Direct Care Insurance Booklet

Gan Direct INSURANCE

WELCOME

Dear Customer,

Thank you for insuring with us.

We are determined to provide you with outstanding Customer Service at all times and to make insuring with us as easy and trouble-free as possible.

This Policy booklet provides all the details you need to know about your insurance Policy. Please read this alongside your Schedule and Proposal Confirmation.

We are pleased to enclose your updated documents for the changes you told us about.

Here's what you need to do now...

✓ Check your documents are correct

- Policy Payment Arrangement
- Statement of Insurance
- Policy Summary
- Schedule of Insurance
- Policy Wording

If any of the items above are incorrect, please call **800 5 10 15**. We do not charge an administration fee if you make changes within 14 days of the start of your Policy.

GAN GUARANTEE

Simply The Gan Guarantee offers you the best price, cover and service levels in the market.

PRICE & COVER

If you find a better price and cover elsewhere we Guarantee to beat it.

SERVICE

Money back guarantee if not satisfied within 14 days from inception. We Guarantee service through our EasySwitch, EasyPay, 24hr Assistance and 24hr FastClaim Service.

EasySwitch

Simply take your existing policy into one of our branches and we will take care of the annoying paperwork for you.

EasyPay

You can pay your Policy premium in 6 or 12 Monthly Installments with your Credit Card without incurring credit charges.

24hr Assistance

Medical Assistance Service:

- 24hrs Health Helpline Assistance
- 24hrs Coordinating Centre
- 24hrs Casualty Care Assistance
- Second Opinion
- Travel Assistance

24hrFastClaim

Why wait? Your claim settled within 24 hours. Either by choosing to use one of our Network Approved Suppliers, or by cheque.

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1. INTRODUCTION

This policy document and your schedule describe your legal contract and it is important that you examine them carefully to make sure that they meet all your needs. If you have any questions, please let us know right away.

Please check your schedule and your details form carefully to make sure that as far as you know the information you have supplied is correct. Remember, you must tell us if this information changes or is not correct. If you don't, you may find that you are not covered.

The Important Information Notice issued with your documents also forms part of your policy, please read it carefully.

In return for paying or agreeing to pay the premium, we will insure you under the conditions of your policy for any insured event which takes place during the period of insurance within the territorial limits.

2. CUSTOMER CARE

Our commitment to you

We will make sure all the information we give you will be clear and accurate. We will be fair and reasonable whenever you need the protection of this policy. We will act promptly to provide the protection you need.

If things go wrong

Whilst we will make every effort to maintain these standards, we recognize that there may be some occasions when we fail to satisfy the particular requirements of our customers. We therefore have in place procedures to investigate and remedy any area of concern.

In such circumstances:

- We promise to acknowledge any formal complaint in 24hrs or less.
- We promise to have the issues reviewed by a person of appropriate seniority and authority in 5 days or less.
- We will endeavour to provide a full and final response to your concern or complaint within 30 days. If for any reason this is not possible, we will write to you to explain why we have been unable to finalize the matter quickly.

If you have a complaint about any aspect of the service you receive from us please phone us quoting your reference number.

Alternatively you can write to us at:

Our Head Offices at Gan Direct Insurance, P.O. Box 51998, 3509 Limassol, Cyprus

When contacting us please ensure you quote your policy or claim number as appropriate.

3. CUSTOMER INFORMATION

Be Prepared With Your Check List

Before making your first phone call or visiting your Insurance Company's website for a quote, take a moment to pull together all of the key information you will need to obtain an accurate quote.

- Date of birth, height and weight.
- Indicate any congenital, inheriting or pre-existing health conditions.
- Are you a smoker? If yes, how many cigarettes do you smoke on a daily basis?
- The age of your parents. If they have passed away, at which age and what was the cause of death.
- Depending on the disclosed information we may request health tests related to your health condition.
- The name and telephone number of your Family Doctor and the date and reason of your last visit.
- Any other health condition you believe you need to disclose.

- Always ask for the same coverage level for each quote so you can compare apples-to-apples.
- If you are switching to Gan Direct, you will be asked of any gaps in coverage, as well as claims history (you do not need to obtain any confirmation from your previous insurance company as we will do that for you).

Customer discounts

Gan Direct offers a range of discounts that are aimed at achieving one thing – bringing down the cost of your insurance.

Only driver discount

If you are the only person insured on your Gan Direct car insurance policy and you purchase an additional car that will only be driven by

Multi-car discount

If two or more cars in your household are insured with us or if you are a named driver on another Gan Direct Insurance policy, we will give a discount on the second and any subsequent car insurance policies. You will need to identify the other policy in your household or the policy on which you are named.

Making a claim

Home Insurance Discount

Looking for a good deal on your home insurance too? We offer our car insurance customers a discount when they buy a new home insurance policy. All discounts are subject to minimum premium.

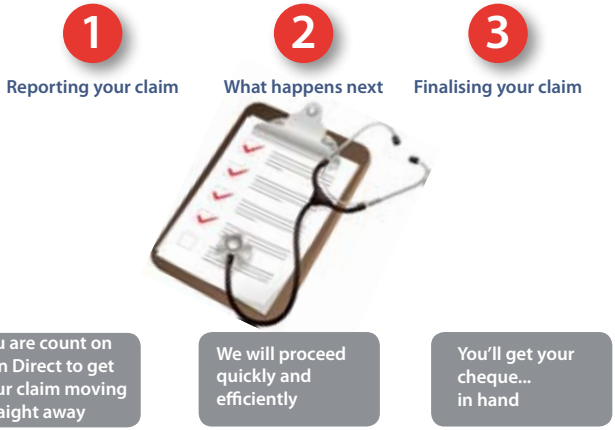
3.1 HAD AN INCIDENT? DON'T PANIC!

If the worst happens you can get immediate help calling our 24hrs Medical Assistance Service.

What happens next?

Call us immediately and we can get your claim started straight away. Even if you don't have all of the information available you can still report the claim. We can then take the stress of your claim away from you.

When you phone, a personal claims adviser will take the details of the incident and will confirm whether any treatment you plan to receive is covered under your Direct Care Policy. Where necessary one of our associates will advice and give you guidelines on any health condition of you or any of your family members.



3.2 SIMPLE AND EFFICIENT

Delivery Options

- ✓ Pick up your policy document from any of **our branches** across the island
- ✓ A messenger can deliver your policy to **your doorstep** at the time and place of your choice, within city limits
- ✓ Mail your policy to your correspondence address
- ✓ Buy or Renew your policy online via our website and receive your documents electronically

Payment Options

- ✓ Pay by cash, cheque or card by visiting any of our branches across the island
- ✓ A **messenger** can collect the payment (cash, cheque or credit card) from **your doorstep** at the place and time of your choice, within city limits
- ✓ You can Buy or Renew your policy **via our website** by using your card
- ✓ Buy or Renew your policy by contacting our **call center** and using your card
- ✓ You can pay by **mailing us** your card details or your cheque, along with the signed Renewal Notice, using the prepaid envelope enclosed

Buy or Renew your Policy

At **Gan Direct** we offer multiple ways of Buying or Renewing your policy.

Contact our Call Center on **800 5 10 15** (or if overseas on 00357 **25 885 885**), from 8am – 6pm, Monday to Friday (except Public Holidays) and a messenger can deliver your policy at your door step at the time and place of your choice, within city limits. Alternatively, you may collect it from any of our branches all over the island or we may mail it to your correspondence address.

Visit one of our branches that are situated all over the island and collect your policy instantly.

Fax Number: **25 822 668**. Renew your policy by faxing us your Renewal Notice with your card details.

Email: info@gandirect.com. Buy or Renew your policy by emailing us your policy's details.

Post: P.O Box 51998, 3509 Limassol. Renew your Policy by returning the Renewal Notice with your card details or your cheque using the prepaid envelope enclosed.

Via our **website** www.gandirect.com, 24hours a day, receive an extra discount and have your policy documents delivered electronically.

Have we Delighted You?

Gan Direct offers you an unforgettable Customer Service Experience. However, if for any reason you are not delighted with the service provided to you, we would appreciate it if you could describe your experience via email at info@gandirect.com. Alternatively, you may write to our Head Office at **Gan Direct Insurance**, P.O. Box 51998, 3509 Limassol, Cyprus for the attention of the Managing Director.

4. CLAIMS INFORMATION

Now that you've chosen us for your insurance, you can be sure that we'll be there for you whenever you need us: 24 hours a day, 365 days a year.

We pride ourselves on our claims service.

We will help you if you:

are involved in an incident; (it is important that you report any incident to us immediately, even if you are not making a claim under your policy); want to make a claim; (please call us before making your own arrangements).

How to get help

Call us free on **800 5 10 15**

In a case of an incident

We provide you with 24/7 Claims Assistance. All you need to do is call **800 5 10 15** and our Casualty Care will take care of everything for you: from checking you In and Out in case of Hospitalization, filling in the necessary paperwork, organizing all the necessary emergency assistance, collect the claim form and supporting original documentation the day of your release.

If you are making a claim

The Coordinating Centre will record details of the incident and will start sorting out your problem immediately. There are no forms to fill in. The Incident will then be handled by the "Casualty Care Assistance team" while they will confirm:

- whether your policy covers you for the incident;
- what you will have to pay; and
- all the steps involved in your claim being settled

while visiting you at the clinic or hospital.

4.1 OUR PROMISE

- To give you quality cover at a competitive price
- To make sure that our people are professional, pleasant and helpful
- To deal with your claim or any enquiry speedily and efficiently
- To send you simple, easy-to-understand information
- Not to pressure you to buy any of our services you do not want

What does your insurance include?

Please check your policy schedule which gives you details of the cover you have chosen. If you have any questions or would like to make any changes or additions to your cover, please call us on:

800 5 10 15

Monday to Friday 8am – 6pm, excluding bank holidays.

For our joint protection telephone calls may be recorded and/or monitored.

5. ADDITIONAL IMPORTANT INFORMATION

Our Fees and charges

We will charge you for the administration and cancellation of your policy and the fees and charges are set out below.

Administration Fee

All amendments to this policy are subject to an administration fee. We have provided you with a list of examples of the things that we need to know about in general conditions section of your Policy Wording.

Documentation Reprint Fee

If you want a duplicate copy of your policy, or any of its component parts you will be asked to pay a reprint fee.

5.1 AUTOMATIC RENEWAL

To ensure you continue to be insured after renewal, we reserve the right to automatically renew your insurance and any additional products you currently have the benefit of. We will inform you before the end of the policy with our new offer, explaining what you need to do. If you have given us permission, we will renew your policy. Once the policy has renewed we will take payment from your Credit/ Debit Card authorized unless you provide alternative payment details. If you do not want us to automatically renew your policy, you should let us know by contacting our Customer Service Team on **800 5 10 15**.

6. POLICY KEYFACTS

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Direct Care Policy Summary

The following pages contain important details about your Direct Care Insurance Policy. They summarize the main policy benefits, limitations and exclusions and give you important information about your insurance. Please read this information carefully and keep it for your future reference. This is a summary of the policy and its benefits and does not contain all the terms and conditions of your policy, so please take the time to read the Direct Care Insurance Policy Booklet to make sure you understand the cover it provides. The full policy booklet will be issued when you take out a policy. However, a specimen copy is available should you request one.

Type of Insurance

Direct Care Insurance Policy protects you against death, dread disease, permanent total and partial disability, in patient, day and out patient treatment, travel, transportation and out of area benefits as selected by you when requesting the quote and itemized in your Policy Schedule.

Length of the Policy

The policy duration is 12 or 6 months from the date of commencement and for any subsequent period for which you decide to renew your policy, provided that you paid the respective premium. We will send a renewal notification one month before the expiration date of the in-force Insurance Policy. You should review the level of benefit that you have chosen on a regular basis to make sure that it is sufficient to cover your changing needs. We will call to remind you of the expiry date of your policy and assist you in renewing it promptly.

If I take out Cover and then Change my Mind

If you change your mind you can cancel your policy within 14 days of receiving the policy documents. If you wish to cancel your policy after the first 14 days then we will charge you the proportion of the use of your policy duration plus an administration expense.

6.1 BE PREPARED WITH YOUR CHECK LIST

Before making your first phone call, visiting one of our branches or our company's website for a quote, take a moment to pull together all of the key information you will need, to obtain an accurate quote.

- ✓ Date of birth, height and weight.
- ✓ Indicate any congenital, inheriting or pre-existing health conditions.
- ✓ Are you a smoker? If yes, how many cigarettes do you smoke on a daily basis?
- ✓ The age of your parents. If they have passed away, at which age and what was the cause of death.
- ✓ Depending on the disclosed information we may request health tests related to your health condition.
- ✓ The name and the telephone number of your Family Doctor and the date and reason of your last visit.
- ✓ Any other health condition you believe you need to disclose.
- ✓ Always ask for the same coverage level for each quote so you can compare apples to apples.
- ✓ If you are switching to **Gan Direct** you will be asked for any gaps in coverage, as well as claims history (you do not need to obtain any confirmation form your previous Insurance Company as we will do that for you).
- ✓ Think about other insurance you might want to bundle with your Insurance. We offer a wide variety of **discounts and switch direct deals** to our customers.

Things to Remember

Remember to ask for all of the ***discounts and switch direct deals*** that might be available to you. We offer many different discounts including ***buy or renew online*** and ***switch direct deals***. Double-check each quote to make sure that the information is accurate and that the coverage levels are the same and sufficient for your needs.

Our Advice to You

Significant Features and Benefits

BENEFITS / COVERS

DEATH
Due to any cause attributable to the insured's occupation

DREAD DISEASE
Heart Attack
Stroke
Cancer
Kidney Failure
Major Organ Transplant

PERMANENT TOTAL AND PARTIAL DISABILITY
Due to any Cause or Accident

Hospital Accommodation & Operating Theatre

IN-PATIENT AND DAY PATIENT TREATMENT (in-hospital provisions)
Accidents, Emergencies, Intensive Care
Surgeons, Assistant Surgeons, Anaesthesiologists
Medical Practitioners
Prescription Medicine, Dressings
Restorative Surgery
Diagnostic Tests and Procedures, X-Rays, & MRI/CT Scans
Treatment for Cancer
Physiotherapy
Parental Hospital Accommodation
Prosthetic Devices and Implants
New Baby Benefit

OUT-PATIENT TREATMENT (out of hospital provisions)
Family Doctor, Treatment & Referrals
Diagnostic Tests
Prescription Medicine
Physiotherapy (Post-Surgery)

TRAVEL, TRANSPORTATION AND OUT OF AREA BENEFITS
Medical Transportation
Return / Repatriation of Patient
Return / Repatriation of Accompanying Relatives
Visit and Accommodation Expenses of a Family Member
Repatriation of the Corpse

6.2 SINGIFICANT EXCLUSIONS AND LIMITATIONS

What is not Covered

There are specific limitations on each of your cover options. The most significant exclusions and limitations are outlined below. However, for full details please refer to your Direct Care Policy Booklet.

1. In Patient and Day Patient Treatment

- A voluntary abortion
- Birth defects or congenital illness, correct sexual activity and birth control
- Suicide or attempted suicide
- Chronic supportive treatment of renal failure, including dialysis
- Any medical condition caused by war
- Relaxation cure
- Cosmetic or aesthetic surgery

2. Out Patient Treatment

- Dental/Orthodontic Treatment

3. Death

- Suicide or attempted suicide

4. Dread Disease and In Patient and Day Patient Treatment and Out Patient Treatment

- Any illness or bodily injury as well as their recurrences and complications which required medication to be administered, medical advice or treatment to be given or there were symptoms or it was known or should have reasonably been known, to the Insured
- Any undisclosed pre-existing condition

5. In Patient and Day Patient Treatment and Out Patient Treatment

- Hair Loss
- Pregnancy and childbirth
- Mental or nervous illness and other disorders
- Alcoholism, use of drugs
- Psychotherapist, psychologist

Making a Claim

Call our free phone line on **800 5 10 15** (or if overseas on 00357 **25 885 885**), at any time available 24 hours, 365 days per year. Alternatively, you can report your claim at one of our branches all over the island. Please contact us and we will confirm whether any treatment you plan to receive is covered under your Direct Care Policy. Our Medical Policy provides Free 24hours Claims Assistance and where necessary one of our associates will advise and give you guidelines on any health condition of you or your family members.

6.3 24HOURS ASSISTANCE SERVICE

24hours Assistance 365 days a year with all our Products:

- 24hours Medical Assistance Service
- 24hours Coordinating Centre
- Provide medical advice from qualified and specialised medical teams
- 24hours Claims Settlement and the cheque…in hand
- We safeguard your interests and we provide immediate help and support

6.4 EXCELLENT CUSTOMER SERVICE

We put the client at the centre of all we do

Our Customer Service Team is available to inform and advise you on a wide range of covers, benefits, payment and delivery options and the cost of the cover of your choice.

Additionally, our website is at your service 24hours per day, at your convenience.

More for Less

We aim to provide ***more cover for less premium*** and as we pay ***no*** commission to middlemen, these savings are passed on to you, our customers!

We also offer an extra discount when buying or renewing your policy online.

Ask us today for a ***"Switch Direct Deal"*** and benefit more.

Compare and Save

You can compare our prices as well as other important factors such as, product features, claims handling reputation and the financial health of our company.

Moreover, we can ***compare*** your previous Insurance Company's ***benefits and premium*** with **Gan Direct's**, and we will give you advice and guidance to fulfil your expectations and insurance needs.

7. DIRECT CARE INSURANCE GUIDE

Direct Care Insurance is designed to cover the costs of private medical treatment for what are commonly known as acute conditions. Most insurers define an acute condition as a disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

At **Gan Direct**, we aim to go further and that includes providing you with a no-nonsense, straightforward guide regarding Direct Care Insurance. Our guide to Direct Care Insurance contains all you need to know about finding the right type of Direct Care Insurance policy, how to minimize the cost of your premium and what to do in the event of a claim.

Think of it like a 'behind the scenes tour' of an insurance company, complete with all the facts you might like to know presented in a clear, accurate and easy to understand guide.

7.1 TYPES OF DIRECT CARE INSURANCE

The first thing to decide when buying a Direct Care Insurance is what type of cover you need. It's important to be clear about the kind of cover you want – and to read your policy carefully, to make sure it provides exactly that. To take a deeper look at the quality of cover provided by **Gan Direct**, view our policy document.

There are several types of Direct Care Insurance. Below we briefly describe the type of covers, **Gan Direct** offers to its clientele:

- **In Patient Treatment**

In Patient Treatment includes treatment which, for medical reasons, means you have to stay in hospital/clinic overnight or for longer.

- **Day Patient Treatment**

Day Patient Treatment includes treatment which, for medical reasons, means you have to go into a hospital/clinic or day-patient unit because you need a period of clinically-supervised recovery. However, you do not have to stay overnight.

- **Out Patient Treatment**

Out Patient Treatment includes treatment given at hospital/clinic consulting room or out patient clinic where you do not go in for day patient or in patient treatment.

7.2 WHAT YOU NEED BEFORE APPLYING FOR YOUR INSURANCE

Before getting a Direct Care Insurance quote, make sure you have the following information handy:

- Date of birth, height and weight.
- Indicate any congenital, inheriting or pre-existing health conditions.
- Are you a smoker? If yes, how many cigarettes do you smoke on a daily basis?
- The age of your parents. If they have passed away, at which age and what was the cause of death.
- Depending on the disclosed information we may request health tests related to your health condition.
- The name and the telephone number of your Family Doctor and the date and reason of your last visit.
- Any other health condition you believe you need to disclose.

7.3 FACTORS AFFECTING PREMIUM

The cost of Direct Care Insurance premiums can vary significantly from one person to another. There are a number of factors that are taken into account. Below we have an indicative list of all the factors that may affect your premium:

Paying a deductible (in other words paying the first part of a claim yourself).

Choosing a different grade of hospital/clinic accommodation.

Choosing to receive treatment at a specified hospital/clinic.

Paying for part of your treatment (for example an out patient consultation with a specialist) Co Insurance.

Age. As people get older they are more likely to need and receive medical treatment, which means that private medical insurance premium will usually increase with age to reflect this.

Family discount. It is unlikely that you find all of these options in any one product, but a combination will probably be available.

Do not reduce your covers. There are many ways in which you can reduce your premium, but it should never be at the cost of reducing the cover offered. Removing cover to reduce the premium may in fact be short sighted. It is only when you need to claim that you may realise that reducing your cover to save a few extra money may in fact cost you more in the long term.

7.4 WAYS TO REDUCE THE COST

Aside from the various factors that affect your Direct Care Insurance premium which will therefore increase or reduce the price of your Medical cover – there are some other useful advices that will assist you decreasing the cost of your policy.

Here are some of them:

Paying a deductible (in other words paying the first part of a claim yourself).

Choosing a different grade of hospital/clinic accommodation.

Choosing to receive treatment at a specified hospital/clinic.Paying for part of your treatment (for example an out patient consultation with a specialist) - Co Insurance.

Buy or Renew Online – If you buy or renew your Insurance online you will receive an extra discount.

Switch Deals and Offers – Periodically, we offer switch direct deals and discounts to new and existing clients to ensure that when you get insured at Gan Direct, you get More for Less!

7.5 WHAT TO DO IF YOU HAVE AN INCIDENT

In case of an incident, it can help to be prepared. Here are the guidelines on what you should do with the aim of helping you deal with the incident at the time, as well as reduce the stress of making a claim afterwards.

Apart from emergency admissions, all medical treatment has to start with a referral by your GP to an appropriate specialist.

Before you receive any treatment privately call us on **800 5 10 15** and our Casualty Care will take care of everything for you: from checking you In and Out in case of Hospitalization, filling in the necessary paperwork, organizing all the necessary emergency assistance, collect the claim form and supporting original documentation the day of your release.

- As a **Gan Direct** customer, you will always receive the highest standards of service.

Call our Freephone across the island on **800 5 10 15** (or if overseas on **00357 25 885 885**), at any time 24 hours, 365 days per year. Alternatively, you can report your claim at one of our branches all over the island. Please contact us and we will confirm whether any treatment you plan to receive is covered under your Direct Care Policy.

Our Medical Policy provides 24hours Claims Assistance and where necessary one of our associates will advise and give you guidelines on any health condition of you or any of your family members.

24hours Assistance Service 365 days a year with all our Products

- 24hours Claims Assistance
- 24hours Medical Assistance
- Provide medical advice from qualified and specialised medical teams
- 24hours Claims Settlement and the cheque…in hand
- We safeguard your interests and we provide immediate help and support

8. 24HRS ASSISTANCE

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Membership Summary

This policy summary provides you with basic details of your 24hrs Direct Care Assistance Membership Plan. The Membership Plan provides a number of levels of Assistance which are outlined in the summary below – please check the Membership Certificate provided to you.

Please note this is not a statement of the full Terms and Conditions, of your 24hrs Direct Care Assistance Membership Plan.

8.1 THE MAIN FEATURES AND BENEFITS

Service	Benefits
24hrs Health Helpline Assistance	Is there for you whenever you need it, and always just a phone call away. If you are feeling unwell or if you just want some general healthcare information then you can be put through to specialised medical teams. Additionally, our 24hr Medical Assistance Service provided with Direct Care Policy will handle your claim as soon as you notify them and will provide you an unforgettable customer service.
24hrs Coordinating Centre	The exclusive 24/7 service for our Direct Care customers specially designed to give you expert information and peace of mind. A group of healthcare professionals, who are all experts in providing medical advice. So no matter what you are concerned about, there'll be someone with the right experience and training on hand to help you. We have the latest information on specific illnesses, treatments and medications. The 24hrs Coordinating Centre does not diagnose or prescribe and it's not set up to replace your GP. Except from providing medical advice we will guarantee the most efficient and effective service including the pre-notification call from whenever you are, if hospitalization is needed.
Casualty Care	Casualty Care will be next to you and make sure everything is on track, assist you with any questions, take care of the annoying paperwork and make sure you have been under the appropriate level of care and attention.
Second Opinion	The Second Medical Opinion cover provides a Second Medical Opinion from Experienced Medical Centres around the world following the diagnosis of a Qualifying Medical Condition. The benefit can be provided to Health Insurance Customers irrespective of their type of Policy or Membership plan by adding this additional benefit to their membership.
Travel Assistance	We provide for a medical or travel emergency repatriation and other expenses while you are abroad. In cases of emergency requirements, out of the country of stay, we will arrange treatment where considered appropriate based on medical diagnosis. In addition, we will organize direct transport of the patient and/ or relatives including accommodation expenses of a family member.

8.2 SIGNIFICANT EXCLUSIONS OR LIMITATIONS

Full details of the restrictions which apply to your Membership Plan can be found within the Terms and Conditions booklet, however the key restrictions are:

Where cover is available:

Service is only available as per the Area Limitations chosen (can be found on Your Schedule of Insurance).

General Conditions:

- A valid Membership Certificate and some other form of identification must be produced.
- Service will be refused and may be cancelled if anyone behaves in an abusive or threatening manner.

8.3 LENGTH OF YOUR MEMBERSHIP

The duration of your Membership is 12 months or 6 months or as per the duration of your Direct Care Insurance Policy.

8.4 CALL OUT

If you require Medical Assistance, please call **800 5 10 15**.

You will need to provide your Membership Number, and details of your circumstances. Please be prepared to show your Membership Certificate or Card.

9. INSURANCE POLICY

This is to certify that GAN DIRECT INSURANCE LTD (the Company) in consideration of the premium specified herein, hereby indemnifies the insured under the terms and conditions contained herein or endorsed hereon.

Whereas the Insured described in the schedule hereto has made or caused to be made to the Company a proposal and declaration (hereinafter called the Proposal) which shall be the basis of the Contract and is deemed to be incorporated herein as evidence by this Document and has paid the premium mentioned in the said Schedule in consideration for the indemnity hereinafter contained.

The Company has agreed to indemnify the Insured against liability as hereinafter defined subject to the terms, conditions and exceptions contained herein or endorsed hereon described in the Schedule and occurring during the period stated therein or any subsequent period in respect of which the Company agrees to accept the premium for the renewal of this Policy.

Definition of words and phrases used in this Policy

Some common terms are used to make this Policy easier to understand. Wherever the following words or phrases appear they will always have the meaning set out below.

Accident

Bodily injury resulting from an incident that is external, violent, random and independent of the Insured's will, is visible on the exterior region of the Insured's body, is medically proven (e.g. x-ray) and requires hospitalisation.

Alcohol and Substance Abuse

Misuse, illegal use, over use or abuse of, or a dependency on, or an addiction to any alcohol, medicine, controlled substance, narcotic, toxin or chemical.

Application

The completely answered and signed form entitled "Application Form" and all amendments and supplements to that form submitted by You or on Your behalf for forming an insurance, or renewal of cover or reinstatement of the Policy.

Area of Cover

The Area specified on the Schedule of Insurance.

Bodily Injury

Means a recognised bodily injury which:

a) results from an accident, and

b) is exclusive and independent of any other cause, apart from an illness created as a direct result of the accident or medical or surgical treatment that is deemed necessary from an injury sustained from the accident, that causes the death or disablement of the Insured, within twelve months from the date of the accident.

Certificate of Insurance

A document issued to You in conjunction with the policy which proves your cover, the Period of Insurance, the level of cover and also specifies any endorsements that may apply.

Chronic Condition

A Medical Condition which has at least one of the following characteristics:

- Its duration is indefinite and has no known cure.
- It returns or is likely to return.
- It is permanent.
- You are required to reform yourself or be specially trained in order to cope with the chronic condition.
- It requires long term monitoring, medical consultations and tests.

Co-Insurance

Your obligation to pay that percentage of Eligible Charges specified in the Schedule excluding any possible exemption.

Country of Residence

The country in which You have Your usual residence (your residence for a period of at least 6 months for every Period of Insurance) on the Effective Date or on each Renewal Date.

Covered Transplants

The pre-approved transplant of the heart, lung, kidney, pancreas, liver, bone marrow in Your body from a human donor while Your Policy is in force.

Day-Patient

An Insured Person who is admitted to a Hospital solely to receive medically necessary treatment that is covered by this Policy and for a period of clinically-supervised recovery or treatment, but does not remain in Hospital overnight.

Deductible

The first amount paid by You (or on Your behalf) for every Insured Medical Condition, for every Period of Insurance in respect of the Eligible Expenses/Charges and covers, before any benefits are paid under your Policy, and excluding the Co-Insurance. If Treatment has gone on for more than the Period of Insurance, we will treat it as a new claim for any further Treatment after that date and we will reapply any Exemption.

Dental Treatment

Treatment and supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Dentist

A person who is licensed by the relevant authorities to practice dentistry in the state or country where the Dental Treatment is administered.

Effective Date

The date specified on the Schedule of Insurance.

Eligible Expenses/Charges

The Reasonable and Customary Charges for those costs or expenses incurred by You during a Period of Insurance for Medically Necessary Treatment or medicine which are directly related to an insured Medical Condition, and for which You or another beneficiary will make a claim for and seek indemnity under the Policy.

Emergency

An Acute Medical Condition of sufficient severity which could reasonably place your life or any of your limbs in danger if Treatment is not provided within 24 hours.

Endorsement

Any amendment, or addition which is prepared by Us and issued, attached to or otherwise becomes part of your Policy.

Experimental

Any Treatment or supply, including any medicine, that by its nature or composition deviates from, or is used or applied in such a way which deviates from generally accepted standards of current Medical Practice; or is under investigation to determine its safety and effectiveness; or is only available to individuals who are participating in a research study or clinical research; or is being researched or is without proof.

Homeland

The country which You are a citizen of or national or maintain your primary residence or usual place of residence or of which You possess a validly issued passport. Where you possess more than one passport and in the absence of other evidence, your Homeland will be deemed the country declared on the Application.

Hospital

Any nursing institution public or private, which operates legally and undertakes the care and treatment of patients and injured persons, provides organised facilities and the necessary technical equipment and the means for diagnosis and surgical procedures and provides 24-hour based services. Rehabilitation centres, holistic, homoeopathic, osteopathic, chiropractic treatment, sanatoriums and care homes are not considered hospitals.

Hospitalisation

The Insured's stay in hospital as an in-patient or calendar days patient due to health problems that do not come under the exceptions, and cannot be treated except for hospital stay (e.g. at home) and whose medical necessity for admission has been sufficiently proven (medical file, opinions and medical reports). The treatment of such health problems must require immediate surgical intervention or immediate treatment that cannot take place in another setting apart from at the hospital and the regular observation of the patient shall be proven by the nursing file or the equivalent treatment forms (nursing charts, nursing file etc.) The term hospitalisation does not include the admission and stay at the hospital for a period of time beyond that which is medically necessary or for the carrying out of diagnostic tests only.

Hobby

An activity pursued in spare time for pleasure or relaxation

Illness

Any disturbance of the normal functioning of the Insured that appears for the first time thirty calendar days (30) after the commencement of the insurance and which is factually established, is not a result of an accident, is medically confirmed, requires treatment and stems from causes which did not exist during the making of the insurance. The term illness does not include learning difficulties, or behavioural problems or mental or nervous disorders.

Immediate/Direct Settlement

Following your understanding with a doctor or/and the hospital and given that we have your authorisation, an immediate settlement of your hospital expenses is possible if it is covered by your contract.

Please Note that you remain responsible for any Co-Insurance and Exemption that is in effect regarding your Policy and which you must settle directly with the provider of medical services during the period of treatment. If you make arrangements with your doctor to this effect and if you authorise us, then it is possible for us to settle your hospital expenses directly if such expenses are indeed covered by your policy.

In-Patient

Any Insured Person who remains overnight or longer in Hospital, and is admitted solely to receive Medically Necessary Treatment for an Insured Medical Condition under the Policy.

Insured Medical Condition

Any Medical Condition which is covered under Your Policy.

Job

1. An individual piece of work or task
2. An occupation; post of employment
3. An object worked on or a result produced from working
4. A duty or responsibility

Medical Necessity

The offered health services that are certified by the company as medically necessary to (a) treat the essential medical needs of the insured, (b) be provided in the proper and medically appropriate way, taking into account the quality, as well as the cost of the offered services, (c) be prompt to diagnose an illness, (d) be essential for medical purposes and not for the convenience of other needs, (e) be proven by way of locally or internationally recognised protocol and scientific literature, that they are safe and effective for the treatment of the specific health problems.

Medical Necessity as defined in this Insurance Contract refers to the coverage of Eligible expenses and is not synonymous with the explanation given by an attending medical practitioner.

Medical Practitioner

Anyone who is legally practicing the medical discipline and is registered and established by the laws of the country in which he is practicing the profession. His/her speciality must be directly related to the Medical Condition of the patient. This person cannot be the insured or a member of his/her immediate family.

Medical Suitability

Is based on the prevailing standards of medical practice in relation to the particular pathological condition.

Medicine

Medically necessary medicine prescribed by a Medical Practitioner and is not available without a prescription or is not experimental.

Natural Child-birth/ Caesarean Section

The birth, following the completion of 12 months from the commencement of the Policy, of a living or dead baby/babies after the 24th week of pregnancy, provided that the child's birth certificate and release order from the clinic are presented within 30 calendar days from the birth.

Notification

A process where You are responsible for notifying Us prior to incurring costs or undertaking Treatment under the benefits in Your Policy. Once notification takes place a general determination of the Medical Needs is conducted based on and depending on the completeness and accuracy of the information provided to Us at that time. The procedure of Notification does not guarantee that we shall reimburse you for charges imposed upon you.

Occupation/Business/Work

An activity in a certain place, area, or specialty, or an activity for which you are remunerated (monetary or other), an activity directed toward doing or constructing something.

Occupational Disease

A disease or disability accredited to someone's occupation.

Occupational Hazard

An occupational hazard is something unpleasant that you may suffer or experience as a result of doing your job or hobby.

Out – Patient Treatment

Necessary medical treatment for injuries or illnesses, including diagnostic procedures, at a recognised medical or other institution, that does not require an overnight stay in Hospital.

Partner

A person who resides with You in a conjugal relationship.

Payment

Includes paid employment in something, which yields profit (monetary or other).

Period of Insurance

The first Period of Insurance is the period of 12 or 6 consecutive months that begins from the Effective Date.

Permanent Total Disablement

Disablement which entirely prevents the Insured from carrying out any business or activity in any profession and which lasts for twelve months and at the end of this period there is no hope for improvement.

Plan Administrator

The person appointed by Us for the correct appraisal and dispatch of claims or/and the independent administrator with whom the Company may be in collaboration with for the administration of this Policy.

Planned Hospitalisation

A planned non-emergency treatment that is Medically Necessary

Policy

The insurance contract between us that consists of Your Application, the Schedule of Insurance and any Endorsements.

Pre-Existing Condition

Any Medical Condition which is chronic, or subsequent to or a recurring complication or a consequence associated with or resulting from an illness or accident which based on medical reasoning, existed on or at any time prior to the Effective Date; whether or not symptoms had manifested, whether or not it was diagnosed, whether or not it was treated, or if you were aware it existed or not, even if it was disclosed in the Application or on any claim form or otherwise.

Premium

The consideration determined by us and at our discretion from time to time and which you are required to pay to us in order to activate and maintain Your Cover and the benefits under Your Policy.

Reasonable and Customary Charges

The charges that are consistent with the general standard prices and do not exceed a corresponding charge of other hygiene suppliers in the same region and of the same price level where the treatment occurred or identical treatment or services for similar illnesses or accidents.

Intensive Care Unit

A Hospital unit where patients receive special support, observation and treatment procedures, that operates on a 24-hour basis with specially trained staff of doctors, nurses, technicians and is equipped with electronic machinery for the observation and constant detection of vital signs of the body, such as heart function, breathing, arterial blood pressure, temperature etc.

Relative

Your spouse, partner, future spouse, son, daughter, son-inlaw, daughter-in-law, parent, stepfather, stepmother, grandfather, grandmother, grandchild, brother, sister, brother-in-law, sister-in-law.

Short Rate Earned Premium

Earned premium charged when the Policy is terminated prior to the expiration date at the policyholder's request. For the purposes of this Policy the Short Rate Earned Premium shall be the pro-rata earned premium with two months in addition to the period of coverage. For example, the Short Rate Earned Premium for a six month period shall be the eight month pro-rata premium.

Specialist

A Registered Medical Practitioner, skilled in a generally accepted medical or surgical speciality or sub-speciality, and who holds a certificate for that speciality, which is recognised as such by the statutory bodies of the relevant country.

Sub-Limit

The maximum amount of reimbursements or benefits available to You under Your Policy for every Period of Insurance for Eligible Charges with respect to Insured Medical Conditions or sections of cover. The Sub-Limit is based on the maximum of the Sub-Plan and the related limitations indicated and defined in the schedule of benefits of the chosen Sub-Plan. The Sub-Limit is subject to the overall sum insured for every Period of Insurance for Your chosen Sub-Plan.

Sub-Plan

One of the pre-set levels of cover chosen by you under the Policy, as specified on the Certificate of Insurance.

Surgery

A generally accepted, diagnostic or surgical procedure or Treatment of a Medical Condition performed either by way of endoscopy or by surgical incision performed under general or local anaesthesia.

Terms

Terminology, provisions, conditions, definitions, limits, Sub-Limits, limitations, wordings, restrictions, agreements and/or exclusions.

Terrorism

Systematic or planned use of violence, intimidation or the threat of violence in order to intimidate or influence a group, community, population or government, especially as a means to coerce or dominate any demand and/or to place the public, or a section of the public, in a state fear.

9.1 SECTION ONE: IN-PATIENT & DAY-PATIENT TREATMENT (Inner – hospital pro visions)

Subject to the Terms of your Policy, we will pay In-Patient and Day-Patient charges you incur as follows:

1. Hospital Accommodation & Operating Theatre

We will pay Eligible Expenses/Charges for Hospital accommodation, food and nursing services, use of operating theatre, or recovery room, as well as the services and supplies which are provided by the Hospital during the In-Patient or Day-Patient Treatment. Personal expenses such as telephone calls, newspapers and guest meals are excluded from cover.

2. Accidents, Emergencies, Intensive Care

We will pay Eligible Expenses/Charges for: surgery, anaesthesia, processing and administration of blood or blood components (including haemodialysis), oxygen, other gases and anaesthetics; Medical Practitioner services, services and supplies usually provided in the Intensive Care Unit, Emergency Treatment for an insured Medical Condition e.g. fracture/plaster, suture of a wound.

3. Surgeons, Assistant Surgeons, Anaesthesiologists

We will pay Eligible Expenses/Charges for professional services rendered by surgeons, assistant surgeons and anaesthesiologists according to the remuneration schedule in this Policy. However, if surgeons are on standby, this is not considered a professional service and is not eligible for cover.

4. Medical Practitioners

We will pay Eligible Charges for professional services rendered by Medical Practitioners.

5. Prescription Medicine, Dressings

We will pay Eligible Expenses/Charges for Medicine and expendable supplies administered during treatment, received within treatment.

6. Restorative Surgery

We will pay Eligible Expenses/Charges for Surgery required for the restoration of natural functions as a result of an Accident or Illness and is undertaken within 12 months after the date the Accident occurred or the date the Illness manifested, as long as the Accident or Illness and the restoration Surgery occur whilst Your Policy is in effect.

7. Diagnostic Tests and Procedures, X-rays, & MRI/CT Scans

We will pay Eligible Expenses/Charges for diagnostic procedures and tests using radiology, ultrasonographic or laboratory services as long as they are directly related to the purpose of treatment (psychometric, behavioural and educational tests are not included). All diagnostic tests should be accompanied by their results confirming the medical condition and the necessity for treatment.

8. Treatment for Cancer

We will pay Eligible Expenses/Charges for chemotherapy, radio therapy, directly relating to cancer Treatment and must be carried out / be administered within the hospital.

9. Physiotherapy

We will pay Eligible Expenses/Charges for physiotherapy recommended by a Medical Practitioner and performed by a professional physiotherapist during the course of treatment or stay at the hospital.

10. Parental Hospital Accommodation

We will pay Eligible Expenses/Charges for standard Private Hospital Accommodation (room and board) regarding one of Your parents or one of Your legal guardians provided the person to stay with you is insured and remains with you in Hospital whilst you are under 16 years of age and have been admitted as an In-Patient.

11. Prosthetic Devices and Implants

We will pay Eligible Expenses/Charges for Pre-certified artificial limbs, eyes, larynx or breast prostheses (carried out within 1 year after Surgery for breast cancer), but not for the replacement or repair thereof. We will pay Eligible Expenses/ Charges for the following artificial body parts designed to form a permanent part of Your body and are implanted by Surgery for one or more of the following reasons: to replace a joint, to replace one or more heart valves, to facilitate cardiovascular flow with the use of splints, to replace the aorta or an aortic blood vessel, to replace a muscular clamp, to control urinary incontinence (bladder control), to act as a pacemaker or to remove excessive fluid from the brain.

12. New Baby Benefit

We will pay the amount of benefit shown in the Schedule to assist with the initial expenses you incurred during the Period of Insurance whilst preparing the family home for Your Newborn provided that You have been continuously insured under Your Policy for at least 12 consecutive months immediately preceding the birth.

9.2 SECTION TWO: OUT-PATIENT TREATMENT AND FITNESS BENEFITS (Outer-hospital provisions)

Subject to the terms of this Policy, we will pay for the treatment and Surgery of an Out-Patient as well as fitness charges as follows:

a) Limitations with respect to Section TWO:

(i) Cover with respect to Section TWO is limited up to the Sub-Limit as defined in the Schedule of Cover/ Certificate of Insurance. Pre-surgery and post surgery tests as well as visits to the doctor are covered.

(ii) Where you later on choose to replace your Sub-Plan with an alternative Sub-Plan, upon receipt of your cover any Eligible Expenses/Charges related to the Out-Patient Treatment of an existing Insured Medical Condition which exceeds the benefits provided by the initial sub-plan shall be excluded.

b) With respect to Section two

Total Cover is limited to the total aggregate up to the Sub-Limit as defined in the Schedule of Cover and Exemptions, per Period of Insurance for outer hospital provisions. No other cover applies under Section TWO.

1. Family Doctor, Treatment & Referrals

We will pay Eligible Expenses/Charges for professional services and for referrals rendered by family doctors and general practitioners provided however, if surgeons are on standby, this is not considered a professional service and is not eligible for cover

2. Diagnostic Tests

We will pay Eligible Expenses/Charges for Diagnostic tests as long as they are accompanied by their results and prove a medical condition.

3. Prescription Medicine

We will pay Eligible Expenses/Charges for medicine prescribed by any Medical Practitioner.

4. Physiotherapy

We will pay Eligible Expenses/Charges for post surgery Physiotherapy, prescribed by a Medical Practitioner and performed by a professional Physiotherapist for the continuation of treatment; the amount is defined in the Schedule of Cover and Exemptions. You must submit a letter or reference report to the Plan Administrator once such treatment is required. In addition to the above, a medical report will be required following the visits.

9.3 SECTION THREE: TRAVEL, TRANSPORTATION AND OUT OF AREA BENEFITS

In the section regarding travel, transportation and out of area benefits the following terms shall have the meaning attributed to them in this paragraph. The explanation attributed to them herein cannot be used for the same or similar terms used in the Policy or in other sections of the Policy.

Relatives	Mother, father, siblings, spouse and the children of the insured.
Medical authority	Any person holder of a valid license to practice medicine in the country where the insured is located.
Medical team	A treatment structure modulated to any special case and supervised by the regulating medical practitioner and the treating medical practitioner.
Accident	Any sudden, unforeseen and violent incident external to the victim, and independent of his/her will, that results in causing a serious bodily injury that hinders the normal continuation of the trip.
Illness	Any sudden and unforeseen change in health discovered by a competent medical authority and which hinders the normal continuation of the trip.
Physical injury	A wound or illness whose nature may attack the life of the patient or may in a short period of time result in the grave deterioration of the patient's health if the proper treatment is not administered to him.
Damage	Any incident capable of bringing about our intervention.

Article 1 MEDICAL TRANSPORTATION

In the event of a serious physical injury resulting from an accident or a sudden illness of the insured, the medical practitioners who have been notified:

1. Are informed of the condition of the patient or of the wounded.
2. Cooperate, if it is deemed necessary, with the treating medical practitioner and the medical practitioner who administered first aid.
3. Jointly make the best decisions according to the condition of the patient.

It is possible that these decisions entail the implementation of one or more of the covers defined below.

The non – justified rejection of these decisions may incur the loss of the right to the aid covers.

If it is deemed necessary we undertake, according to the condition of the insured, to organise transportation and the expenses of transportation of the insured to a treatment unit nearest to the place where the incident occurred, modulated to encounter the needs of the incident.

Transportation is done with an airline aircraft or another suitable public means of transport, In the event that transportation with an airline aircraft is proven to be medically impossible, it shall take place with a private aircraft.

Article 2 RETURN/ REPATRIATION OF PATIENTS

In the event of an accident or illness of the insured, once the condition of the insured's health is stabilised at the treatment unit nearest to the place where the incident occurred, it undertakes to organise and the expenses of the return/repatriation of the insured, to a treatment unit nearest to his/her place of residence in Cyprus.

Transportation is done with an airline aircraft, helicopter or other available means.

GENERAL PROVISIONS

1. If it is deemed necessary a medical practitioner authorised by us may visit the patient and with the attending medical practitioner proceed with an examination to ascertain the costs required for the medical transport.

2. Except for the event of proven impossibility the patient or his/her entourage are obliged to come into contact with us the latest within three calendar days following the medical incident which potentially requires repatriation.

SPECIAL EXCEPTIONS TO THE COVER OF MEDICAL REPATRIATION

The following are not covered:

1. Medical transportation from convalescence homes, spas for conditions which brought about their stay in such institutes.
2. Medical conditions whose appearance is foreseeable from the previous personal medical history known to the insured.
3. Pre-existing, recurrent, chronic illness, whose condition is known to the insured and which is being treated.
4. Mental illnesses.
5. Non-justified abortions due to the condition of the insured's health.
6. The consequences of hereditary disorders or mental retardation.
7. Medical or surgical conditions that may be treated without risk on the spot in an instant whereas transportation could form a greater risk.
8. Conditions for which transportation could form a greater risk.

Article 3 RETURN/ REPATRIATION OF ACCOMPANYING FAMILY MEMBERS

In the event of repatriation of one of the insured in pursuance to article 2 or article 6 we shall organise and undertake the expenses for the return by air of the remaining accompanying family members, to their domicile (economy class).

Article 4 VISIT BY A FAMILY MEMBER

In the event that the treatment of the insured because of a sudden illness or accident lasts longer than 10 continuous calendar days we shall put at the disposal of a family member of the insured or of a family member designated by the insured, a return air ticket (economy class).

Article 5 ACCOMMODATION EXPENSES OF A FAMILY MEMBER

We also organise and undertake the accommodation expenses at a hotel up to 7 calendar days, and until the overall amount as specified in the schedule, of a family member of the insured or of another family member who went to the place where the incident occurred according to Article 4. (Only the overnight costs are undertaken)

Article 6 REPATRIATION OF THE CORPSE

1. The on the spot procedures and the immediate payment of the expenses for the transportation of the remains of the insured who died from an illness or accident, to his/her place of burial in Cyprus up to the amount specified in the schedule.
2. The expenses for the necessary preparatory work and setting of the corpse into the coffin for transport. The burial expenses and funeral expenses are not included.
3. The repatriation of the insured's remains only once the necessary details, information and supporting documents are forwarded to the company.

Article 7 ANNOUNCEMENT FOR THE PROVISION OF TRAVELLING AID

In order for us to be able to intervene within the shortest deadlines, the insured or any person acting instead of and on his/her behalf, should mention by telephone, fax:

1. Policy Number/ Insured's Name
2. The name, address and telephone number of the hospital where the patient is at.

3. The name, address and the telephone number of the attending medical practitioner.

Our authorised medical practitioners should, except when there is valid opposition, have free access to the insured in order to determine his/her condition.

Article 8 RESTRICTION OF DETRIMENTAL EFFECTS

The insured or the persons acting instead of him/her are obliged, to use every means which is at their disposal to restrict detrimental effects from the accident or sudden illness from the time of the incident.

Article 9 PAYMENT - COMPENSATION

1. In the event of the happening of an insured danger, the beneficiary or anyone acting on his/her behalf is obliged to make immediate contact with the help centre to notify the damage, as the obligation of the company is to provide the cover of this policy, in kind through its international network. Therefore expenses that are not connected to the covers offered by this policy or which are not approved by us are not undertaken nor are they paid.

Furthermore, it is stated that the Policy cannot under any circumstances confer the right to contract or use of services or means by any third person, neither any right of claim of the amount paid by the beneficiary without our approval.

Any payments (when and if related and approved by us) are made at our headquarters and based only on legal proof or translated and ratified supporting documentation for damages abroad.

2. Where maximum pecuniary cover is defined, V.A.T is included.

Article 10

It is hereby clarified that during the implementation of the provisions we are bound by the related legislative, administrative, medical rules that are in effect in any foreign country where the incident took place outside Cyprus.

EXCEPTIONS

1. Aid coverage is provided for journeys which last no longer than 60 consecutive calendar days.

1.1. It is hereby clarified that the following persons are not covered:

a) Those who have a secondary residence abroad.

b) Students who go on recurrent trips with the same destination.

c) Also those persons who do not have a permanent home address within Cyprus.

2. The insured is not entitled to compensation for expenses which were paid directly by him/her without our previous approval.

3. Furthermore accidents caused by the following are not covered:

a) Wars, invasions, acts of a foreign or partially foreign enemy, hostilities (either in time of war or not) civil wars, uprisings, social unrest, terrorist or military dictatorship, political disturbances.

b) Self-inflicted wounds with intent, the participation of the insured in criminal acts.

c) The participation of the insured in bets, or demonstrations or competitions involving speed with mechanical means.

d) Participation in athletic races on a professional level or while preparing for the races.

e) Participation in assaults except for self-defence circumstances.

f) Use of alcohol, drugs and narcotic substances, apart from those taken following medical prescription.

g) Directly or indirectly inflicted or attributed or stemming from ionised radiation or from contamination of radioactivity from any nuclear fuel or from any nuclear refuse or other nuclear objects.

h) Implications from pregnancy within three months from the foreseeable date of delivery.

i) Psychological or psychiatric illnesses.

j) Bodily injuries or illnesses caused by attempted suicide.

k) Pre-existing, recurrent, chronic illness, whose condition is known to the insured and for which he/she is undergoing treatment.

l) Intellectual, mental, neurological disorders and epileptic seizures.

m) Accident or illness whose oncoming occurs during the performance of arrayed service in the armed forces of any country or organisation.

n) Air crash, unless if the crash occurs when the insured is travelling as a passenger on an airline aircraft that operates legally and carries out regular flights or charter flights.

Article 11 APPLICABLE LAW – JURISDICTION

Every dispute that arises relating to the implementation and interpretation of the present section as well the rights and obligations of either – side are explicitly agreed that they are subject to the jurisdiction of the competent Courts of Cyprus and are tried by them.

The applicable law is Cyprus Law.

Article 12 INSURER'S LIABILITY

We cannot be held responsible for likely delays during the execution of the agreed services: in the event of a strike, explosion, insurrection, popular movement, restriction to the freedom of movement, sabotage, terrorism, civil or external war, emission of heat, radiation or in every case of force majeure.

Article 13 SUBROGATION

You shall be subrogated up to the amount of the paid compensation to the rights and the actions of the insured against all persons responsible for damage.

Article 14 STATUTE OF LIMITATIONS

All claims arising from the present section are statute barred within two years from the date the incident took place.

ARTICLE 15 ARBITRATION CLAUSE

Any dispute between the Parties arising out of or in connection with this Agreement including any question regarding its existence, construction, validity or termination and including but not limited to any dispute as to a proposed settlement and/or admission of liability shall be referred to and finally resolved by arbitration under the arbitration rules provided for by the International Arbitration law of Cyprus No 101(1)/1987 (the "Rules").

The situs place of the arbitration shall be Nicosia, Cyprus. The arbitral tribunal shall conduct all hearings and meetings in Nicosia in the English language and the arbitral award shall be delivered in English.

The award of the arbitral tribunal shall be binding and not subject to revision. There shall be three (3) arbitrators of whom the claimant and the defendant each shall select one . The two named arbitrators shall select a third arbitrator who will act as the presiding arbitrator of the tribunal within thirty (30) days of the appointment of the second arbitrator. If any arbitrator has not been named within the time limits specified in the Rules, the appointment shall be made by the District Court of Nicosia on the application of either party.

9.4 SECTION FOUR: TRAVEL INSURANCE

9.4.1 Cancellation or Cutting Short the Trip

This section of the policy sets out the cover we provide if you need to cancel your trip or cut it short, due to one of the reasons listed below.

What is covered

You have booked and paid either in part or in full for travel and accommodation and you suffer a financial loss because you cannot get a full refund if you cancel before commencement of your trip or cut your trip short and return home early during the insurance period because of the following:

- Accidental bodily injury to, or illness or death of you and/or any person with whom you are going to travel or stay with during the trip.

- The death or life threatening accidental bodily injury or illness of a close relative and/ or close business colleague and/or travelling companion living in your country of residence.
- If you or your travelling companion is placed in quarantine, summoned for compulsory jury service or called as a witness in a court of law under subpoena.
- If you or your travelling companion are hijacked (unlawful seizure of the vehicle in which you are travelling).
- If you are made redundant when you are under 65 and have had two years of continuous employment and your redundancy is notified to you after the issue of the policy.
- If your presence, or that of your travelling companion, is required following serious fire, storm or flood damage at your or their home, or place of business, within your country of residence or required by the police following burglary at your or their home, or place of business in your country of residence.
- Strike or industrial action, adverse weather conditions or the mechanical breakdown of aircraft, sea vessel or train which delays your pre-booked (and specified on your ticket) outward flight, sea crossing or international train journey from your country of residence for more than 24 hours

The most we will pay for each insured person is the amount specified in the schedule.

What is not covered

1. The excess
2. Cancelling or cutting short your trip because of:
   a) Your disinclination to travel or
   b) Your loss of enjoyment of the trip or
   c) Reasons which are unnecessary and avoidable or
   d) A pre-existing medical condition or
   e) A medical condition for which a close relative has consulted a specialist or received in –patient treatment within the last 12 months prior to the trip.
3. Any claim for a pre-booked trip which involves pre-planned or pre-known medical treatment, consultation, test or investigations,
4. Delays caused by strike or industrial action which has started or for which the start date had been announced before you made your travel arrangement for your trip.
5. Any costs incurred because you did not tell your carrier or travel agent immediately you knew that your trip was to be cancelled or cut short.
6. Delays caused by the withdrawal from service of any aircraft, sea vessel or train on the orders or recommendation of the regulatory authority in any country.
7. The failure of the provider of any service forming part of the booked trip to provide any part of the booked trip including error, insolvency, omission or default.
8. Any claim where you have not arrived at your international departure point and have not checked in for your flight , sea crossing or train journey before the intended departure time and have not obtained written confirmation from the carrier showing the period and reason for delay.
9. Any claim because of pregnancy within 10 weeks of the estimated delivery date.
10. Any claim because a person who is insured under this policy or any other person on whom the holiday plans depend has to attend a court of law unless they have been called upon for compulsory jury service or they are being called to give evidence because they are under subpoena.
11. Any claim because of your financial circumstances other than redundancy qualifying for payment and had two years continuous employment.

12. Any claim due to delay or amendment of the booked trip because of government action or restrictive regulations.
13. Any claim for cancellation which is not supported by a cancellation invoice provided by the trip provider or their agent.
14. Any claims for any airmiles, holiday points or loyalty scheme point that you have used to pay for your trip.
15. The first excess amount of each and every claim for each insured person for loss of deposit

CLAIMS

All claims should be submitted with a fully completed claim form original invoices, receipts and any other supporting documentation within 30 calendar days of the Initial Treatment. We may deny cover for any claim submitted after the said deadline.

- If any other forms or details are required for all claims they should be presented.
- Before You proceed with a claim, it is important that You review again the relevant Terms of this Policy with respect to the covers for the Travel Insurance you are seeking and the Pre-Certification requirements.

We will supply you with a personalised membership card which contains essential contact numbers and addresses. We therefore suggest You have this card with You at all times.

1. To make a claim for cancellation on medical grounds, you must first contact 24hrs Health Assistance service of Gan Direct claims on 800 5 10 15 or 25 855 885 (if you call us from abroad) , who will provide a claim form which includes a certificate for you to take to your medical practitioner for completion.
2. If you have suffered an illness or injury and wish to cut short your trip on medical grounds, you must contact 24hrs Health Assistance service on +357 25 855 855 immediately for authorisation. If you do not receive authorisation, your claim may be rejected.
3. If you have cut your trip short, we will pay a proportion of the non-refundable travel and accommodation costs on a pro-rata basis for each complete day based on your arrival date back in your country of residence, or for trips solely within the Republic of Cyprus, your arrival back home.

9.4.2 Missed Departure

This section of the policy explains the benefits we provide if you arrive too late to board your flight, train or sea vessel at your final point of international departure.

What is covered

We will pay for reasonable additional travel and accommodation costs to enable you to:

- Reach your destination abroad if you arrive at your final point of international departure in your country of residence too late to board the aircraft, train or sea vessel on which you are pre-booked to travel; or
- Return to your country of residence if you arrive at your final point of international departure abroad too late to board the aircraft, train or sea vessel on which you are pre-booked to travel; or
- Return to your country of residence if you arrive at your final point of international departure abroad too late to board the aircraft, train or sea vessel on which you are pre-booked to travel home as a direct result of:
- The failure of scheduled public transport; or
- An accident to or breakdown of the vehicle in which you are travelling

The maximum amount for each person per trip insured under this policy is the amount specified in the schedule.

What is not covered

1. The Excess
2. Additional costs which are not directly related to your travelling to your destination abroad or your country of residence from your final international departure point.
3. Travel and accommodation of a higher class or rating than you originally booked and paid for.
4. Accommodation costs other than the cost of a standard room (room only).
5. Accommodation cost by strike or industrial action which had started or for which a start date had been announced before you made your travel arrangements for your trip.
6. Delays caused by the withdrawal from service of any aircraft, sea vessel or train on the orders or recommendation of the regulatory authority in any country.
7. Additional costs where the carrier or schedule public transport operator has offered reasonable alternative travel arrangements.
8. Any claim where you have not obtained written confirmation from the carrier or schedule public transport operator giving the period and reason for delay.
9. Any claim where you have not obtained a written police or repairers report where the vehicle you are travelling in is involved in an accident or breaks down.
10. Any claim for breakdown of any vehicle which is owned by you and which has not been serviced properly or maintained in accordance with manufacturer's instructions.
11. Any claim where you did not leave enough time to reach your international departure point on time.
12. Any claim arising from a trip solely within the Republic of Cyprus.
13. Any claim under this section if you have also claimed under section 9.4.1 Cancelling or Cutting your trip short.

9.4.3 Personal Luggage

This section of the policy sets out the cover we provide for your personal luggage.

What is covered

1. Your personal luggage is covered if it is:
   - lost or damaged
   - stolen
   - destroyed

   and not recovered during a trip.
2. The maximum amount we will pay for any one claim for each person insured under the policy is the amount specified in the schedule which includes:
   - The maximum amount for any one item or any one pair or set is per trip.
   - The maximum amount for valuables.

What is not covered

1. The excess
2. Glass, porcelain, or pictures other than when purchased by you abroad.
3. Contact or corneal lenses, dentures, bonds, securities, stamps or documents of any kind, musical instruments, typewriters, antiques, pedal cycles, hearing aids, coupons, satellite navigation systems, motorized or mechanically propelled or assisted vehicles, boats or any parts or accessories for any of them, business goods, mobile telephones, portable personal computers, personal electronic organizers, software, iTunes, applications or computer packages, televisions, calculators, dictaphones, portable facsimile machines, telephone modems, portable overhead projectors, stock or trade samples and any specialized equipment relating to your business, trade or profession owned by you or for which you are responsible.

4. Theft of personal luggage from a locked, unattended motor vehicle unless:
   a) The items were locked out of sight in a secure area; and
   b) Force and violence were used to get into the motor vehicle; and
   c) Proof of forcible and violent entry is available.
5. Theft of valuable from an unattended motor vehicle
6. Loss, theft or damage to valuable not carried in your hand luggage whilst you are traveling.
7. Loss, damage or destruction by wear and tear, insects, vermin, denting, scratching, dyeing and mechanical or electrical breakdown.
8. Confiscation or detention by customs or other official bodies.
9. Damage to any brittle or fragile items unless they are damaged by fire; or damaged because of an accident which happens to a sea going vessel, aircraft or motor vehicle.
10. Theft or losses from a roof or boot luggage rack other than the theft or loss of camping equipment.
11. Sports equipment while in use.
12. Personal luggage when you have left it unsecured or unattended at any time in a place to which the public have access.
13. The theft or loss of personal luggage in transit which has not been reported to the carrier within 24hours of the discovery of the incident. The police report must be sent to us with your claim.
14. Damage to or loss of personal luggage in transit which has not been reported to the carrier within 24hours of the discovery of the incident. The property irregularity/incident report must be sent to us with your claim.
15. Any item loaned, hired or entrusted to you.

HOW WE SETTLE CLAIMS FOR PERSONAL LUGGAGE

1. If any item has been lost or damaged we will pay the cost of replacing the item as new after we have deducted an amount for wear, tear and depreciation.
2. If the item can be repaired economically we will pay the cost of the repair only.
3. We will not pay for the cost of replacing or changing undamaged items or parts of items which belong to a pair or set when the loss or damage relates to a specific part or clearly defined area.
4. We will request receipts for goods where you are claiming for stolen or lost goods and we require reports from the local police and/or the carrier for lost or stolen personal luggage.

9.4.4 Luggage Delay

This section of the policy sets out the cover we provide if your personal luggage is delayed.

What is covered

The cost of buying essential items if your personal luggage has been lost or misplaced by the carrier for more than 12 hours during the outward journey of a trip from your country of residence. The maximum amount for each person insured under the policy per trip is specified in the schedule.

HOW WE SETTLE CLAIMS FOR PERSONAL LUGGAGE

1. If we pay your claim under this section we will deduct the amount from the final settlement of any claim you make under Section-9.4.3. 'Personal Luggage' if the items are lost permanently.
2. You must keep all your receipts from the purchase of essential items and send them to us with your claim.
3. You must provide written confirmation from the carrier confirming the period of the loss of your personal baggage.

9.4.5 Money and Passport

This section of the policy sets out the cover we provide for your money and passport.

What is covered

1. Your money is covered if it is:
   a) Lost or damaged
   b) Stolen
   c) Destroyed
2. While you are carrying it with you or if you have left it in a safety deposit box during a trip.
3. The maximum amount we will pay in total for any one claim for each person insured under the policy per trip is specified in the schedule which includes:
   a) The maximum amount for any one claim for cash for each person insured under the policy or the amount allowed in the current Republic of Cyprus currency regulations whichever is less.
   b) The maximum amount for any one claim for cash belonging to any person insured under the policy who is under 18 years old.
4. The cost of reasonable additional travel and accommodation expenses you incur abroad while obtaining a replacement passport if your passport is lost or stolen outside your country of residence during a trip.

The maximum amount for any one claim for each person insured under the policy per trip is specified in the schedule.

What is not covered

1. The excess
2. The theft or loss of money or your passport which has not been reported to the local police or your carrier within 24hours of the discovery of the incident. The written incident report must be sent to us with your claim.
3. Loss of value or loss due to incorrect receipts, payments, accountancy or depreciation.
4. Loss due to confiscation or detention by customs or other lawful officials and authorities.
5. Loss, damage, theft or destruction of money which was not being carried with you or was not left in a safety deposit box.
6. In respect of point 4 under 'What is Covered' accommodation of a higher rating or category than you originally booked and paid for.
7. Accommodation costs other than the cost of a standard room (room only).

9.4.6 Travel Delay

This section of the policy sets out the benefit we provide if your travel is delayed.

What is covered

1. If the sea vessel, aircraft or train on which you are pre-booked to travel is delayed to or from your country of residence resulting in your arriving at your destination at least 12 hours after your original scheduled arrival time, as a direct result of:
   a) strike or industrial action
   b) adverse weather conditions; or
   c) mechanical breakdown of aircraft, sea vessel or train we will pay the amount specified in the schedule:
      i) For each person insured under the policy for the first 12 hours that you are delayed;
      ii) And for each person insured under the policy for each additional full 12-hour period of delay The maximum amount for each person insured under the policy per trip is specified in the schedule.

What is not covered

a) Delays caused by strike or industrial action which had started or for which a start date had been announced before travel arrangements were made for your trip.

b) Delays caused by the withdrawal from service of any aircraft, sea vessel or train on the orders or recommendation of the regulatory authority in any country.

c) Any claim where you have not arrived at your international departure point and have not checked in for your flight, sea crossing or train journey before the intended departure time.

d) Any additional travel or accommodation costs you may incur as a result of the delay.

e) Any claim if you have not obtained written confirmation from the carrier showing the period and reason for the delay.

9.4.7 Personal Legal Responsibility

This section of the policy sets out the cover we provide for certain personal legal responsibilities you may have.

What is covered

Your legal responsibility to pay damages and costs to others which are the results of:

1. Accidental death or physical injury to anyone during a trip; and/or
2. Accidental loss of or damage to property during a trip.

The maximum amount we will pay for any single event occurring during the insurance period for each person insured under the policy per trip is specified in the schedule.

3. If you die, this cover is transferred to your legal representative provided that the representative follows the terms and conditions of the policy as far as they can.

What is not covered

1. Accidental death of or physical injury to you or any of your family.
2. Anything belonging to you, or anything under the responsibility of you or any of your family or anyone employed by you or any of your family or anyone living with you or them.
3. Any responsibility resulting from your employment, trade, profession, business or gainful occupation or the trade business, profession or gainful employment of any of your family.
4. Any responsibility as an employer to anyone employed by you or any of your family in any trade, business or profession.
5. Any agreement or contract which adds any responsibility which would not have existed otherwise.
6. Any responsibility resulting from you or any of your family owning or using aircraft, horse-drawn vehicles, boats (other than rowing boats, punts), jet, skis, jet bikes or wet bikes, animals (other than horses, domestic dogs or cats), firearms.
7. Any responsibility resulting from willful or malicious acts by you.
8. Accidental injury or loss which has not been caused by your negligence.
9. Any claim for personal legal responsibility which is covered by any other insurance held by you.
10. The occupation, except temporarily for the purpose of the trip , or ownership of any land or building.
11. Any claim if you engage in any activity where this policy states that personal legal responsibility cover is excluded.

9.4.8 Trips within the Republic of Cyprus

This section of the policy explains the cover we provide for trips undertaken solely within the Republic of Cyprus. Cover is provided for trips within the Republic of Cyprus in pre-booked accommodation and providing your trip is for two or more consecutive nights.

What is covered

Under Section – Medical emergency and other related expenses if you suffer a sudden and unforeseen illness or bodily injury while on a trip solely in the Republic of Cyprus and have to stay in hospital as an in-patient for more than 24hours in a row we:

1. Arrange and pay for you to be transferred to a suitable hospital near to your home when it is medically safe to do so; and
2. Arrange and pay for a medical escort to accompany you if necessary; and
3. Also pay for the additional travelling and accommodation costs for one person to come and stay with you and/or accompany you home if this is recommended by our senior medical officer. The most we will pay for any one claim per trip is specified in the schedule.
4. If your trip is for two or more consecutive nights in pre-booked accommodation and solely within the Republic of Cyprus the following sections of cover will also apply:

   Section 6 - personal accident

   Section 9.4.1 - Cancellation or cutting short the trip

   Section 9.4.3 - Personal Luggage

   Section 9.4.5 - Money

What is not covered

1. Any claim where the trip is for less than a night.
2. Any claim where pre-booked accommodation has not been arranged.
3. Any claim when we have not been contacted immediately when the patient has been hospitalised.
4. Any claim where we have not given our permission before any costs were incurred.
5. Any claim within 50km of your home.
6. Anything specifically excluded under each section of the policy listed.

9.4.9 Mugging Benefit

What is covered

If you are mugged and, as a result of your injuries received from the mugging you are admitted as an in-patient to a hospital abroad, we will pay:

1. Complete period of 24 hours that you are in hospital as an in-patient

The maximum amount for each person insured under the policy per trip is specified in the schedule.

What is not covered

Any claim if you have not obtained a written police report of the mugging and confirmation of your injuries and written confirmation of the period of in-patient treatment from the hospital.

9.4.10 Hijack

What is covered

In the event that you are prevented from reaching your scheduled destination through hijack of the aircraft or other vehicle in which you are travelling, we will pay:

1. The amount specified in the schedule per complete period of 24 hours you are detained

The most we will pay for each person insured under the policy per trip specified in the schedule

What is not covered

Any claim if you have not obtained a written statement from an appropriate authority confirming the hijack and how long it lasted.

9.4.11 Kennel and Cattery Fees

This section sets out the cover we provide for additional kennel and cattery fees if your return home is delayed.

What is covered

1. If your return to your country of residence is delayed for at least 24 hours after your original scheduled arrival time due to a medical emergency which is covered under section 9.3 – Travel, Transportation and out of Area Benefits.
2. If the departure of the sea vessel, aircraft or train on which you are pre-booked to travel on your final inward international journey is delayed to your country of residence resulting in your arriving home at least 24 hours after your original scheduled arrival time, as a direct result of:
   a) strike or industrial action
   b) adverse weather conditions; or
   c) mechanical breakdown or the aircraft, sea vessel or train

The maximum amount for additional kennel and cattery fees, for each complete 24-hour period of delay per trip is specified in the schedule.

What is not covered

1. Delays caused by strike or industrial action which had started or for which a start date had been announced before travel arrangement were made for your trip .
2. Any claim where you have not obtained written confirmation from the carrier giving the period and reason for delay.
3. Any claim where you have not obtained written confirmation from the Kennel or Cattery confirming any extra charges.
4. Any claim for a trip solely within the Republic of Cyprus.
5. Any Kennel or Cattery fees incurred outside of your Country of Residence.
6. Any costs related to any animal other than domestic cats or dogs that you own.
7. Any claim which formed part of the original pre-booked duration for your pets.
8. Any costs where you have not booked a commercially run Kennel or Cattery for which you pay a fee and which does not belong to your family or friends.

9.4.12 Winter Sports

This section of the policy explains the cover we provide for winter sports, you will be covered for up to 10 days in each insurance period for winter sports activities. Winter sports cover is only available to persons aged under 65 years old. Please check the winter sports table for details of those winter sports activities that we cover. The following additional cove is provided:

Under Section 9.3 - Travel, Transportation and out of Area Benefits

If you make a claim under section 9.3, and we agree to pay your claim, we will also pay for your unused and non-refundable ski pack if, during your trip, a medical practitioner certifies that you are unable to ski as the direct result of a bodily injury or sudden and unforeseen illness under section 4.1- Cancellation or cutting short your trip if you make a claim under this section we agree to pay your claim. We will also pay a maximum amount specified in the schedule for ski pack equipment in the event of cutting short your trip and returning home early. We will pay for your non-refundable ski packs on a pro-rata basis for each full day that the ski pack is unused, up to a maximum amount specified in the schedule.

Under section 9.4.3 - Personal Luggage

The maximum amount for winter sports equipment for each person per trip insured under this policy is specified in the schedule.

Under Section 9.4.4 - Luggage Delay

The cost of hiring replacement winter sport equipment if your winter sports equipment has been lost or misplaced by the carrier for more than 12 hours during the outward journey of a trip. The maximum amount for each person insured under the policy per day and trip is specified in the schedule.

Avalanche and landslide

If your scheduled public transport service is cancelled or cut short because of an avalanche or landslide we will pay for additional, reasonable accommodation and travel expenses that you incur. The maximum amount for any one claim per day and trip for each person insured under the policy is specified in the schedule.

Piste closure

If during a trip stating after 1 November and ending before 31 March, you cannot ski at your pre-booked resort because of either a lack of or excess of snow causes a total closure of the lift system we will pay for reasonable transportation costs, lift pass charges and similar costs which you have to pay to travel to and from a similar resort or area to ski. The maximum amount for any one claim per day and trip for each person insured under the policy is specified in the schedule.

What is not covered

1. Anything not covered under the main section of the policy
2. Any claim if you cannot ski for period of less than 24 hours in a row.
3. Any claim which involves the closure of baby drags and lifts used for transport within the resort by non-skiers.
4. Any claim which involves the closure of the closure of the winter sports lift system because of avalanche or dangerous high winds.

Special Conditions

1. Please see condition under section 9.4.3 - Personal Luggage
2. In the event of piste closure, we will require a letter from the tour operator or ski operator confirming the date(s) and reasons for the closure.

9.5 SECTION FIVE: DREAD DISEASE, DISABILITY & DEATH BENEFITS

We will pay the whole or part of the Sum Insured as set out in the Schedule to the person or persons mentioned therein who deserve payment provided that we receive satisfactory proof that (1) the events defined in the certificate of insurance occurred and (2) the right of the person or persons claiming benefit and (3) the age of the Insured.

We will pay the Sum Insured, in whole or in part, as set out in the Schedule of Cover, in the event of the Insured's death, or if the Insured suffers any of the medical events as defined. Such payments shall be subject to the provisions as defined under Claims Conditions.

1. Benefit Percentages

We will pay the stated percentage of the Sum Insured in each of the following cases (a), (b) and (c) when one or more of the following particular events occur:

a) Dread Disease Benefit: Provided that the Insured is exposed for the first time to any of the illnesses set out analytically in paragraph 2 below, the benefit of the Sum Insured as defined in the Schedule of Cover and is subject to reduction for any prior amount paid.

b) Permanent Total Disability Benefit: Provided that the Insured shows permanent total disablement, as set out in paragraph 3 below, the benefit of the Sum Insured as determined by an independent medical board that we assemble and is subject to reduction for any prior amount paid under the Dread Disease Benefit.

c) Death Benefit: Provided that the Insured dies from an occupational hazard, 100% of the Sum Insured as set out in the Schedule of Cover, subject to reduction for any prior amount paid under the Dread Disease Benefit and/or the Permanent Total Disability Benefit.

2. Dread Disease Benefit

The percentage of the Sum Insured as set out in paragraph 1(a), will become payable if the Insured is diagnosed and is clinically proven as suffering from or undergoes any one of the medical events as defined herein. Any such diagnosis must be verified by a practising licensed medical practitioner in any member country of the European Union. Benefit is paid only once.

a) Medical Event Definitions

i) Heart Attack: Necrosis of a section of the heart muscle as a result of insufficient blood supply to the area. The diagnosis will be based on all of the following criteria;

- a history of regular chest pain,
- recent electrocardiograph changes,
- an elevation in cardiac enzyme levels

ii) Stroke: Any incident which results in subsequent neurological diseases lasting more than 24 hours and causes permanent paralysis, including:

- necrosis of brain tissue,
- haemorrhage of an endocranial vessel,

or

- embolism from an external cranial source.

The diagnosis must be substantiated by proof of permanent neurological damage.

The following are excluded, from (i) and (ii)

a) TIA – Transient Ischemic Attack

b) Coronary Artery Surgery: Undergoing an open-heart surgery to correct aortostenosis or two or more blocked coronary arteries with venous or arterial grafts in persons with restricted vascular symptoms, but excluding non-surgical procedures such as angioplasty (balloon) or the restoration of aortostenosis or blockage by laser.

iii) Cancer: Every malignant mass which embodies uncontrolled growth and spread of malignant cells and infiltration and destruction of healthy tissue. The term 'cancer' also includes leukaemia and Hodgkin's disease.

Excluded:

- Stage 1 of Hodgkin's disease
- All types of skin cancer including melanoma of stage IA (T1a)
- All masses histologically described as pre-malignant CINstage, or display an early transition to malignancy and prostate cancer stage 1 (T1a, 1b, 1c).
- Non-invasive carcinomas in situ.
- Cancer which formed due to presence of the HIV virus.

iv) Kidney Failure: Final stage kidney disease due to chronic irreversible failure of both kidneys to function. This must be evidenced by the Insured undergoing regular dialysis.

v) Major organ transplant: Surgical intervention for heart trans plant, lungs, kidneys, liver and bone marrow as the recipient of the graft and not as the donor.

c) Exclusions

We shall not be liable for payment according to the Dread Disease Benefit for any medical event which occurs within 3 calendar months from the commencement date of or renewal of cover under this Policy, whichever of the two occurs later on.

3. Permanent Total Disability Benefit

The percentage of the Sum Insured, as stated in Clause 1(b), will become payable if the Insured suffers Permanent Total Disablement, as defined herein, resulting solely and independently of any other cause from bodily injury or illness as defined herein, subject to the terms, conditions and exclusions contained herein.

Provided Always That:

a) Compensation shall not be paid for more than one of the events in the Schedule of Compensation in respect to the consequences of an accident or illness, except for any compensation payable hereunder.

b) The total sum payable under this Insurance in respect of any one or more accidents shall not exceed on the whole the largest sum insured under any of the events contained in the Schedule of Compensation or has been added to this Policy by endorsement, apart from the fact that the Company will in addition pay for Medical Expenses.

c) If an accident or illness causes the death of the Insured within twelve months following the date of the accident or illness and prior to the final settlement of the compensation for disablement provided for under the Events in the Schedule of Compensation, the only compensation which is payable shall be that provided for in cases which have resulted in death.

Compensation shall only be payable under the events in the Schedule of Compensation if:

a) Under the events, the loss occurs within twelve months from the date of the accident,

b) Under the event, the Insured becomes totally disabled within twelve months from the date of the Accident, and such disability lasts for twelve months.

4. Death Benefit

The Sum Insured, as stated in the Schedule of Cover at the time of death of the Insured.

9.6 SECTION SIX: EXCLUSIONS

9.6.1 WE WILL NOT PAY ANY CHARGES/EXPENSES OR DAMAGES YOU HAVE INCURRED AND WHICH DIRECTLY OR INDIRECTLY RELATE TO OR ARISE FROM OR ARE IN CONNECTION WITH:

1. Any illness or bodily injury as well as their recurrences and complications which required medication to be administered, medical advice or treatment to be given or there were symptoms or it was known or should have reasonably been known to the Insured whether it was diagnosed or not prior to the commencement of the insurance. Any pre-existing condition which was disclosed by the insured is an exception unless it is accepted by us in writing. Any undisclosed pre-existing condition shall form the reason for non-coverage of the eligible expenses or termination of the insurance policy.

2. A voluntary abortion not including a medically imperative miscarriage where the life of the mother is being threatened, ectopic pregnancy and still birth.

   Birth defects or congenital illness: Treatment for any abnormality, deformity, disease, illness or injury present at birth whether diagnosed or not.

   Pregnancy and childbirth: (pre-natal care, delivery, post-natal care, and care of newborns, including complications of pregnancy, mis carriage or termination of the pregnancy including abortion).

3. Any Medical Condition sustained while participating in any activity where such activity is undertaken against medical advice.

4. Hair loss, including without limitations wigs. Treatments for the hair, hair transplants or any medicine that promises to promote hair growth, whether or not recommended by a Medical Practitioner.

5. Any exercise program, whether or not recommended by a Medical Practitioner.

6. Any treatment that either promotes or attempts to promote, improve, prevent or correct impotency, sexual activity or sexual dysfunction or any consequence thereof.

7. Dental/ Orthodontic Treatment: Treatment relating to teeth, roots, gums (e.g. extraction of teeth, cysts, abscesses etc.) Furthermore, no compensation shall be paid for any kind of additional work (e.g. bridges, crowns, implants) or for orthodontic treatment.

8. Charges for treatment which is not administrated or ordered by a Medical Practitioner, or services or supplies which are not medically necessary, or charges which exceed Reasonable and Customary, or for surgery or treatment which is Investigational, Experimental or Unproven, or is pending during commencement of the cover. Charges for speech therapy, occupational therapy and verbal therapy and examination of natural functions using electronic means, acupuncture, recreational therapy, sleep therapy or music therapy, exercise programmes whether or not recommended by a Medical Practitioner.

9. Manual Labour: Bodily Injury sustained by any Insured Person while engaging in manual labour outside Cyprus for remuneration in connection with any business or activity.

10. Mental or Nervous Illnesses and other Disorders: Treatment for or related to any psychiatric, psycho-geriatric, nervous or mental illnesses or disorders of any kind, sleep disorders including sleep apnoea, snoring or any sleep-related respiratory disorders, any learning, behaviour or development disorder, such as dyslexia, attention deficit hyperactivity disorder (ADHD), or height deficiency, or physical growth problems, bulimia or anorexia or weight problems.

11. No underlying illness or injury: Treatment for symptoms that do not arise from or is required due to complications or consequences of a treatment or condition not covered hereunder. This includes but is not limited to:

    a) Treatment in order to relieve symptoms commonly associated with any bodily change arising from any normal or natural cause such as ageing (e.g. osteoporosis), menopause or puberty (e.g. acne).

    b) Treatment in order to relieve symptoms associated with the menstruation cycle (e.g. dysmenorrhoea) or any other hormonal disorder (e.g. polycystic ovarian syndrome).

    c) Treatment in order to relieve symptoms associated with any allergic conditions or disorders.

    d) Charges for Hormone replacement therapy (HRI) or bone densiometry.

12. Other insurance: Sums which the covered person is entitled to receive on the basis of other group or personal insurance cover or medical fund. The payable benefits, under the Policy, are limited to the sum of the expenses that the insured has paid towards medical expenses.

13. Chronic supportive Treatment of renal failure, including dialysis. We will, however, pay Eligible Charges for renal dialysis carried out immediately prior to and post operation, or in connection with acute secondary failure when dialysis is part of the intensive treatment.

14. Any Medical Condition caused by or is a result of any of the following acts or events:

    a) War or any act of war (whether declared or not), invasion, acts of a foreign enemy, warlike operations, civil war;

    b) Mutiny, riot, strike, coup d' etat, military or popular uprising, insurrection, rebellion, revolution, military or usurped power;

    c) Act of Terrorism, unless you suffer injuries although you are innocent and find yourself there by chance. There is no cover for treatment of a Medical Condition which is in some way caused or contributed to by an act of Terrorism involving the use or release or the threat of any nuclear weapons or devices, or chemical or biological factors.

15. Treatment of any condition of the breast or of the prostate, tonsillectomy, adenoidectomy and ear conditions, haemorrhoidectomy, fistula, cysts, chaps, any disorder of the

reproductive system, gynaecological problems, hernia, including hernia of the intervertebral disc (discopathy, all forms of, thyroid gland and conditions myoskeleton system including meniscus, ligaments and tendons that exists, manifests or involves procedures which occur or are recommended during the first twelve months of cover under Your Policy, beginning from the Date of Your Initial Registration on the Policy. Note: Cover of any Treatment related to any of these conditions may be separately or further restricted or be excluded under the exclusion of and definition for Pre-existing or Chronic Conditions.

16. Any congenital condition, hereditary anomalies and illnesses, diseases or conditions irrespective of the time the related symptoms or signs developed.

17. Birth control, sterilisation (or its reversal) vasectomy (or its reversal), contraception, sterility, fertility, impotence, any treatment or supply that either encourages or prevents contraception, or any form of assisted conception or assisted reproduction, or any subsequent complication including but not limited to premature or multiple births following assisted conception.

18. Relaxation cure, admission to an institute, isolation, sanatorium care.

19. Any Treatment or supply that is:

    a) Not presented to Us for payment in the form of a completed notice of claim within 30 calendar days from the date charges were incurred for such a treatment or supply.

    b) Not regulated nor prescribed by a Medical Practitioner.

    c) Not Medically Necessary.

    d) Administered without charge to You.

    e) In an amount greater than the reasonable and customary charge.

    f) Administered or provided by a Relative or by a person that resides or has resided at Your home

    g) Required or recommended as a result of complications or repercussions that arise from or are related to any treatment which is not covered by Your Policy, or

    h) Any In-Patient treatment which could be provided as a Day-Patient or Out-Patient treatment.

20. Telephone consultations, medical reports, completion of claim forms, or if you failed to keep a scheduled appointment.

21. Any treatment or supply that is experimental, or related to genetic medicine or genetic testing, including amniocentesis, genetic screening, risk assessment, prevention or ascertainment of a genetic disposition, genetic counselling and treatment of genes.

22. Treatment or supply received at any hydro-sanatorium, natural treatment clinic, spa, health farm or similar establishment. Any treatment against obesity.

23. Any medical prescription that is associated with a special diet, weight control, children's food, baby supplies or vitamin/mineral supplements, or any alternative medicine (such as chiropodists, optometrists, and podiatrists, non-prescription medicine, food vitamin extracts, or nutritional supplements), vitamin or herbal treatment, non-approved medicine or are used "without a label", or medicine not prescribed by a Medical Practitioner.

24. Cosmetic or aesthetic surgery except if it is necessary following an accident which was covered by the programme and takes place within twelve months from the accident.

25. Any Medical Condition sustained while taking part in mountaineering activities which require special equipment and for which ropes or guides are normally used; athletic activities (except for activities that do not require contact, non-professional activities, and which You engage in solely for recreational, entertainment or fitness purposes); aviation (except when travelling as a fare paying passenger on a certified passenger aircraft); hang gliding, parachuting, or hot air ballooning. Snow skiing (except in the case of skiing within properly prepared and marked areas and in strict

compliance with all applicable laws or regulations, in accordance with the advice of the local ski school or the local institutional authority); racing of any kind including horse racing, automobile (of any type) or motorcycle; underwater activities that involves underwater respiratory equipment.

26. Events owing to alcoholism, use of drugs or hallucinatory substances. Addiction or abuse of narcotic or/and other substances, treatment arising from or is related to addiction to or abuse of alcohol, narcotics or other addictive or/and prohibited substances.

27. Suicide or attempted suicide, or any other intentional self-inflicted injury or illness, or intentional exposure to danger.

28. Any sexual disorder, venereal disease or other sexually transmitted disease.

29. Any Medical Condition sustained from Your involvement in violating the law, including without limitations, Your engagement in an illegal or malicious activity or act, but not including minor traffic violations.

30. Professional services provided by a psychotherapist, psychologist, family therapist.

31. Any sleep disorder, including sleep apnoea, scoliosis of the nasal diaphragm, snoring, fatigue, jet lag or stress.

32. Orthoptics, optic therapy or visual eye training.

33. The feet, including without exceptions: orthopaedic shoes, prescribed orthopaedic devices to be attached to or placed in shoes, treatment of weak, dislocated, flat, unstable or asymmetrical feet, metatarsal pain, prominent bones, deformed or big toes with calluses, and any treatment or supply for calluses.

34. Radioactivity and Contamination: radioactive ions, radioactive pollution due to any nuclear matter, refuse, burning of nuclear matter or nuclear accident. Any hazardous properties of explosive matter, nuclear and chemical contamination.

35. Asbestos or any other similar condition.

36. Military service, naval or air force at time of war, or while under orders for war-like operations and exercises.

37. Any cost for purchase, maintenance or transfer of transplant organs.

38. Normal eye tests, treatment, supplies, examinations or fittings or surgery related to vision. However, we will pay Customary Charges for surgery to correct one's sight following an injury (PDT Photodynamic treatment).

39. Normal hearing tests, treatment, supplies, examinations or fittings related to hearing aids, provision, maintenance or fitting any hearing implants or hearing transplants, or any corrective surgery for non-medical impediments or for hearing impediments due to natural degeneration.

40. Treatment of the temporal-jaw joint, varicose vein.

41. Mental, nervous or psychic disorders, bulimia, anorexia, neurosis and epilepsy. Psychiatry, geriatric.

42. Treatment or supply obtained or received after the expiry date of Your Policy for whatever reason including non-renewal and non payment of the Premium. Any second or subsequent medical opinion from any Medical Practitioner or Specialist which is not required by Us.

43. Congenital condition, hereditary anomalies and illnesses, conditions or diseases irrespective of the time the symptoms appeared.

44. Routine examinations, preventive medicine, inoculations, medical aids, artificial limbs and devices during hospitalisation.

45. Removal of spots unless it is proven to be malignant following a histological examination provided that the terms and conditions are complied with.

46. General investigatory gynaecological surgeries, laparoscopic or not shall only be covered if the illness is established following a histological examination as well as appearing on the laparoscopy film.

9.6.2 THE DREAD DISEASE BENEFIT AND PERMANENT TOTAL DISABILITY BENEFIT SHALL NOT APPLY IF:

1. The Insured failed to seek care and medical advice as soon as possible.
2. The Insured was a resident outside of Cyprus as defined in the Policy for more than 13 weeks in any 12 consecutive calendar months, without giving prior written notice to us, and receiving our written agreement regarding this.
3. The Insured has been diagnosed as suffering from AIDS or is HIV positive or antibodies for such a virus have been diagnosed.

9.7 GENERAL TERMS

The following terms shall apply to all sections of this Policy and are prerequisite of Our liability under Your Policy:

1. The Entire Contract

The Application, the Certificate of Insurance, the Policy, and any Endorsements form the entire Contract between us and should be read together to avoid any misconceptions.

2. Third Parties

The only parties to this contract are You and Us. No other person has the right to impose or invoke the provisions of the Policy or part of it.

3. Compliance with Policy Terms

We shall not be liable under the Policy in the event of your failure to comply with the Terms of this Policy.

4. Your Duty of Care

You should at all times act in a prudent manner and should exercise reasonable care and take reasonable precautions to prevent Injury or Illness, to minimise any costs incurred and comply with recommended vaccination schedules and take the appropriate precautions against malaria and other medicinal precautions.

5. Premiums and Policy Duration

Your Policy is effective for 12 or 6 consecutive months. All Premiums are payable in advance irrespective of the type of cover provided under the Policy.

The Premium is payable in Euro and based on rates applicable to Your attained age on the Effective Date or renewal.

We cannot be held liable if Your Policy is terminated due to your credit card or debit card being declined or if it expires.

6. Laws and Taxes

We reserve the right to amend the Policy and the Premiums at any time in order to reflect any change in regulatory requirements, insurance law, insurance premium tax or other government levies as may be imposed upon Us.

7. Acceptance Clause

We are entitled to refuse or to accept an Application from any person without giving a reason. We reserve the right to apply new Terns, options, exclusions or Premium increases to reflect any circumstances you disclosed to us in Your Application or declared to Us as an important event.

8. Amendment of Terms

If the Company accepts to re-issue the Policy upon its expiry, the Company does not commit to do so with the same terms or conditions but may alter the terms and conditions. The Insured may cancel his/her Policy within 30 calendar days following any Renewal Date and provided that no claim has been made, the Company will refund the premium paid to the Insured.

9. Substitution

The Insured must provide the Company without delay by written notice of any right of action against any third party arising out of any circumstances which give rise to a claim under this Policy.

The Insured undertakes to cooperate with the Company to file a claim against anyone for a payment made that resulted in a loss of money for the Company and to account for any amounts recovered on the basis that the Company shall be entitled to recover first in full any amount paid by the Company prior to the Insured obtaining a right to any amount recovered. Should the Insured fail to file any valid claim against third parties and the Company thereupon becomes liable to make any payment under this Policy, the Company shall substitute the Insured in all his/her rights.

Any amount recovered by the Company shall be used to pay the expenses of collection and to reimburse the Company for any amount it may have paid or for which it is liable to pay under this Policy.

(Short-Rate Cancellation)

The Insured or the Company may request the Cancellation of this Policy by giving not less than 15 calendar days advance written notice. In such an event coverage shall terminate from the Cancellation date determined by the Company or by the Insured as the case may be. The Insured will be charged the Short-Rate Earned Premium. If the Insured has paid more than the pro rata calculation, the Company shall refund the difference between the amount actually paid and the pro rata calculation. No refund shall be made if a claim has been made within the insurance period. If the Insured has paid less than the Short-Rate Earned Premium, the Insured shall pay to the Company the difference between the Short-Rate Earned Premium and the amount actually paid.

10. Choice of Law

Your Policy shall be construed according to the laws of Cyprus and shall be subject to the exclusive jurisdiction of the courts of Cyprus.

11. Misrepresentation/Fraud

Any claim under Your Policy for which you do not act with good faith, or any claim that is in any respect fraudulent, unfounded or described inaccurately, or any claim for which you failed to implement the Terms of the Policy, shall render Your Policy void from the start and all claims and benefits under Your Policy shall be written off and (if appropriate) be recovered by Us and We shall not have liability for such benefits or claims. In addition, Your Policy shall be cancelled and rendered ineffective from the Effective Date without refund of Premiums.

12. Other Insurance

You must inform us if any of the benefits under Your Policy are covered or are reimbursed differently by any other insurance, membership benefit, reimbursement cover or right of contribution, right of substitution or recovery, Policy, or other obligation or provision of benefits by a third party. We shall not be liable to pay more than our rateable proportion towards the claim.

We are not obliged to provide any benefit or to pay any claim in respect to treatment or supplies sponsored by any program or agency funded by any government.

Where expenses are made for treatment of a Medical Condition for which payment is made or is available through workers' compensation, employer's liability, or a similar law or government program, any payment made by Us will be secondary to any payment or cover from elsewhere. If we discover that you were previously reimbursed for all or some of those expenses from any other source, we shall have the right to ask You to return the money. Where necessary, we retain the right to deduct such return from any impending or future claim settlements or to cancel Your Policy from the Effective Date.

13. Liability

Our liability shall cease immediately upon cancellation or termination of Your Policy for whatever reason.

14. Arbitration

No dispute or claim can be lodged for arbitration prior to Us dismissing Our liability wholly or partly, or Your right for cover under the Policy.

15. Termination of Cover

We may at any time terminate Your Policy in the event of any nonpayment of a Premium, fraud or misrepresentation, non-refund of an over-paid claim, or if you no longer meet the eligibility requirements of Your Policy. We may at our discretion reinstate the cover, though the Terms of cover may be subject to changes.

16. Right of Recovery

In the event of overpayment by Us of any claim for benefits under Your Policy, for any reason, we shall have the right to a prompt refund and recovery of the amount that was overpaid to You, the Hospital, Medical Practitioner or other supplier of services or goods, as the case may be.

If You or the Hospital, the Medical Practitioner or other supplier of services and goods does not promptly return the money, we may, with regards to any other rights or remedies that are available to Us: reduce or deduct from the amount of any future claim that is otherwise rightful cover or compensation under Your Policy, to the full extent of the refund due to Us and/or terminate Your Policy by giving you 30 calendar days written notice by mail to Your last known address and/or to charge such amount to any credit card if we have its details and if the overpayment was made to You.

17. Essential Facts & Change of Risk Disclosure

You must disclose all essential facts to Us in Your Application. Failure to do so may affect Your rights under Your Policy. An essential fact is the information likely to influence us during the assessment of or the acceptance of Your Application for cover. If you have any doubts as to whether a fact is "essential," then you should disclose it to us. Please note that Your disclosure of Pre-Existing Conditions will not result in abandoning the exclusion of our liability in relation to Pre-Existing Conditions.

You must also inform Us as soon as it is reasonably possible of any essential changes relating to You which may affect information given in connection with the Your Application. This includes any information as documented on the Application which may have altered prior to the Effective Date. We reserve the right to amend the Terms of Your Policy, to decline acceptance of Your Application or to cancel Your cover following any change of risk.

18. Medical Evaluation

We reserve the right to request further tests and/or evaluation where we reasonably decide that the condition for which a claim is made may be directly or indirectly related to an excluded condition.

19. Deviation

If We do not appeal any incident of any term of Your Policy, this shall not prevent Us from relying on that term on other occasions.

20. Local Insurance Law, Taxation & Regulations

We do not accept liability in the unlikely event that You violate any local insurance law, regulation or taxation issue by purchasing Your Policy. Your Policy is deemed to be constructed and issued in Cyprus.

You guarantee that you are not violating any local insurance law, regulation or taxation issue by purchasing Your Policy and that you understand and agree that Your Policy is not designed for you to comply with any particular local insurance law or regulation. You agree that you are solely responsible for your compliance with the laws that are in effect outside of Cyprus.

21. Eligibility and Age Restrictions

Your eligibility to be insured was based on your application. A child under the age of 1 month old is not eligible to be insured. For you to be a party to this Policy you must be an adult. If you are a child under the age of 18 years old, the Application must be signed on your behalf by your legal guardian. The maximum age for any one to be eligible for insurance is 60 years old and the insurance shall be automatically terminated on the Renewal Date following your 65th birthday.

9.8 BINDING TEXT

The English or alternatively the Greek version is the binding text of this Policy as mentioned in the proposal.

10. 24HRS ASSISTANCE MEMBERSHIP PLAN

10.1 IMPORTANT INFORMATION

How to contact us:

In case of an incident, please contact us on **800 5 10 15**. It is important that you contact us because if you go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation then you will proceed at your own financial risk.

How we will identify that you are entitled to assistance:

When you contact us for assistance you will be asked to show your Membership Certificate to ensure that only those Members entitled receive service. If you require assistance please be prepared to show this Certificate or Membership Card.

If a valid Membership Certificate and additional proof of identity cannot be produced, we reserve the right to refuse service. Please also note that you should advise us immediately of any changes to name or address.

If you're not a Member or don't hold the relevant level of cover:

If you are not entitled to any medical assistance services or you are not, at the time of the incident, entitled to the particular assistance service(s) we may still be prepared to provide the required assistance. However, if so, in addition to paying the usual premium for the relevant Membership cover, a supplementary premium will be payable.

How to make a claim

Call our Freephone across the island on **800 5 10 15** (or if overseas on **00357 25 885 885**), at any time 24 hours a day, 365 days per year. Alternatively, you can report your claim at one of our branches all over the island and we will deal with it immediately. Please contact us and we will confirm whether any treatment you plan to receive is covered under your Direct Care Policy. Our Medical Insurance Policy provides Claim Assistance and where necessary our associates will advise and give you guidelines on any health condition of you or any of your family members.

Have we delighted you?

Gan Direct offers you an unforgettable Customer Service Experience. However, if for any reason you are not delighted with the service provided to you, we would appreciate it if you could describe your experience via email at info@gandirect.com. Alternatively, you may write to our Head Office at Gan Direct, P.O. Box 51998, 3509Limassol, Cyprus for the attention of the Managing Director.

Definition of words and phrases used in this Policy

Some common terms are used to make this Policy easier to understand. Wherever the words or phrases appear they will always have the meaning set out in the Definition of words and phrases section in the Insurance Policy.

10.2 WHAT'S AVAILABLE

This section details the different kinds of cover that are available under our Membership. The cover you hold will be set out in the accompanying letter, or if changes are made these will be confirmed separately to you in writing.

Services available

We offer a number of assistance services which can be purchased as part of Membership. These include:

24hrs Medical Assistance Service

Our 24 hour Medical Assistance Service is there for you whenever you need it, and always just a phone call away. If you are feeling unwell or if you just want some general healthcare information then you can be put through to specialised medical teams. Additionally, our 24hr Medical Assistance Service provided with Direct Care policy will handle your claim as soon as you notify them and will provide you an unforgettable customer service.

24hrs Coordinating Center

24hrs Coordinating Centre is the exclusive 24/7 service for our Direct Care customers specially designed to give you expert information and peace of mind. A group of healthcare professionals, who are all experts in providing medical advice. So no matter what you are concerned about, there'll be someone with the right experience and training on hand to help you. Whenever you need a question answered or just need the peace of mind that comes from talking to someone we are here for you. We have the latest information on specific illnesses, treatments and medications.

24hrs Coordinating Centre does not diagnose or prescribe and it's not set up to replace your GP, but we think you will find it a really useful and valuable part of your Direct Care Policy. Whether you're concerned about your own health or that of family member, help is just a phone call away.

Except from providing medical advice our Coordinating Centre will guarantee the most efficient and effective service including the pre-notification call from wherever you are, if hospitalization is needed.

Casualty Care

It is all about people not processes. We recognize that behind every claim there is an individual who needs our help as swiftly and seamlessly as possible. Just call our 24hrs Medical Center Freephone with experts trained in casualty care and bodily injury that will be by your side when the unthinkable happen.

Second Opinion

The Second Medical Opinion cover provides a Second Medical Opinion from Experienced Medical Centres around the world following the diagnosis of a Qualifying Medical Condition. The benefit can be provided to Health Insurance Customers irrespective of their type of Policy or Membership plan by adding this additional benefit to their membership.

Who can benefit from the Second Medical Opinion Scheme:

Individuals can benefit from the Scheme, customers of Gan Direct:

Some advantages of the Second Medical Opinion Scheme

There are no limitations concerning Pre-Existing Medical Conditions. It can help in reinforcing or differentiating the treatment and confirming the prognosis of a patient's condition. It facilitates hospital admission at an Experienced Medical Center around the world.

What is not covered:

- The cost of the medical treatment
- Transfer of the benefits to another person.

Travel Assistance

Medical or travel emergency repatriation and other expenses while you are abroad. In cases of emergency requirements, out of the country of stay, we will arrange treatment where considered appropriate based on medical diagnosis. In addition, we will organize direct transport of the patient and/ or relatives including accommodation expenses of a family member.

Applicable to all sections of the membership:

1. Requests for emergency assistance

You must contact us without delay whenever an emergency arises that may result in a call-out. All requests for Emergency Assistance must be made on our Freephone 24 hours a day, 7 days a week at **800 5 10 15** or at **00357 25 885 885** (if you call us from abroad) within 24 hours of discovering the emergency and not go ahead and have any treatment/ investigation/consultation otherwise the benefits of membership will not apply.

2. Service Limits

We will not be responsible for any costs above or outside the service limits. The service limit applicable to your membership is stated on your membership certificate. You are responsible for agreeing and settling costs not covered by the service limits directly with us. You will be required to settle these costs using a debit or a credit card over the telephone.

10.3 GENERAL TERMS & CONDITIONS

General Exclusions

The following are not included under any section of the membership:

1. Any pre-existing condition occurring prior to the commencement of the membership.
2. The cost of any treatment/investigation/consultation which is carried out prior to our approval.
3. Consequential loss of any kind arising from the provision of, or delay in, providing the services to which this membership relates.
4. Any liability for delay or failure in performance of our obligations to provide emergency assistance if that delay or failure is due to any cause outside our reasonable control.
5. Any costs arising out of an emergency caused directly or indirectly by or through any wilful or negligent act, or omission by you or any third party.
6. The costs of treatment/investigation/consultation in excess of your chosen level of membership as shown on your membership certificate.
7. More than 4 call-outs in a period of insurance (policy year)

General rights to refuse service

Please note: if a Member is refused service by us the Member has the right to an explanation in writing.

1. We reserve the right to refuse to provide Medical Assistance where:
   a. In our reasonable opinion, and other than solely as a result of a failure on the part of our company, the giving of service would involve a breach of the law (including, without in any way restricting the type of breach being referred to under this sub-clause, a breach of our health and safety duties);
   b. In our reasonable opinion, there has been an unreasonable delay in reporting the incident;
   c. You cannot produce a valid Membership Certificate (or appropriate receipt) and some other form of identification. If these cannot be produced, and we are unable to verify that the appropriate Membership entitlement is held, we reserve the right to refuse service.
   d. We reasonably consider that you:
   i) or anyone accompanying you, is behaving or has behaved in a threatening or abusive manner to our employees, patrols or agents, or to any third party contractor; or
   ii) have falsely represented that you are entitled to services that you are not entitled to; or
   iii) have assisted another person in accessing our services to which they are not entitled;

Additional services

2. Any additional services made available by us which are not described in these Terms & Conditions are provided on a purely discretionary basis and may be withdrawn at any time.

Use of agents

3. Service from our dedicated patrols is subject to availability and may be supplemented by use of appropriate agents. We will only accept responsibility for the actions of an agent where the agent is acting on our instruction.

Requests for assistance

4. All requests for assistance must be made to us using the contact instructions provided by us from time to time. If You go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation, You will have to settle its bill and we will be under no obligation to reimburse You.

Cancellation of Membership

5. The Member has the right to cancel their Membership within a 14 day "cooling off period", commencing either from the agreement of the contract (which is the renewal date for renewing Annual Membership) or the receipt of the relevant Membership documents, whichever happens later.

The following refund policy will apply for Members cancelling within the "cooling off period":

a. If the Member joined already requiring assistance, the Member will receive a full refund of the total Membership premium paid less our charges for assistance provided. The minimum charge for this assistance is €100, which excludes any additional recovery charges paid for excess mileage.

b. If the Member did not join already requiring assistance, the Member will receive a full refund of the Membership premium. Please see section 10.4 of the Membership Arrangement and Administration Contract, for information on our fees in the event of cancellation.

c. You must not, in any event, make further use of the cancelled Membership.

Please note that there will be no separate or additional "cooling off period(s)" during the Membership Year, regardless of any changes that are made to the Membership.

6. Outside of any relevant "cooling off period" (on joining or renewal) the following will apply:

For Members with Annual cover: subject to any other statutory rights the Member may have, there will be no right to cancel (and therefore no refund of the Membership premium).

7. We shall have the right to cancel any Direct Care Membership Cover Policy if:

a) We have been entitled to refuse service.

b) The maximum number of call outs, as set out in our Service Control, has been reached or exceeded in any two consecutive Membership Years.

c) Membership was taken out where we were, or are, entitled to cancel an existing or previous Membership under (a) or (b) of this clause. No refund of premium shall be due to the Member following a cancellation under sub-clause (a) and (b). In the event that we cancel a Membership in accordance with sub-clause (c), we shall give Members with Annual cover a pro rata refund of the premium based on the unexpired cover at cancellation provided no service has been given. For those with Continuous Membership, cancellation will take effect at the next payment due date and no refund of the premium will be due to the Member.

Autorenewal

8. If Membership is paid annually by direct debit, continuous credit certificate or quarterly payments, Membership will be automatically renewed at the end of each year. A reminder will be sent to advise of the cost of our Membership, and any changes to Terms & Conditions that will take effect, at renewal.

Changes to Terms & Conditions

9. Annual cover: We are entitled to change any of the Terms & Conditions at renewal. We also reserve the right to make changes to these Terms & Conditions during the Membership Year by giving reasonable notice, where we reasonably consider this necessary in order to comply with any applicable laws, regulations or the advice or instruction of any regulatory authority.

Changes to your Personal Details

10. Changes to your name or address must be notified to us immediately.

    Please note that if you pay under a continuous payment authority and your account and/or Certificate details change, we will approach your Certificate provider/bank for, or receive from your Certificate provider/bank, updated details to help continue to provide the services you have requested.

Matters outside our reasonable control

11. While we seek to meet the service needs of Members at all times, its resources are finite and this may not always be possible. We shall not be liable for service failures where we are faced with circumstances outside its our reasonable control. Events which might constitute circumstances outside our reasonable control include (but are not limited to) Acts of God, outbreak of hostilities, riot, civil disturbance, acts of terrorism, acts of government or authority (including the refusal or revocation of any licence or consent), fire, subsidence, explosion, flood, snow, fog or other bad weather conditions, vehicle, equipment or systems failures, shortages of fuel or other necessary supplies, failure of telecommunications lines or systems, default of suppliers or sub-contractors, theft, malicious damage, strike, lock out or industrial action of any kind.

Exclusion of liability for loss of profit

12. We shall not, in any event, and to the extent permitted by law, have any responsibility for (a) any increased costs or expenses, (b) any loss of (i) profit, (ii) business, (iii) contracts, (iv) revenue or (v) anticipated savings or (c) for any special or indirect losses incurred as a result of or in connection with any service, whether resulting from tort (including negligence or breach of statutory duty), from breach of contract or otherwise. For the avoidance of doubt, nothing in this clause or these Terms & Conditions shall exclude or restrict our liability for negligence resulting in death or personal injury.

Enforcement of Terms & Conditions

13. Failure to enforce or non-reliance on any of these Terms & Conditions by us will not prevent us from subsequently relying on or enforcing them.

14. None of the Terms & Conditions, or benefits, of our Direct Care Membership Cover are enforceable by anyone else other than the Member.

Use of headings

15. The headings used in this Policy are for convenience only and shall not affect the interpretation of its contents.

Interpretation

16. Your Membership and these Terms & Conditions are governed and should be interpreted by the laws of the Republic of Cyprus.

10.4 SERVICE CONTROL - CALL OUT LIMITS

Outlined below are the call out limits that apply to our Direct Care Membership Cover within each Membership Year. Service Control is designed to help keep Membership affordable by making sure that high use by a minority of Members is avoided.

Additional premiums during the Membership Year

Depending on your type of Membership, you have the right to call out us up to a maximum number of times in each Membership Year.

The limits are as follows:

Direct Care Membership: Maximum of 4 call-outs in a Membership Year. If the relevant call-out limit is reached, we will be entitled to charge an additional premium upon each subsequent call-out to continue our Membership Health Assistance cover. We will also be entitled to restrict the level of incidents available to you during the remainder of that Membership year.

Additional premiums at renewal

If the relevant maximum number of call-outs set out below is reached within the last two Membership Years, we will be entitled to ask for an increased premium for the following Membership Year.

11. GUIDE TO CLAIMS

Our products are as good as our claims service.

It's that simple.

It's all about people not processes. You'll be treated as a valued individual rather than a policy number - an individual who needs our help as swiftly and seamlessly as possible. As you'll see from this guide, we go to great lengths to make sure we get it right when things go wrong for you.

Making a claim

- ✓ The only number you need to report a claim is: **800 5 10 15**
- ✓ Call us anytime 24/7
- ✓ The sooner we know, the quicker we can help and be there for you
- ✓ Just one call to our team will set the wheel in motion and the right man by your side
- ✓ Calls may be recorded and/or monitored

11.1 AT THE 'MOMENT OF TRUTH'

We commit and keep our promises

- ✓ We design insurance policies exclusively for you
- ✓ All you need to do is "**Switch to Us**" and we will take care of everything else for you!
- ✓ We always provide appropriate cover and value for money solutions (More for Less!)
- ✓ We are sympathetic to the lifestyles of career people and offer a 24/7 service on-line at **www.gandirect.com** or extended hours of operation for our Call Center
- ✓ We are transparent, open about what's next
- ✓ We proactively keep you informed every step of the claim process
- ✓ Our claims team will update you at every point, what to expect more and by when
- ✓ We are dedicated to eliminating paperwork and saving you time
- ✓ We have a policy of offering single call and/or interaction resolution
- ✓ Our staff is empowered to provide you customized solutions according to your individual needs
- ✓ We will provide independent advice on all your medical insurance needs
- ✓ Each year we review your insurances comparing them to other insurers to ensure we offer value for money
- ✓ We offer a broad range of policies that reflect changing needs as your lives develop
- ✓ We aim to offer solutions to any insurance needs that you have. You will directly be connected to our expert customer service advisors

Customer Service

- ✓ Integrity and ethics play a key role in the running of our business
- ✓ Our Customer Service Advisors are paid salaries, not by commission
- ✓ All Customer Service Advisors work to high service standards and are constantly monitored to ensure they retain client confidence and loyalty
- ✓ We won't hide behind small print. Charges for our services are clearly laid out in our documentation
- ✓ We act fairly, reasonably, promptly and speedily with accuracy, clarity, empathy, reliability, in all our dealings with you
- ✓ We make sure all the information we give you is clear, fair and not misleading
- ✓ We give you sufficient information and help so you can make an informed decision
- ✓ Offer options and solutions for you to choose what suits you best!
- ✓ Your details are safe with us and will only be used to support our relationship with you. We actively seek feedback from our clients encouraging complaints where they are deserved
- ✓ If we receive a complaint we promise to reply by return and immediately initiate an investigation and it will be speedily resolved to your satisfaction. We expect to retain your insurance policy even after a complaint
- ✓ We provide Continuous Training Education (CTE) to our Customer Service Advisors to sustain and improve their knowledge

Our call centre

- ✓ We have worked hard to maintain our branch culture within this operation and therefore a more personal service is also achieved

Internet

- ✓ We provide on-line quotes, which once purchased give you instant cover. We are also introducing functionality that allows clients to download policy documents and work is progressing towards on-line renewals and adjustments
- ✓ All channels access the same quotes and client database so irrespective of when and where a member may call back at a later date, all information is instantly retrievable, by all staff, through all channels (web, call center and branch)

Customer Care

- ✓ "We put our Customer at the centre of all we do and constantly seek to develop innovative solutions that exceed our Customer needs and expectations"

The essence of our customer care strategy is to

- ✓ Deliver excellent quality of customer service with "More for Less"

General Insurances Claims Service

- ✓ Our claims division is as one of the best in the industry. It has consistently been praised for its speed and efficiency
- ✓ We have experienced claims technicians and managers all of whom appreciate that dealing with clients requires a heightened level of service

11.2 IT'S ABOUT PEOPLE NOT PROCESSES

We recognize that behind every claim there's an individual who needs our help as swiftly and seamlessly as possible. That's why we make sure we get claims moving straightaway and achieve as much as possible during the first call. What's more, our claims experts – who are all trained in "casualty care" – make sure that we take as much care of your well-being as the claim itself.

The sooner, the better

The sooner we know, the sooner we can help. So tell us about claims straightaway. Late reporting can increase the time it takes to settle a claim and increase handling costs. Delays can make it harder for us to investigate and make accurate decisions and, most importantly, slow getting you back to normal as quickly as possible.

What you have to do

Before you receive any treatment privately, you should call to our free telephone number on **800 5 10 15** or on **00357 25 885 885** (if you call us from abroad) to check that you are covered for the treatment that you will receive. Your Specialist may recommend tests admission to a hospital/clinic as in-patient, or day patient treatment.

Most Hospitals /clinics and some specialists have their bills paid directly. Others will send bills to you.

What is the insurance company's obligation

We will give you all the guidance you need confirm that your cover includes and if necessary send you a claim form. Contact us 24hours per day, 7 days per week on **800 5 10 15** or on **00357 25 885 885** (if you call us from abroad) and we will confirm whether any treatment you plan to receive is whithin your cover.

We will tell you how we pay claims. Remember if you have chosen to pay an excess or co insurance, you will have to pay the first amount (as you have determined it on your direct care policy excess) of your claim.

The aim of this document is to ensure you that the right claim procedure will be followed in all cases in order to provide you the best and fastest Service.

Following feedback from our customers we have developed a complete guide to making a direct care (medical) claim.

The aim of this booklet is to:

- Detail the process you follow when you need to make a claim. With this information you will be able to provide our Customer Service free phone line with all the information they need to assess your claim. This in turn should result in a faster evaluation of your claim.
- Inform you of what we have to do at each stage of your claim, how long this will take and why the information you provide is vital for the assessment of your claim.
- Please remember that at any point during your claim you can call our Customer Service free phone line for further advice or help on **800 5 10 15** or on **00357 25 885 885** (if you call us from abroad).

11.3 MAKING A NEW CLAIM

Apart from emergency admissions, all medical treatment has to start with a referral by your General Pathologist (GP) to an appropriate specialist.

Step 1: Consult your General Pathologist (GP)

When you are feeling unwell you will need to contact your General Pathologist (GP).

After your consultation, your General Pathologist (GP) will advise you if they can treat you for your symptoms/condition or whether you need to be referred to a Specialist.

If you intend to make a claim on the Policy it is important you don't proceed with any treatment before notifying us

When you visit your General Pathologist (GP) with a complaint/condition and they suggest you need to be referred to a Specialist, ensure you ask for the following information:

- Details of your condition, including symptoms, dates and diagnosis, if known
- Full name and address of your General Pathologist (GP) and recommended Specialist
- Ask your General Pathologist (GP) to refer you to a Specialist

Important note

Before seeing your Specialist you must contact us. If you go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation then you will proceed at your own financial risk.

A handy checklist

Before calling our Customer Service free phone line please ensure you have the following:

Date you were first aware of your symptoms (include any previous episodes)

- First date you visited your General Pathologist (GP) with the above symptoms.
- What advice/treatment did they give (include any previous advice/treatment you may have received)?
- Date of any subsequent visits to your General Pathologist (GP) before referral to a Specialist, and any further advice/treatment given.

General Pathologist (GP) & Specialist contact details

- General Pathologist (GP)'s name
- General Pathologist (GP)'s address
- Specialist's name
- Specialist's address
- Please ensure you check the spelling of the contact details of the General Pathologist
- (GP) and Specialist. Incorrect details will cause a delay in the claim.

Step 2: Call our Customer Service Free Phone Line – 800 5 10 15

If your General Pathologist (GP) has advised that you need to be referred to a Specialist, please call our Free Phone Line to discuss whether your claim is eligible under your Policy. We will endeavour to assess your claim by telephone, in order that you receive a quick confirmation of cover.

Following your consultation with your General Pathologist (GP), you need to call us with the following information:

- Policy number (see membership card)
- Details of your condition, including symptoms, dates and diagnosis, if known
- Full name and address of your General Pathologist (GP) and recommended Specialist
- Whether you have referred to a Specialist who can treat you at a hospital

Please note, ensure you have the correct spelling of all of the above, as this can effect the speed of the evaluation of the claim.

What we do

We will take all the information from you and ask any relevant questions in order to assess your claim. We will also advise you of the benefits, exclusions, excess or monetary limits under your Policy. Where possible we will let you know whether your claim is authorised there and then over the phone. The more information you are able to give us at this point, the easier it will be for us to make a decision. If we are unable to authorise your claim over the phone we will send you a claim form and advise you what to do, this will include asking your General Pathologist (GP) or Specialist to complete and sign the relevant sections. If you are required to complete a claim form, it is your responsibility to ensure that your General Pathologist (GP)/Specialist completes the claim form and returns it to us. You should settle direct any fees charged by the General Pathologist (GP)/Specialist for the completion of the form, as these are not a benefit under the terms of your policy. On receipt of a completed claim form, we will assess your claim.

Important note

Before seeing your Specialist you must contact us. If you go ahead and have any treatment/investigation/consultation without first seeking advice and authorisation from **Gan Direct** then you proceed at your own financial risk.

Step 3: Consult a Specialist

Before your appointment we recommend you to write down some questions to ask your Specialist, so you remember what you want to find out about your proposed treatment.

If you don't understand what your condition is, or what the treatment is, ask him/her to explain it. Make sure you are happy with the explanation. These are examples of some questions you may like to ask for your own peace of mind, dependent on the nature of your visit:

- What are the tests for and what are you looking for?
- Is surgery necessary or are there any other treatments available?
- Can the operation be done as a day-patient?
- What will be done during the operation?
- How long will it take?
- How long will I have to be in hospital for?
- How will I feel after the operation?
- When can I go back to work?
- Will I have to stop doing/eating certain things?
- Will there be any long term effects?
- Will I have to take medication after the operation?
- What will it do and how long will I have to keep taking it?

When you visit your Specialist for a consultation they may advise that further investigations or treatment is necessary, or you may undergo initial investigations e.g. blood test, X-ray at the time of your consultation. If your Specialist recommends further treatment please ask for a procedure and a description of the treatment/investigation. Call us again with this information and we can confirm whether or not your investigations/treatments are covered.

We may ask you for further written information at any point of the claim. We will take the information you provide, assess it and confirm whether the treatment is covered under your Policy.

Step 4: Have hospital treatment in a clinic

Following confirmation from us that your claim is eligible,

If you need to be admitted to hospital, remember:

- To ask your Specialist to treat you at an Associated hospital or Clinic on your Hospital List (we recommend you take your Hospital List with you)
- To take your membership card with you and your Confirmation of Cover schedule

If you need to be admitted to hospital, remember:

- To take your membership card with you and your Confirmation of Cover schedule

Step 5: Receive payment for eligible hospital treatment

- Send all your eligible medical bills to us quoting your Policy number and we'll settle them directly with the Specialist or hospital concerned.
- Or settle the accounts yourself and then claim the money back from us, by sending us your receipted bills.
- If you have an excess on your Policy, forward any invoices and bills you receive to us.
- Do not pay any money to either the provider or us before doing this. You may wan.

You must cooperate with requests

You are legally obligated to cooperate with requests for information from your insurance company related to your claim.

What happens next?

We appreciate that behind every claim there's an individual. That's why we have a Centre of Excellence filled with experts to help you.

11.4 Medical Management Services

Pre-Certification

For many of the benefits under Your Policy You are required to notify Us PRIOR to incurring any expense or undertake any Treatment and before being admitted to Hospital.

Network

You are free to choose the provider and location for Your Treatment within the Geographic Area of Your Cover.

Claims Handling Service Standards

Upon receipt of all completed final claims and supporting documentation required by Us, it is Our aim to complete Your claim and make payment to You or to the Hospital or to the provider immediatly.

General Claims Conditions and Information

1. Claims may only be made for Treatment actually administered during a Period of Insurance and benefits will be considered only for Eligible Charges which You incur prior to expiry or termination of Your Policy.

2. All documents, medical reports and other material that we require and request to examine a claim shall be provided to us without expense to us. In cases where we require medical information in order to assess a claim but this is not obtained, it is Your responsibility to obtain such information from Your current or previous Medical Practitioner, as appropriate.

3. Where we deem a consequence is not covered under Your Policy based on exclusion, the burden of proof to the contrary shall rest upon You.

4. In the Application, provision is made for details of Your Medical Practitioners over the last 12 years. If such details are not provided in the Application and you submit a claim after the Effective Date which We deem as being for a Pre-Existing Condition, such a claim will be rejected.

5. When an Excess applies to the Policy, the payment of any benefit will occur only if the total amount of Eligible Charges for Treatment and supplies covered under the Policy exceeds the Excess in each Period of Insurance. The Excess will be deducted from all Eligible Charges in respect to each new Insured Medical Condition for every Period of Insurance. You are liable for the amount of the Excess and any Co-Insurance, and You should settle these amounts directly with the relevant medical provider.

6. You may choose to have Your claim reimbursement paid in any currency convenient to Your location. However, the payment will be converted to the equivalent amount in the base currency of Your Policy. If we have to make a conversion from one currency to another, We will choose a fair exchange rate on the date on which You paid for Your Treatment, or if Your Treatment spanned over a period of time and We pay the provider, We will choose a fair exchange rate on the date of processing the payment. We are not responsible for any loss you may incur due to fluctuations in exchange rates or for any bank charges You may incur when You change a foreign currency cheque, or when you receive a bank transfer from Us.

7. Without delay, You must give Us written notification of any claim or right of action against any third party arising out of any circumstances for which a claim was made under Your Policy. You must continue to keep Us fully informed in writing and take all steps reasonably required when you proceed with a claim against that other party. To the extent permissible under the laws of Your Country of Residence, We shall be entitled to take legal action in Your name for Our benefit and claim for indemnity or damages or other measures which relate to any benefit and expense paid or should be paid under Your Policy. We shall have full discretion in the conduct of any such proceedings and in the settlement of any claim.

8. In the event we deny all or part of a claim, you shall have 90 calendar days from the date that the notice of denial was mailed to You to file a written appeal with Us. Upon receipt of a written appeal, we will respond in writing as soon as it is reasonably practicable and in any event within 90 calendar days from receipt thereof.

9. You cannot bring a legal action for recovery under Your Policy within the first 90 calendar days after we have been furnished with all supporting documentation of your claim or after the lapse of 12 months from the date supporting documentation of the loss should have been given to Us.

10. For your claim to be considered, you as well as Your Medical Practitioners, the Hospitals and other healthcare providers and medical service providers shall undertake to cooperate fully with Us and this includes granting full right of access to all relevant or related medical documentation, medical histories, reports, lab or test results, x-rays, treatment report, to examine You whenever and as often as may be reasonably required within the duration of the claim, and other available evidence, relating to or affecting the investigation, judgment or administration of the claim. We may deny cover of a claim when there has been a refusal or material failure to cooperate.

11. Eligible Charges will be paid by cheque or transfer to You or to Your last known residence or mailing address or at Our Area Offices.

12. Under Your Policy, you can claim benefit from the beginning of the Treatment until the time when it is medically confirmed that the Treatment is no longer necessary, or until Your Policy is no longer in force, whichever is the earlier. If you subsequently claim for a new course of Treatment, which is not in any way connected with the former Treatment, the subsequent claim will be regarded as a new claim.

13. If Treatment has gone on for more than one Period of Insurance, We will treat it as a new claim for any further Treatment after that date and will reapply any Excess.

14. If You are under 18 years of age, claim payments will be made payable to Your legal guardian.

Did you know...?

You are most welcome to come in and see us in our Centre of Excellence!

This booklet has been designed for you so please let us know what you think. We welcome your feedback; just send your comments to **info@gandirect.com.**

Share your experience with us

Gan Direct will offer you an unforgettable After Sales Customer Service Experience. However, if for any reason you are not delighted with the service provided to you, we would appreciate it if you could describe your experience on our email address, **info@gandirect.com**. Alternatively, you may write to our Head Office at **Gan Direct Insurance**, P.O. Box 51998, 3509 Limassol, Cyprus for the attention of the Managing Director.

12. DATA PROTECTION NOTICE

Please read this notice as it explains the purposes for which we will use personal data and sensitive personal data which we hold.

Your personal data

For mutual security calls are recorded and may be monitored for training purposes and to prevent and detect fraud.

Insurance administration, renewal and claims handling

Information you supply may be used for the purpose of insurance administration, renewal and claims handling. In assessing any claims made, we may undertake checks against publicly available information. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

Claims & Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange to help us check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we or the insurer may search these registers and any other relevant registers. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may give rise to a claim. When you tell us about an incident, we or the insurer will pass this information to the registers and any other relevant registers. You can ask us for more information about this.

Your electronic information

If you contact us electronically, we or the insurer may collect your electronic identifier, e.g. Internet Protocol (IP) address or telephone number supplied by your service provider. This information may be used by us to aid in the detection of fraud.

Sensitive personal data

In order to assess the terms of the insurance contract or administer claims, we will need to collect personal data which the Data Protection defines as sensitive, such as medical history or criminal convictions and we may need to transfer this data. By proceeding with this contract, you will signify your explicit consent to such information being processed by us.

Medical Insurance Database

Information relating to your insurance policy will be added to the data stored on it may be used by certain statutory and/or authorized bodies including the Police and other bodies permitted by law.

Fraud prevention

In order to prevent and detect fraud we may at any time: Share information about you with other organizations including the Police; Check and/or share your details with fraud prevention and detection agencies. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention. Law enforcement may access and use this information.

We or other organizations may also access and use this information to prevent fraud.

Please contact us on the number shown on your policy documentation if you want to receive details of the relevant fraud prevention agencies. We, the insurer or other organizations may access and use from other countries the information recorded by fraud prevention agencies.

Marketing and market research

We may use your information to keep you informed by post, telephone, email or other means of products and services which may be of interest to you. We may also contact you to conduct market research. Your information may also be used for the above purposes after your policy has lapsed. If you do not wish your information to be used for these purposes please write to us.

800 5 10 15

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