods or sample, foodstuffs, medicines, contact lenses, dentures or its appliances, animals, motor vehicle accessories, household furniture, antiques, jewelry or accessories, mobile phones, tablet pcs and laptops.
- Any loss caused by wear, tear, gradual deterioration, insects, vermin, corrosion, rot, fungus, atmospheric conditions, action of light, heating, drying, cleaning, dyeing, alteration, repair or scratching, denting, breakdown, misuse, faulty workmanship or design, use of faulty materials or its resulting loss.
- If the airline denies your claim based on the fact that you did not file a claim or that the claim was not filed in time, we will also deny your claim since we are secondary to the airline company.
- Loss of property unless a Property Irregularity Report, travel tickets, tags and relevant receipts usually issued by the airline in the event of loss of Checked-In Baggage along

with a statement from the carrier showing the compensation received, has been procured and submitted to the Company.

- Items contained within the Checked-In Baggage which are valued in excess of PKR 1000/- without appropriate proof of ownership.
- Losses arising from any delay, detention, confiscation by custom officials or other government authorities.
- Any Checked-In Baggage loss due to improper self-precautionary measures.
- Any exclusion mentioned in the 'General Exclusions' section of this policy.

Section E

Loss of CNIC:

The company will reimburse up to the amount shown in the Schedule of Benefits in the event of loss of CNIC due to violent, forcible and/or visible Snatching/Robbery of your wallet during the period of insurance.

Special Conditions:

You must take reasonable precautions at all times to ensure the safety and supervision of your CNIC, and you should take all practicable steps to recover the lost or stolen property. You are to obtain a Police Report with details of the loss or theft.

General Exclusions:

Applicable to all sections of the policy, the company will not cover loss, injury, damage or legal liability caused by, sustained or arising directly or indirectly from:

1. Any pre-existing condition, congenital and hereditary condition.
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
3. Any claim if the insured person:
 - a. Is traveling against the advice of a physician or for the purpose of obtaining treatment or undergoing tests or investigations or has been diagnosed as suffering from terminal illness.
 - b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in a physician's report or certificate.
 - c. Has received terminal prognosis for a medical condition.
 - d. Is taking part in a naval, military or air force operation or armed force services including being in service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization.
4. Any claim arising out of Illness or accidents that the Insured has caused intentionally or by committing a crime including suicide, attempted suicide, self-inflicted injury or as a result of drunkenness or addiction of drugs or alcohol or its consequences thereof.
5. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus)

- and/ or HIV related Illness including AIDS (Acquired Immuno Deficiency Syndrome) and/ or any mutant derivative or variations thereof howsoever caused.
6. Illness and accidents that are results of war and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
 7. Any act of terrorism which means an act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/ or to put the public, or any section of the public in fear.
 8. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 9. Any claim arising out of sporting and/or recreational activities. And/or including the training or participation in competitions of professional, semi-professional or amateur sport.
 10. Any claim arising from driving or riding any kind of motor racing, or engaging in a sport in a professional capacity or where the insured person would or could earn income or remuneration from engaging in such sport.
 11. Any claim arising out of participation in piloting an aircraft, skydiving, parachuting, hand gliding, bungee jumping, scuba diving, mountain climbing, contests of speed using a motor vehicle, boat, motorcycle or bicycle.
 12. Any claim arising from flying in an aircraft owned, leased or operated by or on behalf of the insured person, family member or close relative.
 13. Engaging in any kind of manual labour work, engaging in offshore activities like commercial diving, oil rigging, engaging in occupational activities underground or aerial photography; handling or requiring use of explosives, performing as an actor, being a site worker, fisherman, cook or kitchen worker, tour guide or tour escort.
 14. Sexually transmitted diseases.
 15. Any condition resulting from pregnancy, childbirth or miscarriage, abortion, pre-natal care, post-natal care and other complications arising therefrom infertility or other problems related to inability to conceive a child, birth control including surgical procedures and devices.
 16. Any claim not meeting the pre-defined criteria of Claim procedure.
 17. A Trip from which you are not booked to return within the Period of Insurance.
 18. Incidents which may give rise to a claim not notified to us in writing within 31 days of the end of the Trip other than Personal Accident, where the maximum notification time is 90 days.
 19. Any claim directly or indirectly arising from an epidemic, pandemic or outbreak of an infectious disease, or the threat or perceived threat of any such epidemic, pandemic or outbreak.

General Conditions:

You must comply with the following conditions to have the full protection of your Policy. If you do not comply, we may, at our opinion, cancel the Policy and/or avoid your claim and/or reduce the amount of any claim payment.

1. Policy Validation

This policy including application, policy schedule, endorsements and attachments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by the company. Wherein, Policy intimation/issue date should be at least three days before the insured trip/policy start date.

2. Duty of Disclosure

It is a condition of this Insurance that you have disclosed all material facts to us. Your failure to do so may affect your rights under this Insurance. If you are in any doubt about what was material then you should declare it to us.

3. Compliance

You must comply with all the terms, provisions, conditions and endorsements of this Insurance. Failure to do so may result in a claim being declined or reduce the amount of any claim payment.

4. Claims

You must notify us in respect of claims for all Sections:

- a) Apply Procedure on page 13 as soon as possible, but not later than 31 days of the end of the Trip.
- b) You must also inform us if you are aware of any writ, summons or impending prosecution, every communication relating to a claim must be sent to us without delay. You or anyone acting on your behalf must not negotiate, admit or repudiate any claim without our written consent.
- c) You or your legal representatives must supply, at your own expense, all information, evidence, details of other insurances (if any) and medical certificates as required by us. We reserve the right to require you to undergo an independent medical examination at our expense. We may also request and will pay for a Post Mortem examination.
- d) You must retain any property which is damaged, and, if requested, send it to us at your own expense. If we pay a claim for the full value of the property and it is subsequently recovered or there is any salvage, then it will become our property. We may refuse to reimburse you for any expenses for which you cannot provide receipts or bills.

5. Dual Insurance

If at the time of any incident which results in a claim under this Policy, there is another insurance covering the same loss, damage, expense or liability we will not pay more than our proportional share other than insurance section C.

6. Reasonable Precautions

You must take all reasonable steps to prevent and minimize accident, injury, loss or damage and at all times act as if uninsured.

7. Subrogation

We are entitled to take over and conduct in your name the defense and settlement of any legal action. We may also take proceedings at our own expense and for our own benefit, but in your name, to recover any payment we have made under this Policy to anyone else.

8. Fraud

You must not act in a fraudulent manner.

- If you or anyone acting for you makes a claim under the Policy knowing the same to be false or fraudulently exaggerated in any respect or makes a statement in support of a claim knowing the statement to be false in any respect or submits a document in support of a claim knowing the document to be forged or false in any respect or makes a claim in respect of any Bodily Injury, Illness, loss or damage caused by your willful act or with your connivance, then;
 1. We shall not pay the claim
 2. We shall not pay any other claim which has been or will be made under the Policy
 3. We may, at our option, declare the Policy void
 4. We shall be entitled to recover from you the amount of any claim already paid under the Policy
 5. We shall not make any return of premium
 6. We may inform the legal authorities of the circumstances.

9. Cancellation

You may cancel the Policy within three (03) days of issue by giving us written notification, in which case, you may be entitled to a refund of premium provided no claim has been made and you have not travelled during the current Period of Insurance, which will be verified. We may cancel this Policy by writing to you at your last known address by recorded delivery giving three days' notice.

CONTINENTAL SCALE OF BENEFITS

Compensation table	
Event	Percentage of maximum benefits
1. Accidental Death	100%
2. Permanent total disablement	100%
3. Permanent paralysis of all limbs	100%
4. Permanent total loss of both eyes	100%
5. Permanent total loss of two limbs	100%

6. Loss of speech & hearing	100%
7. Permanent total loss of hearing in both ears	75%
8. Loss of or the permanent total loss of one limb	50%
9. Permanent total loss of sight of one eye	25%
10. Permanent total loss of hearing in one ear	15%

MAKING A CLAIM:

All claims will be settled on Pay & Claim basis and upon approval will be reimbursed in PKR at Insured's local Bank Account in Pakistan.

For medical and all other claims you will need to complete a claim form as soon as possible after the incident has occurred or within 31 days of your return to your Home City.

The completed claim form, together with invoices, proof of ownership, travel documents and any other relevant details must be sent to:

1. By Mail/Walk-in
Travel Insurance Department
Adamjee Insurance Co Ltd.
8th Floor, Adamjee House Building
I.I. Chundrigar Road, Karachi - 74000
UAN: +92-21-111-242-111

2. By Email
travel@adamjeeinsurance.com

Please **note** that if medical treatment has been received, medical certificates showing the nature of the injury together with all bills, and receipts if already paid, should also be submitted in original to abovementioned address.

You can request a claim form by writing to, or by telephoning or visiting the website of:

Adamjee Insurance Co. Ltd.

URL: https://www.adamjeeinsurance.com/pak/download_center.php

Contact for Queries

If you would like more information or require clarification on any of the Covers provided, please do not hesitate to contact us on:

Toll Free # 0800-00 242

UAN: +92-21-111-242-111

Email: travel@adamjeeinsurance.com