



*Enjoy the
uniqueness
of the moment.*

TRAVEL INSURANCE

GIG 
JORDAN

Travel Insurance Guide

Please read carefully!

This Policy, along with the Insurance Table/Policy, shall be considered and read as one document. It provides the Insured Person with the terms, conditions, exclusions, and information on how to act in emergencies. This Policy also contains different levels of coverage, some of which shall only be applicable if an additional insurance premium is paid. Please read this Policy and the Insurance Policy carefully to understand the extent of coverage, assistance services, types of coverage, and lack thereof and to understand the conditions of coverage set forth in the Policy and whether they fulfill the needs of the Insured Person.

Kindly keep this document and the Insurance Policy in a safe place and take them when travelling to use them if you need help or to file claims.

Terms & Conditions

Clause (A): Terms and conditions of Insurance Policy

1- Definitions:

» The term “Insurer” or “Insurance Company” means the following:

The Insurance Company is the “Gulf Insurance Group - Jordan.”. It is a registered and licensed company in the country in which the Insurance Policy is issued and contracted. Its responsibility before the Insured Persons and the Beneficiaries of this Policy shall be in accordance with the coverages included in this Policy and within the conditions and exclusions thereof.

» The term “Assistance Company” means the following:

Arab Assist, which is the company the Insurance Company is dealing with to provide the coverages set forth in this Policy, directly or indirectly or through its network, on behalf or in the name of the Insurance Company.

» The term “Insured Person” means the following:

The natural or legal person signing the Policy with the Insurance Company and abiding by the obligations arising therefrom.

» The term “Beneficiary” means the following:

The person designated in the Insurance Contract, to whom the rights stipulated therein devolve.

» The term “Insurance Policy” means the following:

The Insurance Policy concluded between the Insurer and the Insured Person that includes the terms of the Policy agreed upon by the two parties, their undertakings, obligations, and rights or the rights of the Beneficiary of the Insurance and any appendix to this Policy.

» The term “Insured Person” means the following:

The natural or legal person described in the Insurance Policy Table, whose age ranges from one day to 85 years, whose name and address are mentioned in the policy, has paid the Insurance Premium before travelling, is a permanent residence of the country where the Policy has been issued, and is entitled, when necessary, to obtain the rights derived from the Insurance Policy.

» The Insured Person shall not be entitled to the Insurance Coverage:

1. If the Insured Person plans to travel for more than 92 consecutive days.
2. If the Insured Person is 85 years old or more, unless a specific plan that includes this type of insurance for people aged 85 years and above is contracted.
3. With regards to covering the expenses of treatment of the coronavirus, the age of the Insured Person must not exceed 75 years.
4. Not being in the country in which the document has been issued at the time of its issuance.
5. Starts travelling before the time of issuing the Insurance Policy.
6. If the Insured Person travels for business (paid or otherwise) and practices hazardous physical or manual activities. This includes driving vehicles (related to paid work such as taxis or Uber); using equipment; loading or unloading; working in elevated areas or in enclosed spaces; installing machinery, working on floating platforms, underwater, in mines, or quarries; or using chemicals; and performing any kind of laboratory works or any other hazardous activities.

» The term “Insurance Policy” means the following:

The Insurance Policy concluded between the Insurer and the Insured Person that includes the terms of the Policy agreed upon by the two parties, their undertakings, obligations, and rights or the rights of the Beneficiary of the Insurance and any appendix to this Policy.

» The term “Beneficiary” means:

The person or the persons the Insured Person acknowledges their right to receive the equivalent amount of compensation, specified in this Policy. If no person is specified, the compensation shall be part of the ownership of the Insured Person’s “family members,” which means the following: spouse, children, parents, grandparents, and siblings.

» The term “Family Members” of the Insured Person means: Spouse, children, parents, grandparents, and siblings.

» The term “Child” means:
The person whose age ranges from one day to 18 years.

» The term “Spouse” means:
The person who is officially registered as the wife or husband of the Insured Person.

» The term “Usual Country of Residence” means:
The country in which the Insured Person is a permanent resident and the Insurance Company issues this policy.

» The term “Illness / Sickness” means:
Any change in the health condition confirmed by a legally recognized doctor during the validity of the Policy. It shall not consist or result from any of the following two groups:

1. Congenital disorder: The illness that is present since birth due to inherited factors or contracted during pregnancy, even if not diagnosed or known before.
2. Pre-existing illness: The disease the Insured Person suffers from prior to the date of travel, even if it has not been previously diagnosed or known.

» The term “Serious Illness / Sickness” means:
Any illness stipulated in accordance with the conditions described above, which requires admission to a hospital based on the diagnosis of the medical team of the Assistance Company, which in turn prevents the Insured Person from traveling on the scheduled date or exposes the Insured Person to the risk of death.

» The term “Injury” means:
Means the injury caused by violent, external means, which are out of the control of the Insured Person on a trip that takes place during the validity of this Policy.

» The term “Serious Injury” means:
An injury stipulated in accordance with the conditions set forth above, which, according to the medical team of the Assistance Company, prevents the Insured Person from traveling on the scheduled date or exposes the Insured Person to the risk of death.

» The term “Accident” means:
The physical injury sustained by the Insured Person during the validity of the Policy, which results from a sudden, violent, and unintentional external cause. For the purposes of this Policy, the following shall also be construed as accidents:

1. Suffocation or injury caused by gases, vapors, or immersion or from consuming a liquid or solid substance other than food.

2. Infection resulting from an accident covered under the Policy.
3. Injuries resulting from surgical operations or medical treatments necessary due to an accident covered under the policy.

» The term “Emergency Dental Treatment” means the following:

It is any usual dental treatment covered under this Policy because of unforeseen circumstances during travel and not because of any pre-existing condition that has been documented by virtue of a medical report.

» The term “Doctor” means:

An officially licensed medical practitioner under the law of the place where the accident occurs.

» The term “Orthopedic Materials” means the following:

Parts or pieces of metal or of any kind that are used for fracture fixation or to connect the ends of joints with each other in a surgical operation and they can be reused.

» The term “Orthopedic Surgery” means:

The anatomical parts of any kind used to prevent or correct any permanent or temporary deformities in the body (such as walking canes, cervical collar, wheelchair, etc.).

» The term “Prosthesis” means:

Any substance of any kind used to replace the temporary or permanent absence of an organ, tissue, organic fluid, organ, or part of any of them. Examples of Prosthesis include mechanical or biological materials, such as heart valve implants, joint replacement parts, artificial skin, eye lenses, biological materials (cornea), liquids and gels, synthetic or semi-synthetic fluids that replace mixtures or organic fluids, long-acting pharmaceutical devices, ambulatory oxygen therapy devices, and more.

» The term “Fraudulent Claims” means:

If the Insured Person or anyone acting on behalf of the Insured Person uses any fraudulent means or devices to obtain any coverage under this Policy, any compensation payable in respect of such claim shall be forfeited.

» The term “Incurring” or “Exemption” means:

The expenses or the number of days that are not covered by the Insurer and which the Insured Person must pay or incur before the financial coverages shown in the Policy become due.

» **The term “Premium” means:**

The cost of the insurance the Insured Person shall pay to the Insurance Company in return for covering the risks the Insurer provides to the Insured Person, which includes additional fees and legally applicable taxes.

» **The term “Insurance Validity” or “Effective Date of Insurance Coverage” means:**

It starts and ends on the dates described in the contracted Insurance Policy/Table. The insurance term shall not be renewable by any means.

» **The term “Region” means:**

It is the geographical area to where the Insured Person or Beneficiary travels and where the events that take place fall under the Insurance Coverage.

» **The term “Transportation / Public Carrier” means:**

The public transport company that has been contracted to carry out the trip for the person described in this insurance and shall be limited to the plane, ship, train, or boat. This includes getting in and out of it. The Insurance Coverage shall also include the accident that occurs while using public transportation (which is limited to taxi, rental vehicles with driver, tram, bus, train, and subway) during the direct path between the point of exit or entry to the house or hotel to the end point of the trip (station, airport, or port).

» **The term “Coverage” means:**

The Assistance Company shall immediately provide the Insured Person with the assistance specified under the “Coverage” clause set forth in this Insurance Policy during any accidents while traveling outside his/her country of residence, provided such incident occurs outside the geographical limits of coverage and/or outside the agreed trip duration within the validity period of this Policy. The Insurance Coverage emanating from this Policy shall be void when the trip for which this Policy has been purchased ends and/or when the Insured Person reaches the country of usual residence, whichever happens earlier, provided the Insurance Term granted under this policy does not exceed 92 consecutive days for each trip.

The Insurance Coverage may be extended in urgent cases to a maximum of 15 days in the cases of unexpected delay, when the Insured Person has to stay for a longer period in the Schengen area, provided the delay is unexpected and the Insured Person has not sought to make it happen. In this case, the Insured Person shall provide evidence, documents, or certificates to justify the extension incident.

2. Coverage:

2.1 Medical expenses and hospital treatment outside the Country of Usual Residence / expenses related to treatments of coronavirus infection

- * If the Insured Person gets sick or injured outside the country of residence, the Insurer shall bear the usual, customary, necessary, and reasonable costs of hospitalization, surgery, doctors' fees, and pharmaceutical products prescribed by the attending doctor.
- * The Company's medical team shall provide assistance and make the required communications with the medical center and the doctors providing treatment for the Insured Person to supervise the provision of the appropriate healthcare.
- * To claim the Coverage of coronavirus treatment expenses, travelers need to submit a medical report certifying that they have undertaken the coronavirus test. It is worth noting that the Policy does not cover the expenses of the test, but covers the treatment expenses after contracting the virus. The result of the test must be negative, no later than 72 hours prior to departure before each trip, regardless of the term of the issued Policy.
- * COVID-19 coverage: In case of contracting the COVID-19 after travelling and the infection is confirmed during the trip covered under the Insurance Policy, the Travel Insurance shall cover the medical and hospital expenses abroad up to the recommended limit, according to the conditions of the Policy and its Terms & Conditions. This excludes the trips to the destinations, which the relevant local authorities bans travelling to them.
- * If the test result of the traveler is negative before travelling, there will be no waiting time (The traveler shall be covered if the test result is positive while travelling).
- * COVID-19 test is not covered.
- * The compensation for all the Insured Persons injured in the same accident is USD 500,000 (Five Hundred Thousand Dollars), regardless of the number of Insured Persons or relevant Policies.
- * The Insured Person shall contact the customer service center immediately once the coronavirus test result is confirmed to be positive outside the country of residence.

This coverage shall be subject to the Limit set forth in the Policy's data table.

2.2 Medical evacuation during emergencies

In the event of an accident or an acute, sudden illness that has not previously existed, the company shall offer assistance by transferring the Insured Person to an appropriately equipped health center or returning the Insured Person to the Country of Usual Residence. The Company's medical team shall make the required communications with the attending doctors and choose the health center to which the Insured Person shall be transferred. They shall also decide whether it is necessary to return the Insured Person home, according to the case of the Insured Person.

The Assistance Company shall make the evacuation requirements using the means it deems appropriate, based on the medical assessment of the Insured Person's case. Such means may include air ambulance, ground ambulance, regular plane, railway, or any other appropriate means. The Assistance Company shall also make all the decisions related to transportation and final destination.

The approval and arrangements shall be sought from the Assistance Company.

This coverage shall be subject to the Limit set forth in the Policy's data table.

2.3 Dental care during emergencies

When necessary, the Company shall assist the Insured Person with the required dental care abroad. Such coverage, however, shall be restricted to the treatment of pain, inflation, and extraction of infected tooth/teeth.

This coverage shall be subject to the Limit set forth in the Policy's data table.

This coverage shall be subject to an Incur of USD 50 of each claim.

2.4 Returning family members accompanying Insured Person during travel

If the Insured Person is hospitalized due to a sudden illness or an accident for more than 10 days or dies, the Assistance Company shall pay the expenses of returning the family member accompanying the Insured Person at the time of the accident to the place of usual residence. This is provided that the latter is from the same Country of Residence of the Insured Person. The Assistance Company shall book a ticket on the appropriate, available means of transportation, such as an economy

class airline ticket or a first class train ticket to the Country of Residence of the Insured Person.

This coverage shall be subject to the Limit set forth in the Policy's data table.

2.5 Accompanying dependent

If any of the transferred or returned escorts of the Insured Person is a child whose age is lesser than 18 years old and there is no one to escort him/her, the Assistance Company shall provide an appropriate person to look after him/her during the journey to the hospital where the Insured Person will be hospitalized or to the place of residence in the usual country of origin, as long as there is no person to look after him/her.

This coverage shall be subject to the Limit set forth in the Policy's data table.

2.6 Repatriation of remains to the Country of Residence

If the Insured Person dies, the Assistance Company shall make the necessary arrangements to return the corpse of the Insured Person to the Country of Residence and pay for the costs of transportation only to the place of burying or cremating the corpse or holding the funeral ceremony.

This coverage shall be subject to the Limit set forth in the Policy's data table.

The expenses related to burying or cremating the body or the funeral ceremony shall be excluded from this coverage.

Clause (b/1): Providing personal assistance (24 hours a day) Policy

1. Medical assistance

Once the Assistance Company is notified of the urgent medical condition resulting from an accident or the illness of the Insured Person, the Assistance Company shall call the medical facility to where the Insured Person has been transferred to discuss with the doctor at the place where the accident or illness has occurred to determine the best course of action to be taken.

If possible and if the Assistance Company deems this appropriate, the Company

shall call the Insured Person's doctor to obtain detailed information on the medical condition of the Insured Person. The Assistance Company will then analyze the case, recommend the best way to offer help, and arrange the hospitalization of the Insured Person whenever the Assistance Company deems this appropriate.

2. Legal assistance

If the Insured Person is apprehended or is subject to the risk of apprehension due to any non-criminal action arising from the liabilities of the Insured Person, the Assistance Company shall provide the Insured Person, if necessary, with the name of an attorney who can represent the Insured Person in any urgent legal matters.

3. Pre-departure services

Before the Insured Person's departure, the Assistance Company shall provide basic useful information on foreign places, vaccination requirements, passport or visa requirements, weather, and travel warnings to certain places.

4. General international assistance

The Assistance Company shall work as the Insured Person's a focal point of translation and communication during emergencies.

The Assistance Company agrees to provide consultancy regarding communication with consulates, government agencies, translators, and other service providers and using their services to help solve travel related issues.

5. Assistance with luggage and lost passport while away from home country

If the Insured Person sends a notification of losing the luggage or passport while outside the Country of Residence, the Assistance Company shall assist the Insured Person by contacting the relevant authorities to take part and offer consultations regarding issuing a replacement passport or finding the luggage.

6. Sending urgent messages

The Assistance Company shall be responsible for delivering the urgent messages sent by the Insured Persons and related to any incident covered by this Policy.

Clause (b/2): Theft/Mugging coverage

The Assistance Company shall provide a cash amount to the Insured Person if hospitalized as a patient due to a theft during the trip. The Assistance Company shall also pay the expenses as long as the Insured Person stays in the hospital at the maximum shown in the table.

In the event of a loss, the liability of the Assistance Company shall be limited to the maximum limit of coverage related to each loss, as shown in the table, except for what is stated in the text of the Policy, which is subject to a maximum comprehensive limit as shown in the table.

Conditions applicable to theft coverage:

The Assistance Company requires that the Insured Person provide it with a security report on the theft within 24 hours of the incident, so that it processes the compensation for the Insured Person. If the Insured Person is late in submitting the security report, the Insured Person shall clarify if the delay has been for an acceptable excuse.

1. Specific exclusions applicable to theft coverage:
2. If it is impossible to prove that the Insured Person has received treatment inside the hospital as a direct result of theft / robbery.
3. Claims for medical expenses excluded from the Policy shall not be covered, according to the exclusions clause.

Clause (c): Coverage/compensation for losses and delay

1. Losing the passport abroad:

If the Insured Person loses the passport while outside the Country of Usual Residence, the Assistance Company shall bear the expenses related to issuing a new passport or an equivalent consular document.

This coverage shall be subject to the Limit stated in the Policy's data table.

2. Compensation for loss of luggage checked during the trip

The Assistance Company shall pay an amount extra to the compensation of the

carrier's liability, within the limits stated in the coverage table, in order to retrieve the luggage and personal property checked by each Insured Person. This includes losing the luggage while transporting it by air by the carrier. For this purpose, the Insured Person shall provide a list of the contents that includes the estimated value and purchase date for each item, in addition to the settlement amount or compensation paid by the carrier.

The compensation amount for the loss shall be calculated in accordance with the procedures adopted by international air transport organizations.

The minimum period that should elapse to consider the luggage as lost is the one that is prescribed by the carrier, which is no less than (21) days.

This coverage shall be subject to the Limit mentioned in the Policy's data table.

Money, jewelry, bank and credit cards, checks, and any type of documents shall be excluded from this coverage.

3. Compensation for luggage delay

If the delivery of luggage checked on the flight is delayed for more than four hours from the arrival of the airline registered as a member of IATA, the Assistance Company shall pay for every Insured Person, within the Limit stated in the data table of the Policy,

to buy the necessary needs (which are indispensable while waiting for the arrival of the luggage). The original receipts shall be submitted.

This coverage shall be subject to the Limit mentioned in the Policy's data table.

All such claims shall be attached with original documents approved by the airline, which shall testify that the incident has taken place.

4. Takeoff delay

If the transportation services on which the Insured Person has previously booked for travel is delayed by at least eight hours, due to the cancellation of the scheduled or chartered transportation services (including transportation on publicly licensed transportation) as a result of an accident, disorder, factory accident, kidnapping, terrorist act, criminal act, bomb panic, riot, civil disorder, fire, flood, earthquake, landslide, collapse, unfavorable weather conditions, or mechanical failure, the Assistance Company shall compensate the Insured Person. This is provided that

the incident causing the cancellation has occurred or has been announced after the insured trip has been booked or after the conclusion of this Policy, whichever occurs later. The compensation shall be as follows:

Regarding the external trip and at the beginning of the insured trip:

1. The additional expenses (transportation, accommodation at the hotel, expenses incurred because of the delay).
2. Such amounts shall be paid once relevant receipts are produced (at a maximum that is consistent with what is stated in the coverage data table) in case of the delayed was more than eight hours.

This coverage shall be subject to the Limit mentioned in the Policy's data table.

5. Locating and transferring personal belongings

The Assistance Company shall provide consultations to the Insured Person regarding reporting theft or loss of luggage and personal belongings and cooperate to reveal their whereabouts. If the aforementioned personal belongings are retrieved, the Company shall be responsible to deliver them to the place of the trip planned by the Insured Person or the Usual Country of Residence. The Insured Person in this case shall return the compensation received for their loss under this Policy.

Conditions and restrictions applicable to Clause c:

- The Insured Person shall obtain a written confirmation from the transportation company or its agents on the date and actual time of departure and reasons for delay before considering any claim under this part of the Policy.
- The claims under this clause shall be calculated from the actual time of departure of the carrier on which the Insured Person has booked for travel, as specified in the booking confirmation.

Clause (d): Trip cancellation:

Trip cancellation

The Insurance Company shall compensate the Insured Person for all the non-refundable deposits, down payments, and other expenses paid or due to be paid for travel and/or accommodation, according to the Limit entitled under this Policy.

This only applies if the trip of the Insured Person is urgently canceled or shortened because of the following:

1. The death of the Insured Person, accidental injury or illness of the Insured Person, death of a family member.
2. The death, accidental physical injury, or illness of any person or a member of the immediate family with whom the Insured Person has planned to travel, reside, or conduct business.
3. If the Insured Person or any person with whom the Insured Person planned to travel, reside, or conduct business is:
 - Restrained or summoned as a witness or juror.
 - Fired by the institution in which he or she works and this requires the presence of the Insured Person to receive the end-of-service gratuity or go through procedures related to the same matter during a certain period of time that lapses during the time of the trip, according to the applicable legislation in the Country of Usual Residence.
 - Summoned for military service in the armed forces, civil defense, police, firefighting, rescue, public interest, or medical services.
 - Asked to be present in his or her house or place of work in the Usual Country of Residence after a robbery or major damage.
4. Cancellation of scheduled or chartered transportation services (including through a licensed public carrier) because of an accident, strike, industrial incident, kidnapping, terrorist act, criminal act, bomb panic, riot, civil disorder, fire, flood, earthquake, landslide, collapse, adverse weather conditions, or mechanical failure. This provided that the accident causing such cancellation has occurred or has been announced after booking the insured trip or after concluding this insurance, whichever occurs later.
5. Major damage that renders the accommodation in which the Insured Person has already booked unfit for accommodation during the insured trip.

The Insured Person shall submit proof, documents, or certificate of the incident that has caused the cancellation of the trip.

Specific exclusions applicable to clause (d) – Trip cancellation coverage

The Insurer shall not be liable to the claims arising from:

- Covering the cancellation of the trip if it is related to giving birth, pregnancy, or any other medical complications arising therefrom within two months from the estimated delivery date.
- Any circumstance or set of circumstances that is known to the Insured Person at the time of booking the insured trip or concluding this Policy, whichever occurs later, if it is reasonably possible to expect that the occurrence of such circumstance or set of circumstances will cause the cancellation or deletion of the insured trip of the Insured Person.
- Not taking the logical precautions related to the means of transportation, route, or the scheduled take-off time.

Terms of the company's liabilities

1. When submitting any claim, the liability of the Company shall be conditional upon whether the Insured Person have complied and remains compliant to the provisions of this Policy, unless the non-compliance is because of an acceptable excuse.
2. When submitting a claim under this Policy, the Insured Person shall:
 - Take all the logical precautions to minimize the loss.
 - Contact the company as soon as possible to notify it of the claim, indicating the required coverages. If the Insured Person is late in contacting the Company, the Insured Person shall indicate that the delay has been for an acceptable excuse.
 - Provide the company with the all the relevant information for free.
 - Not to take any liability or make any promises or payments of any kind.
 - The Insurer shall not compensate or consider compensation for any expenses not previously approved. With respect to pre-approved expenses, the Insured Person or Beneficiaries shall include the claim number obtained from the Assistance Company before sending official receipts and/or provide the Company with a letter stating the reason and circumstances for not obtaining the Travel Assistance Services for which a claim has been submitted directly from the Assistance Company without seeking prior approval.

Clause (e): Policy termination

1. The Company may terminate the Insurance Policy if the Company is unable to verify the identification of the Insured Person or it suspects that there is a money laundry or terrorist financing, according to the instructions for AML/ CFT in insurance activities no. (2) of 2016 and the amendments thereof.
2. The Insured Person may terminate the Insurance at any time, provided that the Insured Person notifies the Company in writing. In this case, the Company reserves the right to retain a premium that is proportionate to the short terms table below:

Policy's validity	% Company retains from annual premium
A period not exceeding 4% of Policy's term	10%
A period not exceeding 8% of Policy's term	20%
A period not exceeding 15% of Policy's term	25%
A period not exceeding 23% of Policy's term	30%
A period not exceeding 31% of Policy's term	40%
A period not exceeding 38% of Policy's term	50%
A period not exceeding 46% of Policy's term	60%
A period not exceeding 54% of Policy's term	70%
A period not exceeding 62% of Policy's term	80%
A period not exceeding 70% of Policy's term	90%
70% of the Policy's term or more	100%

3. The Insurer may terminate the Insurance at any time, provided that it notifies the Insured Person in writing 30 days in advance. In this case, the Insured Person may recover a part of the premium that is proportionate to the remaining term of the Policy.
4. The termination shall be subject to the following conditions:
 - Returning all the original documents, along with a letter disclaiming the Company and the Reinsurer from any claim.
 - That there are no claims by the client regarding the Policy to be canceled, after checking with the Reinsurer. If there is any claim, the Policy may not be canceled.
 - If the embassy rejects the visa application, the Insured Person must provide the Company with the rejection letter.

Clause (f): General exclusions

Loss, damage, illness, and/or injury arising directly or indirectly from, during, and/or because of the following things shall be excluded from the Coverage/Insurance granted under this Policy:

1. The bad faith of the Insured Person, manifested by the involvement in criminal acts, fraud, gross negligence, or reckless acts, including the acts committed by the Insured Person while in a state of confusion or undergoing psychiatric treatment that the Insured Person pays for its costs. Such costs shall be excluded and the burden of proof shall be on the Insurer (the company).
2. Unusual natural phenomena, such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, objects falling from space, meteors, and in general any meteorological, seismic, geological, or any other type of natural disasters.
3. Accidents resulting from terrorism, insurgency, or crowd disturbances.
4. Incidents or actions of armed or security forces in times of peace.

5. Wars, whether declared in advance or not, and any international conflicts or interventions that use force, coercion, or military operations of any kind.
6. Any incidents resulting from radioactive materials.
7. Any incidents happening because of the Insured Person's involvement in hostage situations, challenges, quarrels, except in the case of legitimate defense or necessity.
8. Illness or injury happening before the claim, unless it is explicitly excluded in the special conditions. In this case, the additional installments arising therefrom shall be paid.
9. Any accidents happening because of the Insured Person's participation in competitions, sports activities, qualifying examinations, or training.
10. Taking part in any of the following sports: Any sort of car racing or motor racing, hunting large wild animals, underwater diving using artificial lungs, navigation in international waters in boats that are not intended for public passenger transport, horse racing, climbing, caving, boxing, any sort of wrestling, martial arts, skydiving, balloon riding, free fall, skiing, and in general any sports or recreational activity known to be dangerous.
11. Taking part in competitions or championships organized by sports federations or similar organizations.
12. Dangerous winter and/or summer sports, such as skiing and/or similar sports.
13. Permanent residency and students outside the Country of Residence.
14. Using, as a passenger or crew, unauthorized air navigation for public transport of passengers as well as helicopters.
15. Accidents that are legally considered to be work accidents because of an inherent danger in the work carried out by the Insured Person.
16. Internationally and locally recognized epidemics, except for the Emergency Medical Expenses due to COVID19 benefit.

17. Illness or injury resulting from chronic diseases or those existing before the date of the trip/travel.
18. Death resulting from suicide, injuries, or complications that occur because of a suicide attempt or any injuries that a person inflicts on self, unless it is not by choice or because of any reason that leads to the loss of will.
19. Illness, injuries, diseases resulting from the voluntary use of alcohol, narcotics, toxic substances, narcotic drugs or medicines obtained without a prescription, in addition to any type of mental illness or mental disorder.
20. Illness or injuries resulting from rejection and/or delay by the Insured Person or the person responsible for him/her in the referral proposed by the Company and approved by the relevant medical authority.
21. Illness or injuries resulting from pregnancy, delivery, and any other complications resulting therefrom or elective abortion.
22. Mental illnesses.
23. Sexually transmitted diseases.
24. All pre-existing genetic and/or chronic diseases.
25. Any heart or cerebrovascular disease or subsequent effects resulting therefrom or complications that can reasonably be attributed to the opinion of a physician or a committee of physicians appointed by the Company, if the insured person received medical advice or treatment (including medication) for hypertension two years prior to the commencement of the Insured Trip.
26. If the Policy is issued to the Insured Person while outside the Country of Residence and/or after the beginning of the trip/travel.

In addition to the aforementioned general exclusions, the following shall not be covered by this Insurance:

1. The services the Insured Person organizes in his/her name without prior notice or without the approval of the Assistance Company, except in emergencies/urgent cases. In this case, the Insured Person shall provide the Company with original vouchers and receipts.
2. Assistance or medical services, which are not considered medically necessary, are optional, and are not emergencies and the complications that result from these cases.
3. Rehabilitation treatments.
4. Prosthetics, orthopedic materials, orthopedic implants, and eyeglasses.
5. Assistance or compensation for accidents during the trip that has already started under any of the following circumstances:
 - * Before the Insurance Coverage becomes effective.
 - * With the intention of receiving medical treatment.
 - * After diagnosing the illness in advanced stages.
 - * Lack of prior supervision by the physician treating the Insured Person for travel in the Country of Residence after the Insured Person has been receiving treatment or medical supervision in health cases that require prior approval during the 12 months preceding the start of the trip.
 - * The expenses arising when the Insured Person is in the Country of Usual Residence, those incurred out of the scope of application of insurance coverages, and, in all cases, the expiry of the travel dates intended in this agreement or after the lapse of (92) days from the start of the trip.
6. Any health services received as coverages out of hospital (except for the ones covered).
7. All the expenses related to dental treatment, orthodontics, and orthodontic treatments.
8. Services that do not require continuous supervision and management by the competent medical staff.
9. Items related to welfare and personal comfort (TV, haircut, beauty services, guest services, or similar incidental services and supplies).

10. Medical services provided by entities that are not authorized to provide healthcare services and what is below the medical services provided in cases of medical emergencies.
11. Orthotic appliances and medical consumables.
12. Treatment and services resulting from dangerous activities, including without limitation any sort of gliding, motor racing, watersports, horse riding activities, mountaineering activities, and extreme sports, such as judo, wrestling, boxing, bungee jumping, and any professional sports activities.
13. Costs associated with hearing tests, vision correction, orthotics, or hearing and vision aids.
14. Patient treatment supplies (including elastic stockings, bandages, gauze, syringes, glucose-testing strips, similar products, over-the-counter medications and treatments, except for those required as a result of health-care services provided during a medical emergency).
15. Services provided by the provider of any service, who is a relative of a patient, such as the Insured Person and a family member, including spouse, brother, sister, parents, or child.
16. All medical care and treatment services related to vitro fertilization, embryo transfer, and male sperm and oocyte transfer.
17. Hepatitis related treatments, services, and complications, except for hepatitis A related treatments and services.
18. Air or ground medical evacuation, except for emergency cases and unauthorized transport services.
19. Medical services and associated expenses for organ and tissue transplantation, regardless of whether the Insured Person is a donor or a recipient.
20. Any test or treatment that has not been prescribed by a doctor.
21. Diagnostic and treatment services for complications of excluded diseases.

The Insurance/Assistance Company shall be exempted from liability in the case of force majeure and where it is not possible to activate any of the coverages specifically stipulated in this Policy.

Clause (g): Law and arbitration

This contract shall be subject to the Jordanian Law and courts.

Subject to the Jordanian Arbitration Law, this document shall be subject to the arbitration clause below:

If any dispute arises between the two parties related to the assessment and/or determination of the amount of damage and/or loss and it cannot be settled amicably, it shall be referred to arbitration according to the following bases:

1. The dispute shall be referred to a single arbitrator to be agreed upon between the two parties.
2. If it is impossible to agree on an individual arbitrator, the dispute shall be transferred to three arbitrators, so that each party names one arbitrator and the two appointed arbitrators choose the third arbitrator.
3. If a dispute related to the appointment of arbitrators arises, the issue shall be referred to the competent court, so that each party appoints one arbitrator and the court appoints a decisive arbitrator.
4. The Jordanian arbitration law in force shall apply to arbitration process.

Clause (h): Financial sanctions

1.1 Limitations of sanctions and exclusion clause

The Gulf Insurance Group - Jordan shall not provide the Insurance Coverage, subject of this Contract, and shall not be liable to pay any claim or provide any benefit under this Contract if the payment of such claim or provision of such benefit would subject the Gulf Insurance Group - Jordan to sanctions, prohibition, ban, and/or restriction under the UN resolutions, trade and economic sanctions, decisions, laws, and/or regulations of the EU, UK, and/or USA.

1.2 Cancellation clause

If additional sanctions, ban, and/or restrictions are imposed under UN resolutions, trade or economic sanctions, laws, and/or regulations of the EU, UK, and/or USA

that would directly or indirectly impede the Gulf Insurance Group - Jordan from continuing to provide the Insurance Coverage under this Contract (in relation to commercial activities and businesses that are subject to prohibition only), the Company may cancel the Insurance Coverage for such activities and works under this Contract. The Company shall notify the other party in writing so that such termination becomes effective after 30 days from receiving the notification by the other party. If the communications are interrupted and/or halted, the cancellation notice shall be effective at the time of sending it or attempting to send it.

For the purposes of construing this contract, the words, terms, and phrases contained in the generally accepted standard clauses, which are included in this Contract, shall have the same meaning in this Contract as in such clauses, unless the context requires otherwise

Clause (j): How the Insured Person may apply for assistance:

If there is an accident that is considered to be covered under the above coverage, the Beneficiary or any person acting on the behalf thereof must contact in each case and as soon as possible the below mentioned warning center, which will be available to assist anyone around the clock and throughout the week.

When calling our emergency number, the Insured Person must provide at the time:

1. Passport or ID number.
2. Assistance card number.
3. Full name of the injured, Insured Person, or Beneficiary.
4. Reason for calling.
5. The place of the caller (hotel/city/address/phone number).

For assistance, please call		
USA	+ (1) 567 269 2968	
Germany	+ (49) 180 511 5610 (10 digits)	A Tool Free Number
Ireland	+ (353) 91 560 621	
Other European Countries	+ (49) 180 501 88001 (11 digits)	
The rest of the world / International	+ (962) 65 008 119	International
Spain	0034 91 581 1821	
France	0800 918 040	A Tool Free Number
Lebanon	012 548 27	



Invested
in You.

WWW.GIG.COM.JO

GIG 
JORDAN