



"General and Private Conditions of Incoming Passengers' Insurance Policy"

Article 1) Generalities

A) Definitions

- 1- **Insurer:** Insurer is defined to any insurance companies, licensed by the Central Insurance of Iran (CII), which their specifications have been mentioned in the insurance policy. The insurer company is duty bound to offer quality insurance services to the insured against receiving insurance premium, compensation of medical and nonmedical costs as well as other covered insurance services according to the terms and conditions envisioned in the insurance policy.
- 2- **The Insured:** The foreign national who enters into Iran legally and insurance company insure him or her against probable and risky services, subject to the insurance policy as a result of conclusion of insurance contract. Hence, the relevant specifications are mentioned in the insurance policy and are committed to pay her or his insurance premium.
- 3- **Insurance Premium:** Insurance premium is the fund that is paid by the insured to the insurer against guaranteeing probable risks. The insurer embarks on offering quality insurance services to the insured against receiving insurance premium from the insured.
- 4- **Subject of Insurance:** Compensation of medical and nonmedical costs as well as presentation of other insurance services to the foreign nationals within their stay in Iran according to the insurance policy terms and conditions,
- 5- **Incident:** Incident or accident is referred to any sudden event happened as a result of an external factor without any intention to the insured and will incur physical damage on the insured as well.
- 6- **Physical Injuries:** Physical injuries are a physical damage which is observed as a result of an unexpected and sudden factor [beyond power and control of the insured] and is observed during the insurance policy.



- 7- **Acute Disease or Injuries:** Acute injuries or disease is defined to the illness that will prevent the insured from continuing his or her trip at the sole discretion of attending physician in the course of insurance period.
 - 8- **Illness:** Illness is a sudden and unpredictable complication which is appeared after entrance of the insured to Iran. Under such circumstance, the insured or his/her representative will request the insurance company to cover medical costs.
 - 9- **Compulsory Medical Quarantine:** Compulsory medical quarantine includes fulfillment of isolation and limitation operations compulsory in order to prevent illness from being spread.
 - 10- **Relatives:** Relatives include father, mother, children, spouse (wife and husband), brothers and sisters and also any other persons as introduced by the insured.
 - 11- **Franchise:** Franchise is the insurance premium of the insured from non- hospitalized medical costs. The rate of franchise in the current insurance policy has been calculated equal to 10% of the amount of medical costs.
- B)** It should be noted that the present contract is valid according to the rules and regulations of the Islamic Republic of Iran.
- C) Insurance Period:** This insurance policy will be covered maximum 92 consecutive days based on the contents as mentioned in the insurance policy. This insurance policy is valid from entrance date of the insured into Iran or when the insure request for this policy. This insurance policy will be considered “null and void” after completion of trip of the insured and/or when the insured exited from legal borders of the country. Under such circumstances, the insurance policy of the insured will be invalidated. When the insured embarked on purchasing insurance policy after entering Iran, his or her insurance coverage will start as of the date mentioned in the related insurance policy.

Article 2- Commitments of the Insurer

When the insured faced illness or physical injuries during validity period of insurance policy and/or if the insured was recommended to undergo compulsory medical quarantine, the insurer is duty bound to pay medical costs of the insured according to the stipulated rules and regulations.

A) Transfer

- 1- Admitting and transferring the insured to the nearest equipped hospital or healthcare and treatment centers in the shortest time possible,
- 2- Transferring the insured under the strict supervision of attending physician to the equipped healthcare and medical treatment center in the shortest time possible,
- 3- Returning the insured to his respective country under the strict supervision of attending physician and approval of the insurer's trusted and reliable physician,
- 4- Fulfilling necessary measures in case of death of the insured for transferring corpse to the nearest airport in the residence of the respective country,
- 5- Taking effective measures for retuning companions of the insured, below 15 years old, and also one of the relatives of the insured to the respective country provided that the insured is unable to continue trip via vehicle of any other transport means.
- 6- Taking effective steps for transferring one of the relatives of the insured from the country, as residence of the insured, to the Islamic Republic of Iran provided that the insured is hospitalized at hospital due to accident or illness which is subject to the present insurance policy and based on comment of the attending physician.

B) Payment of Expenses

- 1- The medical and hospitalization expenses up to 10,000 euro ,5.000 euro (In accordance with the obligation of the purchased insurance policy) or its



rials equivalency will be paid based on currency price evaluation envisioned in insurance policy by virtue of medical certificate based on urgent need to healthcare and treatment services during insurance period (after deduction of franchise of non- hospitalized medical expenses) as follows:

1 – 1 – Medical costs including initial examination and imaging and laboratory services (MRI, etc.), pharmaceutical costs, outpatient surgeries, physiotherapy and transferring and transferring the injured and patients to relevant medical centers caused by accidents

1 – 2 - Medical costs caused by hospitalization and surgery in hospital and Day- Care Centers (hospitalizing exceeding six hours),

2- Nonmedical Costs will be paid as follows:

2 – 1 – Conventional costs related to the provision of coffin and transfer of dead body of the insured to the nearest international airport of his residence at the origin country or residence (costs related to organizing funeral procession and/or memorial service shall not be borne by the insurer.)

2 – 2 – If the insured is hospitalized at hospital due to accident or illness subject to the insurance policy, and/or if the insured required a companion at the sole discretion of the trusted or reliable physician, conventional costs (return ticket) for one of the relatives of the insured from the insured's residence to the hospitalization place and also his accommodation expenses in Iran will be paid maximum within 20 days.

2 – 3 – Conventional cost o the insured's unexpected return due to the acute medical injuries or illness, provided that the insured could not use return ticket.

2 – 4 – Conventional costs for returning accompanied individuals, below 15 years old, and one of the insured's relatives to the country of origin or residence in case of inability to travel with personal vehicle and/or any other transportation means as used in the beginning of the travel.



2 – 5 – Emergency costs of dentistry up to 200 euro. It should be noted that these expenses are limited to the treatment of toothache, treatment of infection and pulling out the teeth.

2 – 6 – Necessary costs for the provision of important traveler's documents such as passport, driving license and/or consulate- related documents in case of losing the relevant documents up to 200 euro,

2 – 7 – Costs related to the judicial cooperation and assistance up to 250 euro in lawsuits that are lodged against the insured during his or her stay in Iran.

C) Medical Guidance

The insurer is duty bound to provide necessary information to the insured such as postal addresses of hospitals, Day- Care Centers, pharmacies, drugstores and other specialized centers (special of patients and the injured). Moreover, the insurer is duty bound to provide necessary required information available to the insured into two languages: English and Persian

D) Payment of Compensation

The insurer is duty bound to pay the compensation rate to the beneficiary maximum within five days after receiving required documents.

E) Guiding the Insured If Documents Lost

If important traveler's documents such as passport and visa are lost, the insurer is duty bound to offer necessary guidance services to the insured.

Article 3: Exclusions and Exceptions

Costs and compensations caused by either of the following cases will not be subject to the commitments of the insurer: (If the following cases are observed, the insurer is not duty bound to compensate the damages):

- 1- Having illness for a long period, having history of illness, being diagnosed to a chronic disease once again and/or the complications related to previous

record of patient, etc. It should be noted that partial convalescence periods are considered as illness periods.

- 2- War, military invasion, action of foreign enemy, animosity and terrorist operations (whether announced or unannounced),
- 3- Committing suicide, intentional injuries incurred to self, accompanying participating and complicity in criminal act,
- 4- Participating in horse- riding contest, cycling contest, and/or any other types of contests or displaying with motorcycle appliances, and also participating in professional sports competitions and exercises such as mountaineering (professional ascension), airborne or aviation competitions or any other types of light, cave mining, diving, winter sports or doing exercise with the aim of participating in official competitions and/or any other sports and recreational activities which are considered as “dangerous and risky” ordinarily.
- 5- Pollutions caused by nuclear radiations,
- 6- Pregnancy in the course of three months left to the delivery and voluntary abortion,
- 7- Appearance of scars or marks (partly or wholly) caused by the drug abuse, use of alcoholic drinks and psychotropic drugs except the drugs and medicines consumed with the recommendations and prescriptions of the concerned physician.
- 8- Job- related risks of the insured which are considered as “work and job accidents” according to the law.
- 9- Congenital disorders and diseases caused by it,
- 10- Prevention or vaccination,
- 11- Complications caused by physiotherapy,
- 12- Energy therapy, sun therapy and treatment (plastic surgery) in order to regain beauty, treatment and cure through spa and mineral waters, etc.
- 13- Complications caused by delirium, mental and psychic diseases, etc.

Article 4: Duties of the Insured



In case of dire need to medical services, the insured or his/he representative is duty bound to:

- 1- To get in touch with the nearest call center of the insurer in Iran in the shortest time possible and to announce the following information:
 - 1 – 1 – complete name of the insured, number and validity date of the traveler's insurance policy, passport number, etc.
 - 1 – 2 – Complete postal address and/or residence in Iran and also contract phone number,
 - 1 – 3 – A brief description of the illness, accident, incident and requested inquiry,
- 2- If hospitalized, the insured is duty bound to report the case to the insurer maximum within five days as of hospitalization date and before being discharged from the hospital.
- 3- The insured should avoid committing any activity which will create problems for the insurer.
- 4- If requested by the insurer, the insured is duty bound to provide all necessary documents available to the insurer for compensating the damages from the relevant resources.

Article 5: Settling Dispute

If any dispute is observed between the two parties of contract (the insured and insurer) on interpretation or subject of the contract, the disputed matter will first be settled via negotiation. If the two parties failed to settle the disputed matter, the case will be reported to the authorized and legal court in order to settle the disputed matter through arbitration. If an arbitrator is selected, the two parties of the contract can appoint a person as mutually acceptable arbitrator. If introduction of an arbitrator is not agreed, each of the contract parties can select an arbitrator by themselves and the selected arbitrator should be introduced to another party. The selected arbitrators will select a third arbitrator. Finally, the disputed matter will be investigated by three arbitrators and then, they embark on issuance of final verdict.



If the selected arbitrators (one from the insured and one from the insurer) are not agreed to select a third arbitrator, each of the contract parties can request the third arbitrator from the authorized court. It should be noted that each of contract parties are duty bound to pay fee of relevant arbitrator as selected by each of them and fee or commission of the third arbitrator will be paid in equal condition by either of the contract parties i.e. the insured and insurer.

Article 6: Deadline for Lodging Complaint / Lawsuit

Any kind of complaints or claims observed as a result of the present insurance policy should be performed maximum within two years as of cancelling, terminating and/or expiring date of the insurance policy and/or in case of occurrence of the covered incidents. After the two years, as mentioned in above, complaints or any other claims caused by the present insurance policy will not be taken into consideration. Time process can be cut suddenly by either of the contract parties against presentation of official declaration notice. If time process is cut, remained period of time process will be added for a period of one year.

Article 7: Other Terms and Conditions

- 1- If visa is not issued, the insurer, at the request of the insured, is authorized to subtract one euro from insurance premium in order to cancel the insurance policy. Under such circumstances, insurer is duty bound to repay the remaining insurance premium.
- 2- If visa is issued and/or if the insured did not intend to travel, the insurer is duty bound to cancel or terminate the insurance policy after expiration of visa period with subtraction of one euro from insurance policy. Under such circumstances, the insurer should repay the remaining insurance premium to the insured.
- 3- It should be noted that request for cancelling insurance policy will be set maximum six months as of its issuance date.