

## TRAVEL INSURANCE CERTIFICATE

**POLICY NO:** WC- 4137248

**ISSUE DATE:** 21/02/2025

**PLAN:** COVID-Eco (UAE)

**AGENT:** Travellers Choice

| DESTINATION                           | FROM          | TO              | COUNTRY OF RESIDENCE | TELEPHONE NO |
|---------------------------------------|---------------|-----------------|----------------------|--------------|
| United Arab Emirates,                 | 21/02/2025    | 22/03/2025      | India                | +97142832426 |
| FULL NAME                             | DATE OF BIRTH | PASSPORT NUMBER |                      |              |
| ANITHA SATHISH KUMAR<br>KALIYAPERUMAL | 30/05/1985    | U4542441        |                      |              |

Contrary to any stipulations stated in the General Conditions, the plan subscribed to, under this Letter of Confirmation, covers exclusively the below mentioned Benefits, Limitations & Excesses shown in the table hereafter.

The General Conditions form an integral part of this Letter of Confirmation.

For more info/modification regarding your policy, kindly do not hesitate to contact your authorized agent or e-mail us on enquiry@wecare-center.com

| BENEFITS                                                    | SUM INSURED   | EXCESS |
|-------------------------------------------------------------|---------------|--------|
| Emergency Medical expenses due to COVID-19                  | Up to \$ 5000 | 0      |
| Quarantine expenses due to COVID-19                         | Not Covered   | 0      |
| Emergency Medical Evacuation & Repatriation due to COVID-19 | Up to \$5000* | 0      |
| Repatriation of Mortal remains                              | Real Cost     | 0      |
| Emergency Dental Coverage                                   | Not Covered   | 0      |
| Flight Cancellation                                         | Not Covered   | 0      |
| Loss Of baggage                                             | Not Covered   | 0      |
| Delay Of baggage                                            | Not Covered   | 0      |
| Loss Of Passport                                            | Not Covered   | 0      |

Above sums insured are per person & per period of cover

### Important Notes:

-Upon calling the Alarm Center and claim being processed on direct billing procedure, no deductible shall apply for insured up to 70 years old

In all cases, deductible shall apply for Insured above 70 years old.

Deductible shall be maintained for all insured bracket of age if claims are accepted and processed on reimbursement basis.

(Please refer to the General Conditions for all deductible details)

In case claim is accepted on reimbursement, please refer to the General Conditions.

-This policy is specially designed to cover Covid-19 related expenses only. (Please carefully read the general conditions)

Coverage in the USA, Canada, Japan & Australia for Emergency Medical Expenses and Evacuation & Repatriation due to Covid-19 is limited to US \$ 20,000 per benefit.

### Confirmation Code



For official use, scan the above code to validate this confirmation letter

Period of coverage will automatically be extended up to 10 days from the expiry date of your visa to provide cover during the 10-day grace period allowed by the local authorities. If your date of entry into UAE changes from the cover dates shown on your certificate of insurance, your cover dates will be automatically amended to start from the date you entered the UAE (as stamped on your passport) and run for the same duration as the original policy period. The purchase of a travel insurance policy once a trip has been undertaken is not allowed.

### PLEASE KEEP THIS LETTER OF CONFIRMATION WITH YOU AT ALL TIMES

Claims must be reported within 48 hours from occurrence of the event and all related original documents must be submitted to the Company by the beneficiary within four (4) months maximum.

in case of emergency or claims of assistance, call us on: **+91 91 6167 419**

**5 or +91 73 0944 195 2** or send e-mail to: **claims@wecare-center.com**

You will be asked to provide the reference of this letter and/or show this document. This purchase is non-refundable. Please refer to your receipt