

Benefits Schedule

This table shows the Limits of Cover available under each section of the policy. It should be read in conjunction with Your Policy Certificate which will confirm what level of cover You have taken along. All limits and excesses are per person.

Benefits	Excess	Limits
Medical and Related Expenses		
Emergency medical expenses (including epidemics and pandemics)	Nil (\$75 for outpatient treatment)	Up to \$50,000
Emergency medical evacuation and repatriation expenses (including epidemics and pandemics)	Nil	Evacuation within the Territory of Coverage: Actual expenses Repatriation to the Country of Residence: Actual expenses
Extension of stay of the beneficiary due to medically not fit to fly plus one accompanying person	Nil	One-way economic ticket \$80 per day up to 10 days (for beneficiary + 1 Close relative)
Compulsory quarantine expenses because of epidemics and pandemics	Nil	\$100 per night up to 14 nights
Body Repatriation		
Body Repatriation in case of death	Nil	Actual expenses – Coffin up to \$1,000
Personal Accident		
Accidental death occurred in means of public transport	Nil	\$20,000
Permanent Total Disability	Nil	As per % scale up to \$20,000
Baggage		
Baggage delay	6hrs	\$25 per hour up to \$200
Theft, loss or damage baggage (within the care of the airline)	Nil	Up to \$400
24/7 Assistance Services		
24/7 Emergency medical assistance services	Nil	Service only
Consular referral	Nil	Service only
Emergency accommodation and travel arrangements	Nil	Service only
Transmission of urgent message	Nil	Service only
Legal Expenses		
Lawyer's expenses	Nil	Up to \$2,000
Advance for bail	Nil	Up to \$2,000
Personal Liability		
Personal liability	Nil	Up to \$30,000

TRAVEL INSURANCE POLICY WORDING

Thank you for choosing to insure with Zanzibar Insurance Corporation. The enclosed policy outlines everything You need to know about Your cover. If You are unsure whether something is covered or excluded, please contact the Customer Care team specified below.

Please keep this document in a safe place and take it with You when You travel in case You need assistance or need to make a claim.

For Emergency Medical Assistance and Claims Notification

- Call: + 33 1 70 95 70 25
- Email: medical-service@axa-assistance.ma

INTRODUCTION

This policy document provides You with the terms, conditions, and exclusions of the insurance cover, together with information that will help You in the event of an emergency.

We will provide the services and benefits described in this policy:

- during the Period of Insurance
- within the Geographical Limits
- subject to the Limits of Cover, and all other terms, conditions and exclusions contained in this policy.
- following payment of the appropriate premium for the level of cover selected.

Benefits under this policy are underwritten by Zanzibar Insurance Corporation and administered on their behalf by AXA Assistance Morocco. This policy is issued in Zanzibar and is subject to the Laws of Tanzania.

AXA Assistance Morocco is approved by ACAPS (Insurance and Social Security Supervisory Authority) public limited company governed by Moroccan law with a capital of 71,073,911 dirhams, whose registered office is located at 409 Route d'El Jadida (Morocco), registered in the Casablanca trade register under number 93081.

Zanzibar Insurance Corporation, Bima House No: 1 Mpirani-Street Mlandege Road P.O. Box 432 71102 Urban West, Zanzibar.

Conditions and Exclusions

There are conditions and exclusions which apply to each individual section of Your policy and there are General Conditions and exclusions which apply to the whole of Your policy.

Emergency Assistance 24 Hours A Day

In the event of a medical emergency, **you must contact AXA Assistance Morocco as soon as any covered event occurs before incurring any expenses.** Please call + 33 1 70 95 70 25, give Your name, insurance details, reference number and as much information as possible. Please provide a telephone number or an email address where we can contact You or leave messages at any time of the day or night.

This policy is NOT a Private Medical Insurance policy and does not provide cover for procedures that can be carried out in Your Home country after repatriation or for any medical expenses incurred in private facilities if a medically suitable State facility is available.

Only AXA Assistance Morocco has the authority to arrange the service provisions associated with the coverages below. Any arrangements made without the explicit authorization of AXA Assistance Morocco will not be covered or reimbursed under this Policy.

If the Beneficiary or his/her family circle arranges for all or part of the service provisions insured by the Policy and/or any commitment to expenses without the AXA Assistance Morocco's prior agreement, substantiated by a case number, he/she and/or they are not entitled to reimbursement.

The procedures and formalities associated with continuing, in the Country of Residence, with a treatment started in Zanzibar are solely the responsibility of the Beneficiary or of any person acting instead on his/her behalf.

CONDITIONS FOR APPLICATION OF THE COVERAGES

Territory of coverage

This insurance coverage is valid within the territory of Zanzibar. The coverage extends to Mainland Tanzania only under the following 3 conditions:

- The insured must enter Mainland Tanzania after having first entered Zanzibar.
- The insured must return to Zanzibar following their stay in Mainland Tanzania.
- The insured must depart from Republic of Tanzania via an airport or port of Zanzibar after returning from Mainland Tanzania.

Validity of Coverage

The coverage is valid for a maximum of 92 consecutive days, commencing from the start date specified on the insurance certificate. The duration of 92 consecutive days applies regardless of the number of trips made during this period to the Territory of Coverage. The specified limits of coverage apply as a total maximum for the entire 92-day coverage period.

GENERAL POLICY CONDITIONS

The purpose of these General Conditions is to define the terms and conditions of application of the travel assistance cover specified below issued by the Insurer (the "General Conditions").

Definitions

These definitions apply throughout your policy booklet. Where we explain what a word means, that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. We have listed the definitions alphabetically.

Accident: The bodily injury suffered during the life of the contract, which derives from a violent, sudden, external cause and one that is not intended by the Insured. For the purposes of this policy, the following shall also be construed to be accidents:

- Asphyxia or injuries because of gases or vapors, immersion, or submersion, or from the consumption of liquid or solid matter other than foodstuffs.
- Infections resulting from an accident are covered by the policy.
- Injuries that are a consequence of surgical operations or medical treatments resulting from an accident are covered by the policy.

Admission: means that an admission form must be completed by the Beneficiary before hospitalization.

Assistance Company: refers to the service provider appointed by the Insurer to provide the coverages of the Policy - AXA Assistance Morocco.

Beneficiary: Individuals less than eighty (80) years old when assistance is asked for and not resident in the Territory of Coverage (also refers to “policy holder”).

Bodily injury: means an identifiable physical injury caused by sudden, unexpected, external, and visible means including injury as a result of unavoidable exposure to the elements.

Children: means Persons less than 18 years old travelling as a companion of an adult.

Claim/ Sinister: any event requiring the assistance of AXA Assistance.

Close relative: the spouse of the Beneficiary, their children who are less than 18 years old when assistance is asked for, their Common Law Partner and their immediate ascendants at first degree, resident in the Country of Residence (in which the Beneficiary’s address is situated.)

Common Law Partner: The person living with the Insured Person in a domestic relationship, for at least six (6) consecutive months at the commencement of the Period of Insurance.

Country of Residence: Worldwide except Republic of Tanzania.

Currency: All monetary amounts specified in the Policy are expressed in United State Dollar (USD).

Cover: AXA Assistance will immediately provide the Insured, the assistance specified under the coverage clause of this insurance Policy for mishaps that occur due to unforeseen incidents during travels in the Territory of Coverage provided that this occurrence does not take place outside the specified geographical boundaries and does not take place out of the prescribed travel duration between the validity dates of this Policy. The scope of this Policy becomes void when the travel causing the acquisition of this Policy ends and/or the Insured leaves Zanzibar, whichever takes place first. The period of cover granted under this Policy shall not exceed 92 consecutive days of travel.

Deductible/Excess means the amount of money you must pay for each claim. Excesses apply per person, per incident and per section of the policy. Your excesses are shown on your policy schedule.

Doctor/ Medical Authority /Physician/ Practitioner: Any person holding a degree in medicine and who is registered with the relevant authority in the country where the latter practices, who does not have any familial relationship whatsoever with the Insured or with one of the persons travelling with the Insured.

Fraudulent Claims: When the Insured, Beneficiary or someone acting on their behalf, uses any fraudulent means or devices to obtain any of the benefits of this policy, consequently, any payment of any amount in respect of such claim shall be cancelled.

Home: means the Country of Residence where the Beneficiary resides on a permanent basis.

Hospital: a public or private establishment when the purpose of that stay is medical or surgical treatment following an Accident or Illness

Hospitalization: An urgent and unplanned stay or admission of at least 24 consecutive hours in a public or private medical facility for necessary medical or surgical treatment following an Accident or Illness. The stay is considered urgent

and unplanned if it was not scheduled more than five (5) days before the hospitalization.

Illness: Any change in health diagnosed and confirmed by a legally recognized doctor during the life of the policy and which is not comprised or derived from either of the following two groups:

- **Congenital disease:** the disease that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- **Pre-existing disease:** the disease that the Insured suffered prior to the date of taking out this policy, even if it wasn’t diagnosed.

Injury: A medical problem caused by a sudden and severe external cause or reason beyond the control of the Insured, within the validity period of this policy.

Insured Person: See definition of You/ Your/ Yourself/ Beneficiary.

Insurer: Refers to Zanzibar Insurance Corporation, Bima House No: 1 Mpirani - Street Mlandege Road P.O. Box 432 71102 Urban West, Zanzibar.

Limit: The amounts set forth in the conditions of this Policy in the Benefits Schedule, represent the maximum limit (financial, temporary or another kind) covered for a total period of 92-day. The maximum coverage limits specified in this Policy are applicable to the aggregate duration and cumulative claims made across all trips to the Territory of Coverage. These limits do not reset with each individual trip to the Territory of Coverage.

Medical condition: means any disease, illness, or injury.

Medical Team: A group of people tailored to each specific case as defined by the Assistance Company’s supervising physician and relying on the support of the Assistance Company’s infrastructure and international network.

Medical Transportation: any transportation of the Beneficiary organized by the Medical Team in accordance with the Beneficiary’s medical condition.

Period of insurance: the period that commences and ends on the dates stated on the certificate of the policy contracted.

Policy: The travel insurance policy including the General Conditions along with the Benefits Schedule, currently valid, issued by the Insurer.

Pre-existing Medical Condition / Illness / Disease: Any medical condition, illness, or disease that, within the last 12 months, required surgery, inpatient or outpatient treatment, referrals, or investigations of any kind. This includes being on a waiting list, taking prescription medications (excluding common colds, flu, or contraceptive medication), and receiving medical advice or treatment for respiratory conditions, heart or stroke-related conditions, diabetes, anxiety, depression, or any psychological condition.

Premium: The price of the insurance that the Policyholder must pay the Insurer in consideration for the coverage of the risks provided for the Insured by the latter, the receipt for which will include, the surcharges and taxes legally applicable.

Public transport: means any publicly licensed aircraft, sea vessel, train, coach, or bus on which you are booked or had planned to travel.

Serious Injury: An Injury, which in the opinion of the AXA Assistance’s medical team, prevents the Insured from continuing travel on the date planned or involves the risk of death.

Serious Illness: Any Illness that requires admission to hospital and which, in the opinion of AXA Assistance's medical team, prevents the Insured from continuing travel on the date planned, or which involves the risk of death.

Spouse: means Person officially registered as wife or husband of the Insured.

Territory: Geographic area where the travel object of the contract takes place, and in which the events that occur there have coverage (refer to Territory of Coverage).

Trip: means any holiday, business or pleasure trip or journey made by you within the area of travel shown in the schedule which begins and ends in your home area during the period of insurance but excluding one-way trips or journeys.

We/Us/Our: means AXA Assistance Morocco.

You/Your/Yourself/Insured person: means the policy holder / the Beneficiary.

SECTION A – EMERGENCY MEDICAL AND RELATED EXPENSES

1. EMERGENCY MEDICAL EXPENSES (INCLUDING EPIDEMICS AND PANDEMICS)

In the event of Accident or sudden Illness of the Insured occurring in the Territory of Coverage, the Assistance Company will pay the reasonable and medically necessary costs of hospitalisation, surgery, medical fees, and pharmaceutical products, prescribed by the attending doctor subject to the Assistance Company's approval.

The Assistance Company's medical team will maintain the telephone contacts necessary with the center and with the doctors who attend to the Insured to supervise the provision of proper health care.

All medical expenses must be pre-approved by the Assistance Company. Any expenses incurred without prior approval, except in cases of force majeure or medical incapacity as assessed by the Assistance Company, will not be covered.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip, except in the cases referred to in Specific exclusions hereafter.

Specific exclusions

In addition to the General Exclusions, the following are not covered urgent medicines costs when the Beneficiary:

- has travelled to/from a country, specific area, or event where a regulatory authority has advised against all travel.
- failed to obtain any recommended vaccines, inoculations, or medications prior to his/her trip.

This cover is subject to a limit provided by the Benefits Schedule.

2. EMERGENCY MEDICAL EVACUATION AND REPATRIATION EXPENSES (INCLUDING EPIDEMICS AND PANDEMICS)

In the event of an Accident or sudden Illness that is acute and not pre-existing, the Assistance Company will determine if it is necessary to transfer the Insured to a properly equipped health center or to repatriate the Insured to their Country of Residence and will arrange and cover the cost of the transfer. All arrangements for medical transportation must be coordinated and approved by

the Assistance Company; any transportation arranged by the Beneficiary without prior approval will not be covered.

The Assistance Company's medical team will maintain the telephone contacts necessary with the doctors attending to the Beneficiary and will decide which health center the Beneficiary is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

The Assistance Company will arrange the evacuation, using the means it deems suitable, based on the medical evaluation of the seriousness of the Insured's condition. These means may include air ambulance, surface ambulance, regular airplane, railroad, or other appropriate means. All decisions relating to the means of transportation and the final destination will be made by The Assistance Company.

Approval and arrangements shall be taken from the Assistance Company. In case any transportation or arrangement is made without obtaining prior approval from the Assistance Company, fees shall be borne by the Beneficiary and will not be reimbursed under this Policy. This cover is subject to a limit provided by the referred plan.

In case of Accident or Illness, the Medical Team, as soon as it is informed shall:

- Contact the current doctor and / or the physician who dealt with first care and/or the Medical Authority who is taking care of the person for the operation.
- Make the best decisions possible based on the Beneficiary's medical state.
- Depending on the circumstances, the Medical Team may decide to send a physician to the Beneficiary to decide whether an eventual repatriation is necessary and to deal with it.
- The Assistance Company shall bear the costs of transportation and examination of the concerned assigned physician.

Decisions of the Medical Team may lead to the implementation of various covers below. The unjustified refusal of those decisions by the Beneficiary may lead to the withdrawal of the cover.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization, the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip.

NOTE: The Assistance Company cannot act as a substitute for local, national or international emergency help or search organizations and does not pay for the expenses incurred because of their intervention. Thus, the Assistance Company shall not pay for the transportation from the place where the Accident or Illness occurred to a medical facility.

Common provisions

Transportation is carried out by ambulance, train, or regular service airline. If transportation is medically impossible by airline, or by any other means decided on by the Medical Team, an air ambulance is provided.

Under no circumstances shall transatlantic or transpacific flights be arranged by air ambulance.

If the ticket held by the Beneficiary cannot be used for the Medical Transfer managed by the Assistance Company, the Beneficiary shall relieve this non-used ticket to the Assistance Company or reverse any refund obtained from the carrier.

The Assistance Company shall find a bed in an appropriate medical facility according to its Medical Team's recommendation or agreement.

In all cases, the final decision regarding transportation, place of hospitalization, date, need for the Beneficiary to be accompanied and methods used shall be taken exclusively by the Medical Team of the Assistance Company. Should the Beneficiary refuse the decision of the Medical Team, he/she will be no more entitled to claim for any coverage nor any refund under this Policy.

In all cases, the Assistance Company reserves the right to engage a competent Medical Authority who shall require unencumbered access to the Beneficiary's medical file and to examine the Beneficiary himself/herself in order to assess the appropriateness of Medical Transportation.

In all cases the Beneficiary's luggage – excluding essential personal effects – shall remain the responsibility of the Beneficiary or of a Close Relative.

3. EXTENSION OF STAY OF THE BENEFICIARY DUE TO MEDICALLY NOT FIT TO FLY PLUS ONE ACCOMPANYING PERSON

Following an Accident or Illness requiring the intervention of the Medical Team, if the Beneficiary cannot return on the initially scheduled date and if he/she does not need Hospitalization or medical repatriation, the Assistance Company pays for their extended stay expenses at the hotel and also those of one of a Close Relative accompanying him/her during their trip provided that he/she stays with him/her in the same room or hotel.

The extension stay and the duration are decided by the Medical Team depending on the medical condition of the Beneficiary.

The Assistance Company pays also a one-way economic ticket to return to the Country of Residence for the Beneficiary and for one of the Close Relative accompanying him/her.

The implementation of this cover is subject to the prior approval of the Assistance Company, unless in case of force majeure or if the Beneficiary is unconscious or unable to contact the Assistance Company on medical grounds or he/she is medically incapacitated.

This cover is subject to a limit provided by the Benefits Schedule. This can only be paid for on the advice of the Assistance Company's Medical Team.

Any other temporary accommodation solution cannot result in any compensation.

4. COMPULSORY QUARANTINE EXPENSES BECAUSE OF EPIDEMICS AND PANDEMICS

The Assistance Company will cover the accommodation costs derived from a mandatory quarantine during a Beneficiary trip and is isolated in a hotel and / or hospital of his/her own costs. This compensation will be limited to covering accommodation costs and subject to presentation of the medical diagnosis, the medical quarantine order, and the hotel / convalescent hospital invoice in order to obtain reimbursement of the costs incurred. Other costs (food, laundry, additional services, etc.) will remain excluded from this cover.

SECTION B – BODY REPATRIATION

5. BODY REPATRIATION IN CASE OF DEATH

In the event of the Beneficiary's death in the Territory of Coverage, the Assistance Company arranges and pays for the transportation of the body or ashes from the site where the deceased is laid to the nearest international airport to the burial site in the Country of Residence.

The Assistance Company pays for the transportation expenses and the related expenses up to the maximum amount as specified in the Benefits Schedule.

As an exception to the General Exclusions related to epidemics and/or pandemics declared by the World Health Organization, the Beneficiary is covered under the same terms if he/she falls ill with an infectious disease during the trip.

In addition to the General Exclusions, the costs attached to the following elements within the Country of Residence are not covered:

- funeral ceremony
- funeral procession,
- burial or incineration expenses.

The implementation of the cover is subject to the prior approval of the Assistance Company. The Assistance Company alone is responsible for choosing the companies to be involved in the repatriation process.

SECTION C – PERSONAL ACCIDENT

6. ACCIDENTAL DEATH OCCURRED IN MEANS OF PUBLIC TRANSPORT

This benefit provides coverage to the beneficiary when entering, exiting, or riding as a passenger on a common carrier, such as airline, bus, train, or cruise ship. The Assistance Company will pay one of the Travel Accident benefits shown in the Benefits Schedule if the Beneficiary sustain bodily injury which shall solely and independently of any other cause, result within 6 months of the death, loss of limb, loss of sight or permanent total disability.

Special conditions

The medical practitioner of the Assistance Company may examine the Beneficiary as often as they consider necessary if the Beneficiary makes a claim.

The Death benefit will be paid to the deceased Beneficiary person's estate. The Beneficiary of one of their assignees shall declare the claim within thirty (30) days of the date of the death. The Beneficiary shall send any document that would be of interest to the claim.

In addition to these documents, the Assistance Company reserves the right to request any additional documents deemed necessary. Any declaration that does not comply with the provisions of this cover will void this warranty.

7. PERMANENT TOTAL DISABILITY

Where an accident should lead to the Permanent Total Disability of the Beneficiary, the Beneficiary shall be indemnified by the Assistance Company up to the maximum amount as specified in the Benefits Schedule.

Loss of:	Limits
Both Hands	100% of the Permanent Total Disability Benefit
Both Feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	50% of the Permanent Total Disability Benefit
One hand	
One foot	
The entire sight of one eye	

Benefit is not payable to the Beneficiary:

- Under permanent total disability, until 6 months after the date you sustain bodily injury.
- Under permanent total disability, if the Beneficiary is able or may be able to carry out any occupation after 6 months.

The Beneficiary of one of their assignees shall declare the claim within thirty (30) days of the date of the Accident.

The Beneficiary shall send any document that would be of interest to the claim.

In addition to these documents, the Assistance Company reserves the right to request any additional documents deemed necessary. Any declaration that does not comply with the provisions of this cover will void this warranty.

Specific exclusions

In addition to the General Exclusions, are not covered the consequences originated or produced by the following:

- Bad faith on the part of the Beneficiary or those intentionally caused by the same, except where the damage was sustained in order to avoid something worse.
- Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny, or crowd disturbances. As well as damage caused during the course of strikes.
- Events of actions of the Armed Forces or Security Forces in peacetime.
- Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic, or geological phenomenon.
- Fall of sidereal bodies and meteorites.
- Those derived from radioactive nuclear energy.
- Those caused when the Beneficiary takes part in bets, challenges, or brawls, except in the case of legitimate defense or necessity,
- Accidents caused by the Beneficiary's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent, or reckless actions.
- Accidents suffered as a result of being inebriated or under the effect of drugs, toxics, or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0,50 grams per cubic centimeters, or the Beneficiary is fined or convicted for this cause.
- Intoxication or poisoning from the consumption of foodstuff.
- Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
- Illnesses of any kind, fainting fits, syncope, strokes, epilepsy, or epileptic forms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in the definitions of these General Conditions.
- The consequences of accident that occurred prior to the coming into force of this insurance are also excluded, even though they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

The consequences of the following are excluded from the guaranteed object of this contract:

- Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning,

free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.

- Participation in competitions or tournaments organized by sporting federations or similar organizations.
- The use, as a passenger or crew, of means of air navigation not authorized for the public transport of travelers, as well as helicopters.
- Accidents due to a physical or manual risk activity (paid or not) such as: use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/sub-aquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

SECTION D - BAGGAGE

All the benefits mentioned under Section D are valid only for incoming flights to Zanzibar.

8. BAGGAGE DELAY

In the event of a delay of more than 6 hours in delivering the checked-in baggage, since the arrival of the flight on an I.A.T.A member airline, the Assistance Company will cover up to a limit specified in the Benefits Schedule, to purchase prime necessity items (those that are indispensable while the insured awaits the arrival of the delayed baggage), provided that the relevant original copies of the invoices are furnished.

All such claims shall be accompanied by documents duly certified by the airline attesting to the occurrence of the event.

9. THEFT, LOSS, OR DAMAGE BAGGAGE (WITHIN THE CARE OF THE AIRLINE)

The Assistance Company warrants the baggage theft, loss or damage duly registered with an I.A.T.A. affiliated airline company, within the limits mentioned in the Benefits Schedule.

Specific exclusions

Means of payment (cash, checks, credit cards),
Travel tickets, manuscripts, documents, books, business papers, passport, identity card,
Perfumes, perishable commodities, eating.

This benefit shall come into force in addition to sums received from the concerned airline company that the Beneficiary shall disclose to the Assistance Company. The Beneficiary shall not receive sums for an amount above the real suffered damages.

All claims regarding the theft, loss or damage baggage must be accompanied with relevant documents such as the original copies of invoices, the property irregularity report (PIR) and all requested documents by the Assistance Company.

SECTION E – 24/7 ASSISTANCE SERVICES

10. 24/7 EMERGENCY MEDICAL ASSISTANCE SERVICES

Medical Assistance

As soon as the Assistance Company is notified about a medical emergency resulting from the Insured's Accident or Illness, the Assistance Company will contact the medical facility or location where the Insured is placed and confer

with the Physician at that location of the Insured to determine the best course of action to be taken.

If possible and if deemed appropriate by the Assistance Company, the Insured's Physician will be contacted in order to have a better knowledge of the medical conditions of the Insured. The Assistance Company will then analyse the situation and recommend the most appropriate way of providing the assistance benefits, as well as arranging hospital admission for the Insured if appropriate, at its discretion.

11. CONSULAR REFERRAL

Upon request of the insured, the assistance company will provide him/her consular references.

12. EMERGENCY TRAVEL & ACCOMMODATION ARRANGEMENT

Upon request, in case of emergency, the assistance company provides information to the insured about hotels in the country where he/she is travelling and can book an accommodation for him/her.

13. TRANSMISSION OF URGENT MESSAGE

If the Beneficiary is unable to send an urgent message and if he/she specifically asks for it, the Assistance Company sends the messages or news coming from the Beneficiary to a Close Relative free of charge, by the quickest means.

The Assistance Company shall send urgent messages only if they are related to illness, Accident, or death of the Beneficiary.

The Assistance Company can also act as an intermediary in the opposite direction.

The messages are the responsibility of their authors who must be able to be identified and are only binding on them, with the Assistance Company only acting as an intermediary for them to be sent.

SECTION F – LEGAL ASSISTANCE

Following an involuntary breach in the Territory of Coverage of the laws and regulations in force, which is not qualified as criminal act according to the local law, which the Beneficiary might commit and if a legal action is initiated against him/her in the Territory of Coverage, the Beneficiary may request, in writing, for the assistance of the Assistance Company.

The coverages provided below do not apply for events in relation to the Beneficiary's business activity.

14. LAWYER'S EXPENSES

The expenses, at the location, of a lawyer involved in the defense of the Beneficiary shall be reimbursed by the Assistance Company, up to the maximum amount as specified in the Benefits Schedule.

15. ADVANCE FOR BAIL

The Assistance Company advances a bail required by a criminal court to release the Beneficiary or to allow him/her to avoid any imprisonment, up to the maximum amount as specified in the Benefits Schedule.

This advance is made through a lawyer locally or an Assistance Company local correspondent.

This advance is agreed against the lodging of an acknowledgment of debt for an equivalent amount with the Assistance Company.

The Beneficiary is obliged to reimburse the Assistance Company for the amount of the bail advanced:

- as soon as the bail is released by the competent local judicial authority.
- within two (2) weeks of the enforceable legal decision if he/she is found guilty.
- in all cases, within a period of one (1) month of the date of the payment or the return in the Country of Residence of the Beneficiary at the initial scheduled date.

SECTION G – PERSONAL LIABILITY

16. PERSONAL LIABILITY

The Assistance Company guarantees the Beneficiary to pay the compensation for which the Beneficiary may be civilly liable by law, for bodily or material damages caused involuntarily to third parties and products during the lifetime of the insurance contract, according to the definitions, terms and conditions set out in the policy and for incidents arising from the risk specified therein.

Save express agreement to the contrary, the Assistance Company will assume the legal supervision as regards the claim by the damaged party and will meet the cost of the defense expenses that arise. The Beneficiary shall provide the collaboration necessary to assist the legal supervision assumed by the Assistance Company.

If in the court procedures brought against the Beneficiary there should be a conviction, the Assistance Company will decide whether it is appropriate to appeal to the competent higher Court; if it does not deem the appeal appropriate, it will inform the Beneficiary thereof, and the latter will be free to lodge it on its own exclusive account. In this latter event, if the appeal lodged were to give rise to a sentence favorable to the interests of the Assistance Company, it will be obliged to meet the cost of the expenses arising from such appeal.

When any conflict arose between the Beneficiary and the Assistance Company, prompted by the latter having to maintain in the loss interest's contrary to the defense of the Beneficiary, the Assistance Company will inform the Beneficiary thereof, without prejudice to taking the measures which, because of their urgent nature, are necessary for the defense. In this case, the Beneficiary may choose between maintaining the legal supervision provided by the Assistance Company or entrusting its own defense to another person. In this last event, the Assistance Company will be obliged to pay the expenses of such legal supervision.

When in the civil part an amicable agreement was reached, the defense in the criminal part is discretionary on the part of the Assistance Company and is subject to the prior consent of the defendant.

This cover is subject to a limit provided by the Benefits Schedule.

Recoveries

In the event of concurrence of the Assistance Company and of the Beneficiary against a liable third party, the amount recovered will be shared out between them both in proportion to their respective interest.

Specific exclusions

In addition to the General Exclusions, applicable to all coverage and sections of this policy, the consequences of the following events and damages are not covered:

- Damage which has its origin in the breach of or voluntary failure to observe positive legal rules or of those governing the activities object of the insurance.
- Damage to goods or animals that are in the possession of the Beneficiary, or the person for whom the latter is answerable, for his/her own use, or that have been entrusted or rented out to him/her to use, look after, transport, use for working purposes or operate.
- Damage caused by the contamination of the ground, waters, or the atmosphere, unless the cause thereof should be accidental, sudden, and unforeseen or not anticipated by the Beneficiary.
- Damage caused by risks that should be object of compulsory insurance cover.
- Damage arising from the use and running of motor vehicles, and of the elements towed or incorporated therein.
- The contractual obligations of the Beneficiary.
- Damage caused to ships, aircraft or any device destined for navigation or water or air support or caused by them.
- Damage caused by the transport, storage and handling of corrosive, toxic, inflammable and explosive substances, and gases.
- The payment of penalties and fines, as well as the consequences of failure to pay them and the furnishing of court bonds to guarantee the criminal results of the procedure.
- Liability arising from labor accidents sustained by the personnel in the service of the Beneficiary.
- Damage caused by products, completed works and services rendered, after they have been delivered to clients or after they have been rendered.
- Damage caused to movable or immovable property which, for their use or enjoyment, handling, transformation, repair, safe-keeping, deposit, or transport, have been entrusted, assigned, or rented to the Beneficiary, or which are in his/her possession or sphere of control.
- Financial losses that are not the consequence of a material damage covered by the policy, as well as the financial losses that are the consequence of a bodily harm or material damage not covered by the policy.
- Damage caused by engaging in obviously dangerous sports, such as mountaineering, underwater activities, shooting or similar.
- Injury to employees of the Beneficiary.
- Liability arising out of:
 - Any willful act or misconduct.
 - The carrying on of any trade profession or business.
- Liability to members of the Beneficiary's family or any employee.
- Liability for which indemnity is provided to the Beneficiary under any other insurance.

SECTION H - OBLIGATION OF THE BENEFICIARY

As soon as a covered event occurs and before taking any initiative or incurring any expense, the Beneficiary or any person acting on his/her behalf should contact the Assistance alarm center, which is operational 24/7, within five (5) days of knowledge of the event.

He must provide the following information:

- His/her name and surname.
- the contract number of his/her insurance Policy.
- the date of entrance to Zanzibar.

- the telephone number on which the Beneficiary or any person acting on his/her behalf can be reached.
- brief description of the event

Under no circumstances will the Assistance Company be liable for refunding any expenses incurred without prior approval and validation by the Assistance Company, including the issuance of a file number. Any such unauthorized expenses will not be covered or reimbursed. Furthermore, any agreements or arrangements regarding the payment of medical expenses made directly between the Beneficiary and the healthcare provider, without the Assistance Company's explicit authorization, will not be recognized.

The Assistance alarm center can be reached:

By phone: + 33 1 70 95 70 25

By mail: medical-service@axa-assistance.ma

Implementation of coverages

The Assistance Company becomes involved within the scope fixed by national and international laws and regulations.

In all cases, international transportations are arranged subject to the Beneficiary obtaining the administrative authorizations and having the identity documents and visa necessary for the transportation.

The Assistance Company reserves the right, prior to any intervention of its service provisions, to check the reality of the event insured and the validity of the request made by the Beneficiary.

The Assistance Company cannot be held liable for any damage of a professional or commercial nature suffered by a Beneficiary following an event which needed the intervention of the assistance services.

Exceptional circumstances

The Assistance Company's commitment is based on an obligation of means (obligation de moyens) and not one of results (obligation de résultat).

The Assistance Company cannot be held responsible for non-performance or delays or difficulties in performing the agreed services caused by civil or foreign war whether declared or not, general mobilization, requisition of men and/or materials by the authorities, act of sabotage or terrorism, social unrest including strike, riot and popular uprising, restriction of the free movement of goods and persons, natural disasters, effects of radioactivity, epidemic, pandemics, infectious or chemical risk or any other accident or case of force majeure.

SECTION I – GENERAL EXCLUSIONS

17. GENERAL EXCLUSIONS

In addition to the exclusions specified under the terms of the Policy, all consequences of and/or events resulting from the following are also excluded:

- circumstances provoked intentionally by the Beneficiary.
- foreign or civil war whether declared or not, riot and popular uprising, act of terrorism or sabotage.
- involvement in fights, except in case of self-defense, and in bets, dares, duels, or crimes.
- the professional practice of any sport and the amateur practice of any aerial, self-defense, or combat sport.
- participation in endurance or speed competitions or events and trials in preparation therefore on any form of land, water, or air locomotive means.

- failure to respect the recognized safety rules for the practice of any sporting or other leisure activity.
- the consequence of practicing the following sports or activities: mountaineering requiring or not the use of equipment, trekking, rock climbing, bobsleigh, skeleton, potholing, parachuting, acrobatic ski jumping, undersea diving involving the use or not of autonomous equipment, aerial sports such as gliding, hang-gliding, flying wing (motorized and non-motorized) and all similar machines (notably micro-lights and ULM), flying air navigation craft, air navigation control device, aerial sports ;
- official bans, injunctions and restrictions imposed by the forces of law and order.
- epidemics, pandemics declared by the World Health Organization and their consequences.
- effects of pollution, natural disasters, and their consequences.
- any intervention initiated and/or organized at government or intergovernmental level by any governmental or non-governmental authority or organization.
- benign affections or lesions which can be treated on the spot.
- non-urgent affections which do not require immediate medical care.
- Pre-existing Medical Condition / Illness / Disease predating the first subscription of the Policy and having given rise to a consultation, hospitalization, or other medical treatment within the 12 months prior to the request for assistance.
- convalescence.
- affections under treatment at the first subscription of the Policy and not yet stabilized and/or requiring subsequent scheduled treatment and possible follow-up measures (examination, additional treatment, foreseeable and recurrent complications);
- surgical treatments and interventions of an aesthetic nature not resulting from an Accident.
- pregnancy conditions and their consequences, miscarriages and ectopic pregnancies and their consequences, deliveries and their consequences concerning the newborn babies.
- voluntary interruptions of pregnancy, amniocenteses.
- mental illnesses and their consequences, including depressive syndromes.
- the consequences of a suicide and attempted suicide.
- the consequences of the use of medicines or drugs not medically prescribed.
- the consequences of the alcohol abuse (blood-alcohol level greater than that set by the regulations in force in the country of location, deficiency syndromes as well as any pathology directly resulting from alcohol abuse);
- the consequences of the failure or inability to obtain vaccination or treatment required or made compulsory by a trip or travel or the repercussions of such vaccination or treatment.
- repetitive transportation required because of the Beneficiary's follow up examinations, out- patient care sessions.
- any cost or expense covered by another insurance policy.
- cost or expense incurred without the prior agreement of the Assistance Company.
- the medical expenses relating to check-ups, medical examinations, scheduled or preventative.

SECTION G- GENERAL PROVISIONS

18. LIFE OR DEATH SITUATION

If there is a risk of death, the Beneficiary or any other person representing him/her must call on the medical emergency services in place where the Beneficiary is located before contacting the Assistance Company.

19. MAXIMUM INSURER'S COMMITMENT (MAXIMUM LIMIT)

It is agreed that if the policy is taken out in favor of one or several insureds, who are subject to the same insured accident caused by a same event at the same time and if the aggregate benefits exceed USD 500,000, the insurer's commitments shall in any event be capped at this amount with respect to the total amount of benefits paid to insureds who are subject to the same accident, the benefits being reduced and paid on a proportional basis with respect to the number of insureds.

20. PRESCRIPTION

Any claim arising out of the Policy shall become statute-barred two (2) years after the event, which leads to it or after any time period applicable in accordance with the laws of Tanzania.

21. APPLICABLE LAW AND JURISDICTION

These General Conditions shall be governed and determined in accordance with the laws of Tanzania.

The parties shall use their best endeavors to settle amicably all disputes arising from or in connection with this Agreement or the interpretation thereof.

Any dispute arising out of an event leading to an intervention by the Assistance Company, if not settled amicably by the Insurer and the Beneficiary within fourteen (14) days of such dispute arising, shall be referred to a sole Arbitrator agreed upon by parties.

Each Party shall bear its own costs and expenses, except where the Arbitrator orders otherwise. An award given in pursuance of such arbitration shall be final, binding, and enforceable by a court of competent jurisdiction. For the avoidance of doubt, save as permitted under this Agreement, a final arbitral award shall be a condition precedent to the institution of any court action by either Party. This clause will survive the termination of the Agreement.

22. SANCTIONS

The Assistance Company and the Insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The Assistance Company complies with anti-money laundering and counter-terrorist financing provisions. The Assistance Company will not provide services to individuals or entities subject to assets freeze measures.

The Policyholder and/or the Beneficiary allow the Insurer to apply any appropriate measure to fight against money laundering and terrorist financing, as defined by the Financial Action Task Force (FATF) recommendations.

23. DATA PROTECTION

The Beneficiary acknowledges and agrees that the Insurer:

- is committed to protect his/her personal data in accordance with applicable laws and regulations; and
- is acting as data controller in respect of the personal data that the Beneficiary process under this Policy; and
- has implemented and will maintain within its organization policies and technical security measures preventing any breaches (e.g. of confidentiality) by its officers, representatives, employees or any other

third party acting on its behalf in determining what are appropriate technical security measures, account shall be taken of risks presented by accidental or unlawful destruction, loss,

- alteration, unauthorized disclosure of, or access to personal data transmitted, stored or otherwise processed; and
- has fulfilled legal requirements relative to the transfer of such personal data; and
- does transfer his data abroad for the performance of this Policy; and
- does transfer his data abroad for the performance of the contract signed between the Assistance Company and/or its reinsurer(s).

The Beneficiary consents to transfer his personal data abroad, in order for the Assistance Company to fulfil its contractual commitments with the Insurer, including but not limited to administration, risk management and performance of the Policy.