



NATIONAL INSURANCE COMPANY LIMITED
(OWNED BY THE GOVERNMENT OF PAKISTAN)

Policy No:

**TRAVEL INSURANCE POLICY (INCLUDING TERRORISM COVER) FOR
VISITING FOREIGN BUYERS OR THEIR FOREIGN AGENTS**

PERIOD OF INSURANCE

From: To

Sum Insurance : US\$

Premium : US\$

Whereas the person named in the schedule to this policy (hereinafter called the “Assured”) by a signed Proposal Form and Declaration which shall be the basis of this policy and is deemed to be incorporated herein has applied to National Insurance Company Limited for the insurance hereinafter contained and the premium has been paid in advance for such insurance in respect of sickness/accidental injury/accidental disability/accidental death occurring during the period of insurance and within territory of Pakistan including accidents due to terrorism acts.

The company hereby agrees to compensate the Assured or his legal representative subject to the provisions, conditions and exclusions of this policy, with respect to loss resulting from accidental Injury/Disability/Death to the extent herein provided. This policy takes effect on the date and hour stated in the Proposal Form and expires on the same hour at the end of the number of days stated therein.

Coverage under this policy shall cease upon exit of the insured from Pakistan’s Territory or at the end of the policy period, whichever shall occur first.

SUMMARY OF THE POLICY COVERAGE

THIS POLICY COVERS:

1. Sickness
2. Accidental Death & Permanent/Partial Total Disability.
3. Repatriation/Evacuation
4. Medical Treatment

What is act of Terrorism?

An act is act of terrorism if:

- a. *the effect of this action will be to, strike terror or create a sense of fear and insecurity in the people, or any section of the people, any act or thing by using bombs, dynamite or other explosive or inflammable substances, or such fire-arms or other lethal weapons as may be notified, or noxious gases or chemicals, in such a manner as to cause, or be likely to cause, the death of, or injury to, any person or persons, or damage to, or destruction of property on a large scale, or a widespread disruption of supplies of services essential to the life of the community: or threatens with the use of force public servants in order to prevent them from discharging their lawful duties; or*

- b. Committed as a scheduled offence, the effect of which will be, or the likely to be, to strike terror, or create a sense of fear and insecurity in the people, or any section of the people, or to adversely affect harmony among different sections of the people; or
- c. Committed as an act of gang, rage, child molestation, or robbery coupled with rape; or
- d. Committed as an act of civil commotion.

ASSURED PERSON MEANS:

The person whose name is stated in the insurance policy.

PERIOD OF COVER:

As per purchased insurance program.

COVERED TRIP

A covered trip shall mean a trip undertaken by the Assured from outside his usual country of residence to Pakistan only. The covered trip commences when the insured person enters the territory of Pakistan and ceases when the insured person leaves the territory of Pakistan.

The maximum duration of anyone covered trip must not exceed as per purchased insurance cover.

1. SICKNESS/PERMANENT OR PARTIAL TOTAL DISABILITY/ACCIDENTAL DEATH

This cover is only with respect to sickness/bodily injury/Disability or loss of life (including due to an act of terrorism occurred during stay in Pakistan) to the maximum limits stated below:

Price and Benefits:

	<i>Classic</i>	<i>Superior</i>	<i>Premium</i>
Accidental Death Compensation	US\$ 200,000	US\$ 300,000	US\$500,000
Permanent Total Disability Compensation	US\$ 200,000	US\$ 300,000	US\$500,000
Repatriation / Evacuation Compensation	Actual Cost of Air Ticket	Actual Cost of Air Ticket	Actual Cost of Air Ticket
Medical Expense per week	US\$ 6,000 (Per Incident)	US\$ 7,000 (Per Incident)	US\$ 8,500 (Per Incident)
Medical Expense per month	US\$ 10,000 (Per Incident)	US\$ 12,500 (Per Incident)	US\$ 15,000 (Per Incident)

Premium Rates

<i>Plan</i>	<i>Classic</i>	<i>Superior</i>	<i>Premier</i>
Week	US\$ 75	US\$ 150	US\$ 225
Month	US\$ 250	US\$ 350	US\$ 500

The payment in respect of above benefit will be made upon satisfactory presentation of proof of loss/claim.

Exceptions Applicable to Accidental Death & Permanent/partial Disability

- a) This insurance shall not cover trip to high risk hostile areas as declared by the local authorities.
- b) The Company shall not be liable for any claims under this policy if the visitors are engaged in any activity that is against the interests of the state and therefore illegal.
- c) The Company shall not be liable for any claims under this policy occurring while religious propagation other than performing usual religious activities or rituals.

- d) This insurance shall not provide coverage to travelers if proved having engaged in any kind of spying activity or on secret assignments.
- e) This insurance shall not provide coverage to guest military troops on any kind of declared or under activity.

2. Medical Treatment

In the event of illness or injury of the assured occurring within territory of Pakistan, the Company will meet the usual, customary, necessary and reasonable costs of hospitalization, Surgery, Medical fees and Pharmaceutical products prescribed by the attending Doctor as per agreed terms of the Policy.

Any miscellaneous service required by the Assured not covered through this policy shall remain at his/her own expense and responsibility.

Exclusions of Medical Treatments:

Exceptions Applicable to Sickness/Permanent or Partial Disability/Accidental Death also apply in this section.

3. Repatriation/Evacuations In Case Of Illness/Injury/Death of Insured.

The Company's Assistance Provider, through its medical team, will decide whether repatriation of Assured is necessary, depending on the situation or gravity of the state the assured is in.

For minor or less serious illness or accidents, which in the opinion of the medical team do not require repatriation no compensation will be provided.

In case of Repatriation/Evacuation maximum compensation to Assured is limited **up to Actual cost of Air ticket only.**

GENERAL EXCLUSIONS

- a) Those caused directly or indirectly by the bad faith of the Assured, by his/her participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions. The consequences of the actions of the Assured in a state of Derangement or under psychiatric treatment are not cover either.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress.
- c) Those derived from radioactive nuclear energy.
- d) The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.

In addition to the previous exclusions, this is also not covered by this insurance:

- e) The services arranged by the Assured on his/her own behalf, without prior communication or without the consent of the insurer and/or Assistance Provider, except in the case of urgent necessity. In that event, the insured must furnish the Company with the vouchers and original copies of the invoice/bills.

CONDITIONS

- 1) This policy and the schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy of the schedule shall bear such specific meaning wherever it may appear.
- 2) In the event of any claim the liability of the Company shall be conditional on the Assured claiming compensation or benefit having complied with and continuing to comply with the terms of this policy.
- 3) In case of Assureds death his legal representative shall only be entitled to receive compensation from the company.
- 4) In the event of a claim under this Policy the Assured shall;
 - a) Take all reasonable precautions to minimize the loss.
 - b) As soon as possible telephone the Assistance Provider to notify the claim.
 - c) Freely provide the Company with all relevant information.
- 5) If required by the company the medical or other agent(s) of the company shall, at all reasonable times have right to see and examine the nature of sickness/injury sustained by the assured and in the event of death to make post mortem examination.
- 6) Where any dispute arises under a policy or over a claim under a policy by the company, the part to the dispute may take up the case before the Insurance Tribunal in accordance with the provisions of Insurance Ordinance XXXIX of 2000.
- 7) The Assured must return the policy in original along with a letter with reasoning when applying for the cancellation of the policy. 10% of the respective premium will be deducted in case of cancellation.

SCHEDULE OF COMPENSATION

- A. Death by accident within twelve months from date of the accident.
100% of the capital sum insured
- B. Permanent total loss of sight of two eyes or loss of two limbs, or permanent total loss of sight of one eye and loss of one limb by accident within twelve calendar months of the date of accident
100% of the capital sum insured.
- C. Permanent total loss of sight of one eye or loss of one limb by accident within twelve calendar months of the date of accident
50% of the capital sum insured.
- D. Permanent total disablement
100% of the capital sum insured

OPERATIONAL MECHANISM / MODUS OPERANDI

The concerned Pakistani Exporter shall apply to NICL, for issuance of Terrorism Insurance Policy, on behalf of foreign visiting buyer/purchaser, their inspector and sourcing agents etc. including date of arrival, duration of stay in Pakistan, age, nationality and name of visitor. On receipt of this information, NICL on receipt of premium from the applicant / exporter shall immediately issue Certificate / Certificates of Travel Insurance Policy (Including Terrorism Cover) for Visiting Foreign Buyer or their foreign agents and handover the same to Pakistani exporter, who will send a copy of that Certificate to visitor, thereby, giving him/her a certain level of comfort, before arrival in Pakistan.

In case of any claims, NICL, Zonal Office (Islamabad) would be contacted by phone, fax or e-mail, by the insured or representative of visitor in Pakistan. Claim Form (TIC-04) should also follow as soon as possible.

NICL, Zonal Office, thereafter, will arrange payment of claim on priority to the insured or their heirs.

Specimen of requisite Preliminary Information Sheet (TIC-01), Proposal Form (TIC-02), Certificate of Insurance (Form TIC-03) and Claim Form (TIC-04), are attached.



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PRELIMINARY INFORMATION SHEET

Form TIC-01

TRAVEL INSURANCE (INCLUDING TERRORISM COVER) FOR VISITING FOREIGN BUYERS OR THEIR FOREIGN AGENTS

S. No.	Name of Applicant	Citizenship	Date of entry in Pakistan	Duration of Stay in Pakistan	Chose Coverage Plan	Contact Information i.e. Phone No; Email or Fax	Nominee Address and Contact Information

Please fill in all the field and either fax it at 00 92 51 9216424 or email at nazim.latif@nicl.com.pk and khurram.irshad@nicl.com.pk



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Form: TIC-02

CARTIFICATE NO: NICL/TIC/...../20__

ON POLICY NO

CERTIFICATE OF TRAVEL INSURANCE (INCLUDING TERRORISM COVER) FOR VISITING FOREIGN BUYERS OR THEIR FOREIGN AGENTS

Name of Insured:

Father's Name:

Nationality:

Address:

Type of Cover:

Class

period

emier

Sum Insured:

US\$

Risk Covered:

ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY, REPATRIATION, EVACUATION AND MEDICAL EXPENSES.

Period Covered:

..... To

We, hereby certify that this certificate is evidence of insurance cover under the terms and conditions of the above mentioned policy.

Disclaimer:

This certificate is intended for the above named insured, if you are not the intended insured you must not copy this certificate or any part of it or otherwise disseminate or disclose any information, contained therein or take any action in reliance on it. All such actions shall be strictly invalid.

NICL do not accept liability for any corruption, delay, interception or unauthorized amendments of the certificate.

For and on behalf of
National Insurance Company Limited



National Insurance Company Limited

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Form: TIC-03

PROPOSAL FORM FOR TRAVEL INSURANCE

Please fill in the fields and fax it at +92-51-9216424 or E-Mail us at nazim.latif@nicl.com.pk ,
khurram.irshad@nicl.com.pk

1. You are applying as: Individual: Group (if applying in group please
Give separate details for each traveler
As per group Form in addition to this Form.

2. Name of Applicant (as on Passport): _____

3. Citizenship: _____

4. Passport Number: _____

(Please use additional sheet if more than one travelers are applying)

5. Organization: _____

6. Date / Place of Entry in Pakistan: _____

7. Flight Number: _____

8. Time to Arrival: _____

9. Date / Place of Exit from Pakistan: _____

10. Time of Departure: _____

11. Stay Duration in Days: _____

12. Number of travelers to be Insured: _____

13. Coverage Plan chosen (Please Tick)

a. Classic

b. Superior

c. Premier

14. Purposed of visit (Please Tick)

a. Govt. Delegates Official Trade Delegates

b. Business Travelers Tourists

15. Contact Information:

- E-Mail Address: _____
- Mobile #: _____
- Phone #: _____
- Fax #: _____

16. Nominee Name: _____

(Please use additional Sheet if there is more the one representative)

17. Nominee Address & Phone No. & E-Mail: _____

18. I declare that this information is true to the best or my knowledge

- Name: _____
- Signature: _____
- Date: _____

Group Form: -

Please fill in the fields and fax it at +92-51-9216424 or E-Mail us at nazim.latif@nicl.com.pk,
khurram.irshad@nicl.com.pk

1. Name of Applicant (as on Passport): _____

2. Passport Number: _____

3. Nominee Name: _____

(Please use additional Sheet if there is more the one representative)

4. Nominee Address & Phone No. & E-Mail: _____



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Form: TIC-04

Claim Form

All Risks Cover – Travel Insurance

Policy No. _____

Claim No. _____

1. Name of Claimant _____

2. Full residential / Postal Address _____

3. Plan Selected _____

4. Purpose of Travel _____

a. Date of Travel _____

b. Date of Departure _____

c. No. of Days Stayed _____

d. Name & Address of Govt. Agency Hosting you _____

5. Date & Time of Accident _____

6. Exact Location _____

7. Nature of Injury / Sickness _____

8. Cause of Injury _____

9. Were the Police Notified _____

10. Contact Details of the Hospital or

Doctor whom you visited _____

11. Nature of Treatment Received _____

12. For How Many Days were you Hospitalized _____

13. Total Medical Cost so Far Incurred _____

14. Do you Anticipate More Expense, if so? Please Specify _____

I declare that all statements made on this form are true to the best of my knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as owner, mortgagee, trustee or otherwise.

Dated: _____

Insured's

Signature _____