

## TRAVEL INSURANCE CERTIFICATE

**REFERENCE:** DIC-24-0394777

**ISSUING DATE:** 05/04/2024

**PLAN:** Inbound UAE Compulsory

**AGENT:** 0321

DESTINATION <b>United Arab Emirates</b>	VALIDITY PERIOD <b>30 days from the date of entry into the UAE</b>	COUNTRY OF RESIDENCE <b>Worldwide including US, CA, AU, JP (excluding residence)</b>	TELEPHONE NUMBER
FULL NAME	DATE OF BIRTH	PASSPORT NUMBER	

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
<b>COVID-19 Emergency Medical Expenses and Hospitalization until stabilization only</b>	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



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

AUTHORIZED SIGNATORY AND STAMP

