

TRAVEL INSURANCE CERTIFICATE

REFERENCE: [REDACTED]	ISSUING DATE: 05/04/2024	PLAN: Inbound UAE Compulsory	AGENT: [REDACTED]
DESTINATION United Arab Emirates	VALIDITY PERIOD 30 days from the date of entry into the UAE	COUNTRY OF RESIDENCE Worldwide including US, CA, AU, JP (excluding residence)	TELEPHONE NUMBER [REDACTED]
FULL NAME [REDACTED]	DATE OF BIRTH 26/07/2002	PASSPORT NUMBER [REDACTED]	

Contrary to any stipulations stated in the General Conditions, the Plan subscribed to, under this Letter of Confirmation, covers exclusively the below mentioned Benefits, Limitations & Excesses shown in the table hereafter.
The General Conditions form an integral part of this Letter of Confirmation.

For more info/modification regarding your policy, kindly do not hesitate to contact your authorized agent or e-mail us on support@siassistance.com

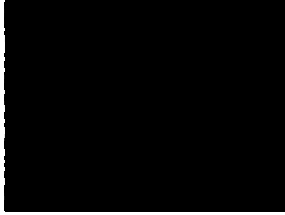
BENEFITS	SUM INSURED	EXCESS
COVID-19 Emergency Medical Expenses and Hospitalization until stabilization only	Up to USD 5,000	25% co-insurance

Above sums insured are per person & per period of cover.

Important Notes:

- * Excess is changeable depending on the Age of the insured. Please refer to the deductibles table in the General Conditions document.
- If your date of entry to UAE changes from the dates shown on your certificate of insurance, your cover dates will be automatically amended to start from the date you entered the UAE (as stamped on your passport) or after 60 days from visa start date whichever comes first and run for the same duration as the original policy period. Issued policies are in all cases not refundable.
- This policy covers the multiple entries to the UAE within your policy period.

Confirmation Code



AUTHORIZED SIGNATORY AND STAMP



For official use, scan the above code to validate this confirmation letter.