

Travel Certificate Alarm No +33 141611936

Beneficiary 1 **Issue Date** 06/11/2019 **No.** 633747-000

Family Name ALRUBAIAN **Date of Birth** 27/03/1990
First Name ABDULLAH **Gender** Male
Middle Name **Passport No** P05212668
Country of Residence Kuwait
Address
Tel 0 **Email**

Coverage

Plan SAFE TRIP PLAN
Coverage Zone SCHENGEN (Worldwide)
Destination **Sports Activities** Not Included
Period of Coverage 5 days **Inception** 26/11/2019 **Expiry** 30/11/2019

Benefits per beneficiary

| | |
|---|-------------|
| Medical expenses incurred during hospitalization, up to | \$55,000 |
| Emergency medical evacuation, up to | \$1,000,000 |
| Emergency medical repatriation, up to | \$1,000,000 |
| Transportation of mortal remains, up to | \$1,000,000 |

Deductible: -As per Policy/Certificate general conditions

*By receiving this certificate you declare to agree to the terms, exclusions and limitations of the Travel Insurance/Takaful program General conditions. Please read the certificate carefully, the general conditions attached and any other documents provided.

| | |
|-------------------|---------------|
| Total Paid | KD5.00 |
|-------------------|---------------|

02881- SAFE NET



[Policy validation](#)

Company Signature

(Handwritten Signature)
 WARBA INSURANCE
 وربة للتأمين



Alarm Center
+33 1 41 61 19 36

A 24 hour medical assistance service is operated by April Assistance in its headquarters in France. If you are admitted to a hospital or clinic as an in-patient, April Assistance must be notified within 24 hours of your admission in order to confirm the conditions of cover and arrange approval for direct payment, if the case is covered.