



Travel Certificate

Beneficiary : 1 **Issue Date : 14/07/2019** **No.595966-000**

Family Name: KANJO **Date of Birth:** 09/07/1993
First Name: MOSTAFA **Gender:** Male
Middle Name: **Passport No:** RL 3607183
Country of Residence: Kuwait
Address:
Tel: +965 222 12 099 **Email:**

Coverage

Plan: **SAFE TRIP PLAN**
Coverage Zone: SECURE (Worldwide)
Destination:
Period of Coverage: 30 days **Inception:** 01/08/2019 **Expiry:** 30/08/2019
Sport Activities: Not Included

Benefits per beneficiary

SECURE (Worldwide)

Medical expenses incurred during hospitalization	\$ 80,000
Emergency medical evacuation	\$ 1,000,000
Emergency medical repatriation	\$ 1,000,000
Transportation of mortal remains	\$ 1,000,000
Compassionate visit	\$ 10,000
Return of minor children	\$ 10,000
Convalescence expenses	\$ 1,000
Dental emergency due to accident	\$ 400
Luggage Loss per Kg up to 40Kg	\$ 20
Trip Cancellation up to	\$ 200
Accidental Death, Permanent Partial Disability, Permanent Total Disability	\$ 80,000
Material Damage	\$ 25,000

Deductible: -As per Policy/Certificate general conditions

2812- SAFE NET



<http://www.isatravelonline.com/validate/>

Safe Trip Signature



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.

