

SCHEDULE OF COVERS AND SUM INSURED-BENEFITS LIMITS

Preliminary Conditions affecting to this Policy and Contract of the Insurance

Maximum Period of the Coverage

Annual cover: Unlimited worldwide trips, not exceeding 92 consecutive days.

Policy Distribution

Travel Assistance policies must be issued on a mandatory (“built-in”) basis for eligible NLIC insured’s.

GEOGRAPHICAL COVERAGE

WORLDWIDE	Provides worldwide cover except in the insured’s country of residence
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TABLE OF BENEFITS

Benefits	Limits (USD)
Emergency medical repatriation	\$1,000,000
Repatriation of mortal remains	\$1,000,000
Emergency medical expenses	\$25,000
Baggage loss (common carrier)	\$1,000
Baggage loss per item limit	\$200
Baggage loss excess	\$50
Loss of passport/travel documents	\$250
Emergency Family Travel	1 x economy return trip
Relay of urgent messages	Included
Legal referrals	Included
Pre-trip information	Included

TRAVEL PROTECT – ANNUAL MULTI-TRIP TRAVEL INSURANCE

Travel Insurance Policy Terms & Conditions

ARTICLE 1 - IMPORTANT INFORMATION

This policy does not cover everything. The policy holder should read this policy carefully including the policy's general exclusions and the specific exclusions for each benefit.

ARTICLE 2 - DEFINITIONS

“Insurer” or “The Company”: The Insurance Company is National Life & General Insurance Company SAOG, registered and authorized in the country in which this insurance policy is issued and subscribed

“The Assistance Company”: The Company provided by the Insurer for the purpose of supplying the covers of this policy, directly or by means of its network

“Policyholder”: The natural or legal person who subscribes the policy with the Insurer and who is bound by the obligations arising therefore, save those which, owing to their nature, must be complied with by the Insured.

“Insured Person”: Within the validity period of the policy, the person aged between 3 months and 65 years, whose name and address are specified in the policy, with respect to whom the premium has been paid before his/her travel and who is a resident of the country where the policy was issued.

The following persons are not eligible as “Insured Person”:

- a) Insured intending to travel more than 92 consecutive days.
- b) Persons of less than 3 months of age.
- c) Persons aged from 66 years old.
- d) Non-residents in the country where the policy is issued;
- e) Those who have initiated the trip prior to the insurance underwriting.
- f) Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities.

“Beneficiary”: Person or persons for whom the Insured recognises the right to receive the corresponding amount of compensation as outlined in this contract. Should no one have been specified, the compensation will form part of the Insured's estate.

“Immediate Family Member” of the Insured: Spouse, children, parents, grandparents and siblings.

“Close Relative” of the Insured: Spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law and brothers and sisters in law.

“Children”: Persons from 3 months to 18 years old.

“Spouse”: Person officially registered as wife or husband of the Insured.

“Usual Country of Residence”: The Country where the Insured person is legal resident and where the Policy is issued by the Insurer.

“Illness”: Any change in health diagnosed and confirmed by a legally recognised doctor during the life of the policy and which is not comprised or derived from either of the following two groups:

- a. Congenital disease: the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy, even if it wasn’t diagnosed or known.
- b. Pre-existing disease: the disease that the Insured suffered prior to the date of commencing the trip, even if it wasn’t diagnosed or known.

“Serious Illness”: Any illness with the conditions described above, that requires admission to hospital and which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned, or which involves the risk of death.

“Injury”: A medical problem caused by a sudden and severe external cause or reason beyond the control of the Insured, within the validity period of this Policy, during the trip.

“Serious Injury”: An injury with the conditions described above which, in the opinion of the Assistance Company's medical team, prevents the Insured from continuing travel on the date planned or involves the risk of death.

“Accident”: The bodily injury suffered during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. For the purposes of this policy, the following shall also be construed to be accidents:

- a. Asphyxia or injuries as a consequence of gases or vapours, immersion or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- b. Infections resulting from an accident covered by the policy.
- c. Injuries that are a consequence of surgical operations or medical treatments resulting from an accident covered by the policy.

“Doctor” or “Physician”: An officially registered medical practitioner according to the law of the place where the claim happens.

“Osteosynthesis material”: Parts or pieces of metal or of any other kind used to join together the ends of a fractured bone, or to knit together the tips of joints, by surgical operation and which can be reused.

Orthopaedic material or orthosis: Anatomical parts or items of any kind used to prevent or correct temporary or permanent deformations of the body (walking sticks, cervical collar, wheelchair, etc.).

“Prosthesis”: These are deemed to be any item of any kind that temporary, or permanently, replaces the lack of an organ, tissue, organic fluid, member or part of any of them. By way of an example, mechanical or biological items such as cardiac valve parts, joint replacements, synthetic skin, intraocular lenses, biological materials (cornea), fluids, gels and synthetic or semisynthetic liquids that replace organic humours or liquids, medicine reservoirs, mobile oxygen therapy systems, etc.

“Limit”: The amounts set forth in the Conditions of this Policy, Schedules of Covers and Economic Limits of each different Plan, and which represents the maximum benefit (financial, temporary or another kind) covered under each guarantee.

“Fraudulent Claims”: When the Insured, beneficiary or someone acting on their behalf, uses any fraudulent means or devices in order to obtain any of the benefits of this policy, consequently, any payment of any amount in respect of such claim shall be cancelled.

“Premium”: The price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for the Insured by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.

“Period of Insurance” or “Effective Date of Coverage”: The period that commences and ends on the dates stated on the Certificate of the Policy contracted. Such period of Insurance is in any case not renewable.

“Territory”: Geographic area where the travel, object of the contract takes place, and in which the events that occur there have coverage.

“Means of Transport”: It will be understood like Common Carrier which are hired to carry out the trip object of this insurance and will remain limited to the plane, ship, train, or coach, including when going into and going out of the above mentioned way of transport. Equally there remains covered the Accident of the way of public transport (limited to taxi, rent car with driver, tramway train, bus, train, underground train) during the direct route between the point of exit or come (domicile or hotel) up to the terminal of the trip (station, airport, port).

“Dangerous activities”: activities involving possible injury, harm, or death: characterized by danger or : able or likely to cause injury, pain, harm, death, etc.

ARTICLE 3 - OBJECT AND SCOPE OF THE POLICY

By virtue of this contract the Company will immediately provide the Insured, the assistance specified under the “Coverage” clause of this Insurance Policy for accidents that occur due to unforeseen incidents during travels outside his/her Usual Country of Residence, provided that this occurrence does not take place outside the specified geographical boundaries and does not take place out of the prescribed travel duration between the validity dates of this Policy. The scope of this Policy becomes void when the travel causing the acquisition of this Policy ends and/or the Insured arrives at his/her Usual Country of Residence, whichever takes place first.

The period of cover granted under this policy shall not exceed 92 consecutive days each travel.

This insurance shall cover expenses which might arise in connection with emergency medical and repatriation for medical reasons, only for the duration of the applicant’s stay(s) overseas and not throughout the validity of the visa.

The benefits guaranteed under the policy shall be provided, in every case, according to the terms and conditions set forth in the policy and in keeping with the specific guarantees that have actually been contracted.

ARTICLE 4 - TRAVEL ASSISTANCE BENEFITS

The Company will provide the following Benefits only when the Insured is travelling outside the Usual Country of Residence for up to a maximum of 92 consecutive days.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured.

This cover is subject to a limit provided by the referred plan.

1. Medical Expenses and hospitalization abroad

In the event of Illness or Injury of the Insured Person occurring outside the Usual Country of Residence, the Insurer will pay the usual, customary, necessary and justified costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending Doctor.

The Company’s medical team will maintain the telephone contacts necessary with the centre and with the Doctors who attend to the Insured Person to supervise the provision of proper health care.

This Cover is subject to the Limit provided by the referred plan.

2. Emergency Medical Evacuation

In the event of an accident or sudden illness, that is not pre-existing and which is acute, the Company will take charge of transferring the Insured to a properly equipped health centre or repatriating to his/her usual country of residence.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Insured and will decide which health centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions relating to the means of transportation and final destination will be made by The Assistance Company.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be paid by the Insured Person.

This Covers the actual expenses as long as it is managed and pre-approved by the Assistance Company

3. Repatriation of Mortal Remains

In the event of the death of the Insured, The Assistance Company will make the necessary arrangements for the return of the Insured's remains to the Insured's country of residence and the Company will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence.

This cover is subject to a limit provided by the referred plan.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee.

4. Baggage loss

The Company will supplement the compensation for which the carrier is liable up to the limit outlined in the policy, as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured Person, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured Person shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier.

Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organisations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company shall not be less than 21 days.

This Cover is subject to the Limit provided by the referred plan.

Money, jewellery, debit / credit cards, cheques and any type of document are excluded from this guarantee.

5. Loss of Passport/Travel Documents

In case of loss of the Insured Person's passport or other travel documents while abroad, the Company will take charge of the expenses of the replacements necessary for obtaining a new passport or equivalent consular document.

Each Insured Person is Covered up to the amount shown in the table of benefits for the following:
If the Insured Person's passport is lost or stolen during a Trip (as long as this is outside the country the Insured Person departed from), the Company will pay:

1. Any fees payable specifically for the Insured Person to obtain the replacement passport itself while the Insured Person is outside home area.
2. The replacement costs of any of the following items:
 - Temporary passport
 - Temporary Visas

The total amount payable under this Section for a claim relating to any or all of the items listed above is limited to the amount shown in the table of benefits.

Special exclusions which apply to sections 4 & 5.

1. The excess shown in the table of benefits
 2. Any baggage or personal belongings that the Insured Person lost or were stolen or damaged during a journey, unless they reported this to the carrier and got a Property Irregularity Report from them at the time of the loss. Insured Person must make any claims for lost, stolen or damaged items to the airline within seven days. Insured Person must make any claims for delayed baggage to the airline within 21 days of getting it back.
 3. Fragile items (including china, glass, sculpture) unless they are transported by a carrier and the damage is caused by a fire or other Accident to the sea vessel, aircraft or vehicle they are being carried in.
 4. Motor vehicles, motor vehicle accessories, motorcycles, motorcycle accessories, marine equipment and craft and household goods
 5. Prepaid minutes the Insured Person has not used on one's mobile phone, mobile rental charges or pre-payments (for example, a contract phone with free minutes and text messages), false teeth, bridgework, contact or corneal lenses, artificial limbs or perishable items (items that decay or rot and will not last for long, for example, food).
 6. Downloaded music, books or games files transferred onto an electronic device for which the Insured Person is claiming loss, theft or damage for.
 7. Stamps and documents (other than those mentioned under Loss of Passport/Travel Documents), business items or samples or business money that the Insured Person has lost or is stolen or damaged.
 8. Wear and tear, loss of value, mechanical or electrical breakdown or damage caused by cleaning, repairing or restoring and damage caused by leaking powder or fluid in the Insured Person's baggage.
 9. Shortages of money due to mistakes, neglect, or different exchange rates.
 10. Any valuables that the Insured Person does not carry in one's hand baggage and the Insured Person loses or are stolen or damaged.
 11. Damage caused to suitcases, holdalls or similar luggage, unless the Insured Person cannot use the damaged item.
 12. Any personal belongings or baggage the Insured Person loses or are stolen while they are not in the Insured Person's control or while they are in the control of any person other than an airline or Common Carrier.
 13. A passport that the Insured Person loses if:
 - a. The Insured Person does not report it to the consular representative of home area within 24 hours of discovering the loss of it; and
 - b. The Insured Person gets a report confirming the date they lost it and the date they received a replacement passport.
 14. Traveller's cheques where the provider will replace losses and will only charge the Insured Person a
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service charge.

15. Any item the Insured Person loses or that was stolen or damaged when it was shipped as freight or under a bill of lading (when the Insured Person has to send one's luggage as cargo rather than as one's personal baggage).

Please remember

Claims that result from the Insured Person losing baggage or it being damaged or delayed while being held by an airline should be made to the airline first. Any money the Insured Person gets under this policy will be reduced by the amount of compensation they receive from the airline for the same event.

Please read the general conditions and exclusions.

6. Emergency Family Travel

In the event that the Insured Person should be admitted to hospital for more than five days as a result of an Accident or Illness Covered in this policy, the Insurer will take charge of the transfer of an Immediate Family Member at the Insured Person's choice, from the Usual Country of Residence of the Insured Person, including meeting the cost of the outbound travel ticket to the place of hospitalization and the return journey, **up to the Limit provided by the referred plan.**

7. Relay of Urgent Messages

At the Insured's request, the Assistance Company and/or the Company will arrange to convey urgent and justified messages relating to issues which are covered under this policy.

8. Legal Referrals

If the Insured Person is arrested or in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him, the Company will, if required, provide the insured with the name of an attorney who can represent him in any necessary legal matters.

9. Pre-trip information

Prior to the Insured Person's departure, the Company will provide basic useful information about foreign locations, information about immunisation requirements and passport or visa requirements, general information about weather and warnings about travel to certain locations.

ARTICLE 5 - GENERAL EXCLUSIONS TO ALL BENEFITS

The following exclusion applies to the whole of this policy:

- 1) **This policy excludes loss, damage, illness and/or injury directly or indirectly caused by, arising out of, and/or during, and/or in consequence of the following:**
 - a. The bad faith of the Insured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions including those actions of the Insured in a state of derangement or under psychiatric treatment costs for which are themselves excluded;

- b. Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon any other type of natural disaster;
 - c. Events arising from terrorism, mutiny or crowd disturbances;
 - d. Events or actions of the Armed Forces or Security Forces in peacetime;
 - e. Wars, with or without prior declaration, and any conflicts or international interventions using force or duress or military operations of whatever type.
 - f. Those caused by or resulting from radioactive materials and nuclear energy;
 - g. Those caused when the Insured takes part in bets, challenges or brawls, save in the case of legitimate defence or necessity;
 - h. Illness or injuries existing prior to the trip.
 - i. Those that occur as a result of the participation by the Insured in competitions, sports, and preparatory or training tests;
 - j. Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, mountaineering, alpinism pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is known to be a dangerous one.
 - k. Participation in competitions or tournaments organised by sporting federations or similar organisations.
 - l. Hazardous winter and/or summer sports such as skiing and/or similar sports.
 - m. The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters; and,
 - n. The accidents deemed legally to be work or labour accidents, consequence of a risk inherent to the work performed by the Insured.
 - o. Internationally and locally recognized epidemics.
 - p. Illnesses or injuries arising from chronic ailments or from those that existed prior to the inception date of the policy;
 - q. Death as a result of suicide and the injuries or after-effects brought about by attempted suicide or any self-inflicted injuries.
 - r. Illness, injuries or pathological states caused by the voluntary consumption of alcohol, drugs, toxic substances, narcotics or medicines acquired without medical prescription, as well as any kind of mental illness or mental imbalance;
 - s. Illness or injuries resulting from refusal and/or delay, on the part of the Insured or persons responsible for him/her, in the transfer proposed by the Company and agreed by its medical service;
 - t. Illness or injuries caused by pregnancy and childbirth or any complication therefore or voluntary termination of pregnancy;
 - u. Mental Health diseases.
 - v. Venereal sexually transmitted diseases.
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- w. All pre-existing, congenital and/or Chronic Medical Conditions.
- x. Any cardiac or cardio vascular or vascular or cerebral vascular illness or conditions or after-effects 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 or treatment (including medication) for hypertension 2 years prior to the commencement of the Protected Journey.

2) In addition to the foregoing General Exclusions, the following benefits are not covered by this insurance:

- a) The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Assistance Company, except in the case of an extreme emergency/urgent necessity. In that event, the Insured shall furnish the Company with the vouchers and original copies of the invoices;
 - b) Assistance or medical services, which are not medically necessary and all Elective and/or non-Emergency medical condition and its complications.
 - c) Rehabilitation treatments;
 - d) Prostheses, orthopaedic material or thesis and osteosynthesis material, as well as spectacles.
 - e) Assistance or compensation for events that occurred during a trip that had commenced, in any of the following circumstances:
 - 1) Before this insurance comes into force;
 - 2) With the intention of receiving medical treatment;
 - 3) After the diagnosis of a terminal illness;
 - 4) Without prior medical authorisation, after the Insured had been under treatment or medical supervision during the twelve months prior to the start of the trip;
 - f) Expenses that arise once the Insured is at his/her usual country of residence, those incurred beyond the scope of application of the guarantees of the insurance, and, in any case, after the dates of the travel object of the Agreement have elapsed or after 90 days has elapsed since the start thereof, notwithstanding what is provided for in the Additional Clauses or in the Private or Special Conditions.
 - g) Any Health Services that are received as Out-of-Hospital benefits.
 - h) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
 - i) Services that do not require continuous administration by specialized medical personnel.
 - j) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
 - k) Medical Services that are not performed by Authorized Healthcare Service Providers, apart from medical Services rendered in a Medical Emergency.
 - l) Prosthetic devices and consumed medical equipment.
 - m) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
 - n) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
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- o) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products, non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
 - p) Services rendered by any medical provider relative of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
 - q) All Healthcare Services & Treatments for In-Vitro Fertilization (IVF), embryo transport, ovum and male sperms transport.
 - r) Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
 - s) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
 - t) Medical services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
 - u) Any test or treatment not prescribed by a doctor.
 - v) Diagnosis and treatment services for complications of excluded illnesses.
- 3) The Company is exempt from liability when, as a result of force majeure, it is unable to put into effect any of the benefits specifically envisaged in this policy.**

ARTICLE 6 – CLAIMS CONDITIONS

When a loss incident occurs, the Policyholder, the Insured and/or the Beneficiary are obliged to:

- a. Report the occurrence of the loss as soon as possible, and no later than 180 days following an incident and, where appropriate, request by telephone the corresponding assistance, furnishing identifying details, the policy number, their location and the kind of service required. For the purposes of handling and reviewing claims, these conversations may be recorded.
 - b. Employ all means available to them to mitigate the consequences of the incident. Failure to fulfil this duty shall entitle the Company to reduce its compensation in a fitting proportion, taking into account the importance of the damage arising from the same and the degree of blame attributable to the Insured.

Should this breach be as a result of the Insured's manifest intention to injure or deceive the Company, the latter shall be freed from any obligation to compensate for the said loss.
 - c. Inform the Company of the existence of other insurance policies taken out with other companies that could also cover the claim.
 - d. Collaborate to ensure the optimum processing of the claim, informing the Company as soon as possible of any judicial, extrajudicial or administrative notification that comes to their knowledge and is related to the loss.
 - e. Furnish the Company with all manner of information regarding the circumstances and consequences of the loss, the initial medical assistance provided and the evolution of the Insured's injuries, apart from any complementary information the former may request. Failure to fulfil this obligation to provide information shall forfeit the right to compensation, in the event that there should also exist bad faith or gross negligence.
 - f. Present documentary proof – receipts, certificates, formal complaints, etc. – that corroborate both the occurrence of events covered by this Policy and having incurred expenses entitled to indemnity thereunder.
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- g. Agree to an examination by the doctors the Company may designate, where it deems this necessary in order to complete the reports furnished, and, at the Company's expense, attend the corresponding medical facilities for the said examination.
- h. The Insurer will not reimburse or consider reimbursing any expenses which were not previously approved. In relation to previously approved expenses, the insured or beneficiaries will have to include the claim number obtained from The Assistance Company prior to sending the official receipts and/or letter explaining the reason and circumstances of why the Travel Assistance Services for which expenses are claimed were not obtained from The Assistance Company directly

ARTICLE 7 - CONCURRENCE OF INSURANCE POLICIES

- a) Where any of the risks covered by this Policy should also be covered by another Insurer for the very same period of time, save agreement to the contrary, the Policyholder or the Insured must inform the Company of the other policies in existence.

Where, through bad faith, this information is omitted and the loss should occur in a situation of over-insurance, the Company shall not be obligated to pay compensation.

- b) Once the loss occurs, the Policyholder or the Insured must report this to the Company, in accordance with the provisions of article 6 of these General Conditions, indicating the names of the other insurers who shall be contributing proportionally to the payment of the benefits provided.
- c) In no case may the policy serve as a means of unfair enrichment for the Insured.

HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place will necessarily contact, in the shortest possible time, in every case, the Alarm Centre mentioned below, which will be available to help any person 24hrs a day, 7 days a week.

<p>GENERAL 24/7 INTERNATIONAL HELPLINE</p> <p>International: 00 962 6 5008119 Ireland: 00 (353) 91 56 06 21 Germany: 00 (49) 1805115610 France: 0033 800918040 Spain: 0034915811821 USA: 0015672692968 Fax: 00 962 6 5627981</p> <p>Email: travels@mapfre.com</p>	<p>By dialling our Emergency number, the insured will be prompted to provide:</p> <ul style="list-style-type: none"> ▪ Passport or Identity card number. ▪ Assistance card number. ▪ Full name of the injured and the principal insured. ▪ The cause of the call. ▪ The place he/she are located (Hotel/City/Address/Phone number) 	<p>Spoken Languages: English, Arabic</p>
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