



## CONFIRMATION OF COVERAGE

Insurer: **Doha Insurance Group**

Card Issuer:  
**Visa International Service Association**

Cardholder Name:

Card Type:  
**Visa Signature**

Policy Number:  
**01/01/LM/TRVRS/3/2023/P**

Policy Expiry Date:  
**31st May 2024**

Card Type:  
**Visa Signature**

Travel Departure Date:

Covered Spouse Name:

Covered Child Name(s):

Benefit	Benefit Amounts / Limit of Liability
Cancellation & Curtailment	up to USD 5,000
Travel Delay	up to USD 42 per hour delay to a maximum of USD 1,000
Baggage Delay	up to USD 42 per hour delay to a maximum of USD 500
Hijack	up to USD 500
Medical Expenses	up to USD 500,000
Repatriation	up to USD 500,000
Hospital Benefit	up to USD 1,500
Personal Property	up to USD 1,000
Travel Accident	up to USD 500,000

Cover is valid worldwide and effective from the Travel Departure Date, up to a maximum of ninety <90> days or up to the Policy Expiry Date, whichever is earlier. Cover includes medical expenses resulting from Covid-19 so long as You are not travelling in, to or through any area to which the relevant government agency in Your Country of Residence or the World Health Organisation has advised against travel.

**Disclaimer:** This Certificate of Insurance is attached to and forms part of the Terms & Conditions of the Travel Policy No: **01/01/LM/TRVRS/3/2023/P**. This insurance certificate is voided and there will be no cover under this policy if the Card Number indicated does not correspond to a valid covered card and to the Cardholder Name.

The information and descriptions contained herein are not complete descriptions of the Policy, but are for general informational purposes only. Please refer to the Terms & Conditions, which will contain reductions, limitations, exclusions and termination provisions. **The products and services are brought to you by Doha Insurance Group.**

For 24 Hours / Worldwide Assistance Services Abroad: +971 (4) 253 6024

