

**NAC TRAVEL INSURANCE
POLICY WORDING**

Trade Union Cooperative Insurance Company (Company, We, Our or Us) will provide the insurance described in this policy to the Insured(s) (You or Your) named in the application in return for the premium and compliance with all applicable provisions of this policy.

Part A: GENERAL DEFINITIONS

In this policy "You" and "Your" refer to the "Insured(s)" shown in the application. "Company", "We", "Us" and "Our" refer to the American Life Insurance Company General Insurance Division providing this insurance. In addition, certain words and phrases are defined as follows:

Common Carrier means any land, water or air conveyance operated under a valid license for the transportation of passengers for hire.

Country of Residence means the country in which the Insured is currently residing and holds a valid residency visa or is born there.

Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons; (c) has a staff of one or more physicians available at all times; (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center.

Injury - means bodily injury caused solely and directly by violent, accidental, external and visible means occurring during the Insured Period.

Insured As defined in the Policy Schedule

Insured Period the time period for which premium has been received and the application has been approved, taking effect on the Policy Effective Date stated on the Policy Schedule and continues in effect until the expiry of the Period of Coverage stated in the Policy

Land/Sea Arrangements means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered trips on the application and arranged by a tour operator, travel agent, cruise line or other organization.

Medically Necessary means, in our opinion the Physician's recommendation is: (a) consistent with the symptoms, diagnosis and treatment of Your condition; (b) appropriate with regard to standards of good medical practice; and (c) not primarily for the convenience of You.

Physician means a licensed practitioner of the healing arts acting within the scope of their license. The attending physician may not be (a) You; (b) Your spouse; or (c) a person who is related to You or Your spouse, in any of the following ways: child, parent, or sibling.

Pre-existing Condition a condition for which medical care, treatment, or advice was recommended by or received from a Physician within a two year period preceding the Policy Effective Date, or a condition for which hospitalization or surgery was required within a five year period preceding the Policy Effective Date.

Principal Sum means the sum insured to be paid by the Company to the beneficiary as shown in the Policy.

Reasonable and Customary Charges means a charge which: (a) is charged for treatment, supplies or medical services medically necessary to treat Your condition; (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed.

Schedule means the benefit schedule shown in the Policy Schedule.

Serious Injury or Sickness means Injury or Sickness certified as being dangerous to life by a legally qualified medical practitioner.

Sickness means an illness or disease which first manifests itself and is contracted while this policy is in effect requiring treatment by a Physician.

Trip means Land/Sea Arrangements which include any flight connections joining or departing the Land/Sea Arrangements. A Trip does not include any additional time period between connecting flights and Land/Sea Arrangements.

Terrorism means the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in any connection with any organization, government, power, authority or military force, when the effect is to intimidate, coerce or harm a government, the civilian population or any segment thereof, or to disrupt any segment of the economy

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends

Part B: GENERAL EXCLUSIONS

This policy does not cover any loss or expense caused by or resulting from:

- 1) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; nor
- 2) War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power; nor
- 3) any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Policyholder, shall return the pro rata premium for any such period of service; nor
- 4) loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor
- 5) any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person; nor
- 6) Any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
- 7) congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except to sound natural teeth as occasioned by injury; nor
- 8) Bacterial infections except pyogenic infections which are caused by an accidental wound; nor
- 9) flying in any aircraft owned, leased or operated by or on behalf of an Insured Person or any member of an Insured Person's household; nor
- 10) driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving; nor
- 11) any claim caused by opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured Person had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus). nor
- 12) Terrorism, including any action taken in hindering or defending against an actual or expected incident of Terrorism; nor
- 13) the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; nor
- 14) the dispersal or Application of pathogenic or poisonous biological or chemical materials; nor
- 15) The release of pathogenic or poisonous biological or chemical materials. nor
- 16) Any loss sustained while the Insured person is participating in any professional sports, winter sports, or in sky diving, parachuting, hand gliding, bungee jumping, scuba diving, mountain climbing, pot-holding.

POSTPONEMENT OF EFFECTIVE DATE

No insurance provided by this policy is effective if You or Your dependent(s) is (are) hospital confined or disabled, meaning unable to perform the usual and customary duties of a person of like age and gender. The coverage will take effect seven (7) days after such hospital confinement or disability terminates subject to the Pre-existing Condition exclusion.

Part C: UNIFORM PROVISIONS



- 1. ENTIRE CONTRACT, CHANGES:** This policy, including the endorsements and attached papers, if any, and the applications of the Insured Persons, if any, constitute the entire contract of insurance. No change in the policy shall be valid until approved by an officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of the provisions of this policy.
- 2. EFFECTIVE DATE:** This policy takes effect on the Policy Effective Date stated on the Policy Specifications page. After taking effect this policy continues in effect until the Date of Expiry and may continue in effect thereafter subject to the "Grace Period" and "Renewal Conditions" set forth herein. All periods of insurance shall begin and end at 12.01 p.m. at the address of the Policyholder.
- 3. GRACE PERIOD:** A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which time the policy shall be continued in force, unless the policy has been cancelled in accordance with "Cancellation". The Policyholder shall be liable to the Company for the payment of the premium for the period the policy continues in force. If loss occurs within the Grace Period, any premium then due and unpaid will be deducted in settlement.
- 4. PREMIUMS:** All premiums and applicable taxes are payable by the Policyholder on or before the date they become due; unless official notice of termination has been given, a grace period will be granted for the payment of any premium falling due after the first premium, subject to the terms of the Uniform Provision entitled Grace Period.

The premium for this policy is based on the number of Insured Persons and/or the volume of benefits in each classification as specified in the Policy Specifications. Additional Insured Persons may be added to or deleted from the List of Insured Persons on a pro rata basis by endorsement hereto. Change in Cover (Individual or Family) may be added or deleted from the List of Insured Persons on a pro rata basis by endorsement hereto.
- 5. EFFECTIVE DATE OF INDIVIDUAL INSURANCE AND CHANGES:** The Persons eligible for inclusion as Insured Persons hereunder shall be persons designated on the Policy Specifications Page(s). If an Insured Employee joins the Plan on or before the Plan Effective Date, cover in respect of the Insured Persons(s) shall start on the Plan Effective Date.

Commencing on the date the details are filed with, and approved by the Company of any such eligible person who comes within any classification established therein, such person shall then become an Insured Person with respect to such insurance as is offered by the policy as applicable to such person's class. Any change in the insurance offered to an Insured Person, which results from a change of class of such person, shall become effective on the date such person's class change is filed with, and approved by, the Company.

If, on the date insurance or change would otherwise be effected, such person is absent from active full-time work as a result of injury or sickness, then the insurance or change will become effective 7 days from the date such person returns to active full-time work.
- 6. TERMINATION DATES OF INDIVIDUAL INSURANCE:** Insurance of any Insured Person shall terminate immediately on the earliest of:

(1) The date the master policy is terminated;	(2) The date the Insured person is no longer eligible within the classification of Insured Persons;
(3) The premium due date if the required premium is not paid.	

Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.
- 7. RENEWAL CONDITIONS:** The policy may be renewed with the consent of the Company from term to term by payment of the premium in advance at the Company's rate in force at the time of renewal.
- 8. REINSTATEMENT OF POLICY:** When this policy terminates by reason of non-payment of premium, any subsequent acceptance of a premium and reinstatement of the policy by the Company shall solely be at the Company's option and shall only cover loss resulting from injury sustained after the date of such reinstatement.
- 9. CANCELLATION:** The Company may cancel this policy at any time by written notice delivered to the Policyholder or mailed to the last address as shown by the records of the Company. stating when not less than fifteen (15) days thereafter such cancellation shall be effective. In the event of cancellation the



Company will return promptly the pro rata unearned portion of any premium actually paid by the Policyholder. Such cancellation shall be without prejudice to any valid claim or originating prior thereto. In the event the policy is cancelled by the Policyholder, the earned premium shall be computed in accordance with the short rate table used by the Company at the time of cancellation.

- 10. NOTICE OF CLAIM:** Written notice of claim must be given to the Company within thirty (30) days after the occurrence or commencement of any loss covered by the policy or as soon thereafter as is reasonably possible. In the event of Accidental Death immediate notice thereof must be given to the Company. Written notice of claim given by or on behalf of the Insured Person to the Home Office of the Company, or to any authorized official of the Company with information sufficient to identify the Insured Person and the Policyholder shall be deemed as notice to the Company.
- 11. CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proofs of loss.
- 12. TIME FOR FILING CLAIM FORMS:** Completed claim forms and written proof of loss must be furnished to the Home Office of the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, in no event will any claim be honored if proof of loss is not received within eighteen months from the date of loss.
- 13. TIME OF PAYMENT OF CLAIM:** Benefits payable under this policy for any loss, other than loss for which this policy provides any periodic payments, will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof, all accrued benefits for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 14. TO WHOM BENEFITS ARE PAID:** Any payment for Accidental Death becoming due hereunder shall be payable to the beneficiary of record, who shall be the legal beneficiary designated in writing and on file with the Company, unless such beneficiary records shall be maintained by the Policyholder. If no such designation is then effective such indemnity shall be payable to the Policyholder. Any other accrued indemnities, may, at the option of the Company, be paid either to the Insured Person or to the Policyholder. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.
- 15. MEDICAL EXAMINATION:** The Company, at its own expense, shall have the right and opportunity to examine an Insured Person when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.
- 16. LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.
- 17. DESIGNATION OR CHANGE OF BENEFICIARY; ASSIGNMENT:** The right of designation or change of beneficiary is reserved to the Insured Person. No designation or change of beneficiary under the policy shall be binding upon the custodian of beneficiary records. No assignment of interest shall be binding upon the Company until the original of a copy thereof is received by the Company. The Company assumes no responsibility for the validity of such designation or change of beneficiary or assignment.
- 18. CONSENT OF BENEFICIARY:** Consent of Beneficiary, if any, shall not be requisite to change of beneficiary or to any other changes in this policy.
- 19. MISSTATEMENT OF AGE:** If the age of any Insured Person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If according to the correct age of the Insured Person, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund, upon written request, or premiums paid for the period not covered by the policy.



- 20. **CHANGE OF OCCUPATION:** If an Insured Person sustains a loss after having changed occupation to one classified by the Company as more hazardous than that for which premium was paid or while doing, for compensation, anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation.
If an Insured Person changes occupation to one classified by the Company as less hazardous, the Company, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess pro rata unearned premium from the date of change of occupation or from the policy anniversary date immediately preceding receipt of such proof, whichever is the more recent.
In applying this provision, the classification of occupation and the premium rates shall be such as have been last promulgated by the Company prior to the occurrence of the loss for which the Company is liable, or prior to the date of proof of change of occupation.
- 21. **FILING OF PREMIUM RATES AND CLASSIFICATION OR RISKS:** If the law of the country in which the Policyholder is located at the time this policy is issued requires that prior to the policy issue a statement of the premium rates and classification of risks pertaining to the policy shall be filed with a government official having supervision of insurance in such country. then the premium rates and classification of risks mentioned in this policy shall mean only such as have been last filed by the Company in accordance with such law, but if such filing is not required by such law, then they shall mean the Company's premium rates and classification of risks last made effective by the Company in such country prior to the occurrence of the loss for which the Company is liable.
- 22. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.
- 23. **DATA FURNISHED BY POLICYHOLDER:** The Policyholder shall maintain, and shall furnish to the Company upon request, the names of all persons initially insured, of all new persons who become insured and of all persons whose insurance is cancelled, together with the data necessary for the calculation of premium.
- 24. **EXAMINATION AND AUDIT:** The Company shall be permitted to examine the Policyholder's records relating to this policy at any time during the policy term and within three years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is later.
- 25. **CHANGE IN PREMIUM RATES AT POLICY ANNIVERSARY DATE:** Each year, as of the anniversary of the Date of Issue of the policy, the Company may change the premium rates for this policy, by advance written notice delivered to the Policyholder or mailed to his last address as shown on the records of the Company, no later than 31 days prior to such anniversary of the Date of Issue of the policy.
In this case, it is the Policyholder's responsibility to advise all Insured Persons of the change in premium rates not later than 15 days prior to such anniversary of the Date of Issue of the policy.
- 26. **CONFORMITY WITH STATUTES:** Any provision of this policy which, on the policy effective date, is in conflict with statutes of the jurisdiction in which this policy is delivered is hereby amended to conform to the minimum requirements of such statutes.
- 27. **NOT IN LIEU OF WORKER'S COMPENSATION:** This policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation Insurance.

Part D: COVERAGE

COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT

(Including Loss of Sight or Hearing)

We will pay a percentage of the Principal Sum shown in the Schedule if Injury to You results in one of the losses shown in the Table of Losses below. Injury must occur while You are riding as a passenger in or on, boarding or alighting from, a Common Carrier. The loss must occur within 365 days of the date of the accident which caused Injury.

If more than one loss results from any one accident, only one amount, the largest, will be paid.

Table of Losses

Loss of:	% of Principal Sum
Life	100%



Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears.....	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech.....	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

"Loss" with regard to:

- (a) Hand or foot means actual severance through or above the wrist or ankle joints;
- (b) Eye means entire and irrecoverable loss of sight; and
- (c) Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (d) Speech or hearing means entire and irrecoverable loss of speech or hearing of both Ears.

Limitation

With regard to the Accidental Death of an Insured age eighteen (18) or below, the maximum benefit payable is 10% of the Principal Sum or the maximum legal amount payable whichever is less.

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting from You being unavoidably exposed to the elements due to an accident occurring while You are riding as a passenger in or on, boarding or alighting from, a Common Carrier, will be payable as if resulting from an Injury. Loss must occur within 365 days of the date of the accident.

Exclusions:

In addition to the general exclusions listed in this policy this coverage section shall not cover:

- 1. Loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of injury;
- 2. Pre-existing Condition

PERMANENT TOTAL DISABILITY

When as the result of Injury occurring while this coverage is in force and commencing within 365 days of the date of the accident You are totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the "Accidental Death and Dismemberment" portion of this policy as the result of the same accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Exclusions

- 1. Pre-existing Condition

TRIP CANCELLATION

We will pay loss of deposits up to the amount stated in the Policy Schedule if prior to the Contracted Date of Departure Your trip is canceled and You are prevented from taking the Trip due to a Sickness, Injury or Death to: You; Your Traveling Companion; Your Immediate Family Member; or Your Traveling Companion's Immediate Family Member.

Cancellation:

We will reimburse You for the unused, non-refundable cancellation portion of the Hotel cost and/or the Common Carrier ticket cancellation charges provided that You booked and paid for these costs before such Sickness, Injury or Death occurred. Benefits are subject to the maximum shown in the Policy Schedule.

Special Notification of Claim

You must notify us as soon as reasonably possible in the event of a Trip Cancellation. We will not be liable for any additional penalty charges incurred that would not have been imposed had You notified us as soon as reasonably possible.

Definitions

Immediate Family Member - means a person's legal spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward,; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in The Country of Residence

Prevented from taking the Trip - means:

- (i) With regard to Sickness, Injury or Death of You or Your Traveling Companion, a Physician has recommended that due to the severity of You or Your Traveling Companion's condition it is Medically Necessary that You or Your traveling Companion cancels the Trip. You or Your Traveling Companion must be under the direct care and attendance of a physician.
- (ii) With regard to Sickness, Injury or Death of the Immediate Family Member of You or Your Traveling Companion,, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that a ordinarily prudent person must cancel the Trip.

Traveling Companion - means up to two (2) person(s) who is/are booked to accompany You on the Trip.

Exclusions:

1. Claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose;
2. Claim arising from elective cosmetic or plastic surgery, except as a result of an accident;
3. Claims arising from pregnancy and all related conditions.
4. Pre-existing Condition

TRIP DELAY

We will reimburse you for Trip Delay, subject to the maximum shown in the Policy Schedule, if Your Trip is delayed for 12 or more hours due to a covered hazard. Benefits are limited to reasonable additional expense as defined below and are subject to the per day maximum shown in the Policy Schedule up to a maximum of 10(ten) days.

Covered Hazards:

- A. delay of a Common Carrier caused by Inclement Weather;
- B. delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your Trip; or
- C. delay caused by Equipment Failure of a Common Carrier.

Definitions:

Equipment Failure - any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - any labor disagreement which interferes with the normal departure and arrival of a Common Carrier.

Reasonable Additional Expense - any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge. Such expenses must be supported with original invoices/ receipts.

Exclusions:

1. Any delay due to an Insured Covered Hazard which was made public or known to You prior to the purchase of this policy.

COMMON CARRIER BAGGAGE LOSS

We will pay benefits if Your baggage, which is in the care, custody and control of a Common Carrier, is lost due to theft or due to misdirection by a Common Carrier while You are a ticketed passenger on the Common Carrier during the Trip.

We will reimburse You, up to the maximum shown in the Policy Schedule, for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier.

The maximum amount to be reimbursed per bag is 50% and the maximum value per article contained in any bag is 10% of the amount stated in the Policy Schedule. There is also a combined maximum limit of 10% of the amount stated in the Policy Schedule for the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur, and cameras, including related camera equipment, computers and electronic equipment.

Loss of a Pair/Set

In case of loss to a pair or set, We may elect to:

- (A) repair or replace any part, to restore the pair or set to its value before the loss; or
- (B) pay the difference between the cash value of the property before and after the loss.

Limitations

Benefits for baggage and personal effects will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.

Benefits for baggage and personal effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable deductible.

Exclusions:

Benefits will not be provided for any loss of:

1. Animals, birds, or fish;
2. Automobiles or automobile equipment, boats, motors, trailers, motorcycles, or other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier);
3. Household furniture;
4. Eyeglasses or contact lenses;
5. Artificial teeth or dental bridges;
6. Hearing aids;
7. Prosthetic limbs;
8. Musical instruments;
9. Money or securities;
10. Tickets or documents;
11. Perishables and consumable.

Benefits will not be provided for any loss resulting (in whole or in part) from:

1. Wear and tear or gradual deterioration;
2. Insects or vermin;
3. Inherent vice or damage;
4. Confiscation or expropriation by order of any government or public authority;
5. Seizure or destruction under quarantine or custom regulation;
6. Radioactive contamination;
7. Usurped power or action taken by governmental authority in hindering combating or defending against such an occurrence;
8. Transporting contraband or illegal trade;
9. Mysterious disappearance; or
10. Breakage of brittle or fragile articles, cameras, musical instruments, radios, and similar property.

BAGGAGE DELAY

We will reimburse You for the expense of necessary personal effects, up to the maximum stated in the Policy Schedule, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 24 hours from the time You arrive at the destination stated on Your ticket, other than Your final destination, until the time it arrives. Such expenses must be supported by purchase invoice/ receipt.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

Definitions



TUCI

الاتحاد التجاري للتأمين التعاوني
Trade Union Co-operative Insurance

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitation

If upon further investigation it is later determined that Your baggage checked with the Common Carrier has been lost, any amount claimed and paid to You under the baggage delay policy section will be deducted from any payment due You under the baggage lost policy section.