

TRANSLATION

In the case of any discrepancy between the text of this document and the original in Hebrew, the latter will prevail.

Schedule – Table of limits of liability (subject to the policy conditions)

Description of cover	Limit of liability
Hospitalisation and medical expenses (no limitation per day of hospitalisation) for insureds up to the age of 60	US\$ 1,600,000
Hospitalisation and medical expenses (no limitation per day of hospitalisation) for insureds aged between 61-75	US\$ 500,000
Repatriation of corpse (Section E)	Full cost
Cost of an extended stay of the insured in an overseas hotel after the period of insurance (Section E, clause 2B).	US\$ 5,000
Air ambulance (Section E)	Included in the limit for hospitalisation
Land evacuation and/or transfer (Section E)	Included in the limit for hospitalisation
Air or sea evacuation and/or transfer (Section E)	Included in the limit for hospitalisation
Travel expenses and hospitalisation related costs, additional costs of a companion who has to stay with the insured	US\$ 5,000
Emergency dental treatment (Section F)	US\$ 500
Emergency flight back to Israel for the insured (Section G)	US\$ 500
Emergency flight for a close relative (Section G)	US\$ 1,200
Reimbursement of travel costs (Section G)	US\$ 6,000
Loss of deposit or cancellation of trip (Section H)	US\$ 6,000
Lost payment due to emergency military drafting (Section H)	US\$ 1,500
Personal accident insurance (Section J) For ages 17-75 Up to the age of 16	Up to US\$ 20,000 Up to US\$ 10,000
Personal effects (Section K) Personal effects (luggage for insureds between the ages of 17-75) Personal effects (luggage for insureds up to the age of 16) Maximum compensation for any one item Maximum compensation for valuables Maximum compensation for mobile telephones	US\$ 2,250 US\$ 1,000 US\$ 450 US\$ 750 US\$ 250

Maximum compensation in the event of burglary and theft from a motor vehicle (Section K)	US\$ 400
Third Party Liability (Section L)	US\$ 250,000
Late arrival of luggage (Section K)	US\$ 150
Deductible per loss, other than	US\$ 50
Deductible per loss of laptop computers if the extension has been purchased	US\$ 200

In the event of an emergency necessitating hospitalisation or repatriation, please call International Medical Assistance (IMA) 24 hours per day:

Tel: ++ 972-3-9206913

Fax: ++ 972-3-9226380

E-mail: assistance@ima-mc.com

When contacting IMA, please quote your Shirbit travel insurance policy number.

INSURED'S DECLARATION			
A.	I am not aware of any cause or need for hospitalisation, medical examination or treatment of myself or my travelling companions during our overseas stay.	I.	I hereby undertake to pay the insurance premium in full, in accordance with the insurance scheme that has been selected, the additional covers, the period of insurance and the number of travellers.
B.	I am aware of the fact that this insurance does not provide compensation or indemnity for expenses of any type in connection with an illness or disability which existed prior to the inception date of the insurance, subject to the previous medical condition clause as defined hereunder.	J.	I hereby empower Shirbit Insurance Company Ltd. to peruse and obtain on my behalf any medical material relating to me and/or my companions covered under this policy and I hereby release all doctors and medical institutions from the duty of confidentiality. It is hereby clarified that the aforementioned medical material will be used for the purpose of clarifying the liability of the insurer in accordance with the conditions of this policy.
C.	I hereby declare that to the best of my knowledge I am not aware of any chronic illnesses that either I or my travelling companions suffer or have suffered from, in the present or past.		
D.	Neither I nor my travelling companions are undergoing any type of medical treatment or taking medication for any chronic illnesses.	K.	
E.	I am aware of the fact that the policy does not cover previous illnesses as stated in the previous medical conditions clause defined hereunder.	L.	If the insured has not signed this declaration, the policy will take effect solely on condition that at the time of its issue the particulars contained in the declaration are fully accurate and in such a case the declaration will be considered to have been signed by the insured.
F.	I am aware that this policy is designed for people who do not suffer from chronic illnesses and/or are under regular medical treatment or take medication on a regular basis , and that a C or S policy can be purchased to cover a pre-existing medical condition, subject to the terms, conditions and exclusions of the policy. I am aware that the tariff for this policy is lower and different to the tariff for the C and S policies.		
G.	Notwithstanding the provisions of clause E above, if Scheme S or C has been purchased and the appropriate premium has been paid, the covers in accordance with the conditions of the appropriate scheme will apply (Scheme S will apply solely after provision of an authorisation reference number by the insurer).		
H.	The particulars in this proposal form and my declaration are accurate and I aware that my proposal form / declaration constitutes the basis for the issue of the policy.		

Beneficiaries: _____ Signature: _____ Date: _____

“SHIR TRAVEL” INSURANCE POLICY

For insureds up to the age of 75 without chronic illnesses, do not take medication on a regular basis and are not undergoing regular medical treatment.

November 2015 edition

This policy is a contract between Shirbit Insurance Company Ltd. (hereinafter: “**the insurer**”) and the insured whose name is stated in the schedule (hereinafter: “**the insured**”).

SECTION A – PRINCIPLES OF THE POLICY

1. In consideration of the payment of the premium as stated in clause 3 hereunder, the insurer will compensate or indemnify the insured for loss or damage to the insured or their property during the period of insurance by the perils covered under this policy, all being subject to the terms and conditions of the policy and to legal provisions. The schedule attached to this policy constitutes an integral part thereof.
2. The manner of compensation and the amount of compensation will be in accordance with the terms and conditions of the policy.
3. The premium must be paid in advance for the entire period of insurance.
4. The proposal form and declaration attached thereto are the basis and the foundation of this policy and they constitute an integral part thereof. The policy was issued by the insurer based on the proposal form and the declaration.
5. The policy is divided into sections and each section is divided into clauses. The policy contains a definitions section. The definitions themselves contain material directives and conditions.
6. The definitions, the general conditions and the exclusions to the liability of the insurer relate to the entire policy, other than if stated otherwise.

SECTION B – DEFINITIONS

The definitions apply to all sections of the policy other than if stated otherwise in the schedule.

1. **The insurer:** Shirbit Insurance Company Ltd.
2. **The insured:** Anyone whose name/s are stated in the schedule as the insured.
3. **Overseas:** Any place outside of the boundaries of the State of Israel including a ship or aircraft on its way to or from Israel.
4. **Period of insurance:** As stated in the schedule.
5. **Hospital:** An overseas institution which is recognised as a hospital and which operates solely as a hospital.
6. **Insured event or occurrence:** An accident in which the insured is involved or an illness from which the insured suffers overseas during the period of insurance.
7. **Accident:** Unforeseen bodily injury which the insured suffers from during the period of insurance due to a violent, external and visible cause which constitutes the sole, direct and immediate cause of the death or disability of the insured.
8. **Permanent disability:** Disability arising from the total anatomic or functional loss of a limb, organ or parts thereof due to the occurrence of an accident which is determined by a specialist doctor, and subject to the conditions of section J of the policy.

9. **Dollar:** The US Dollar.
10. **Valuables:** Items of gold and silver, jewellery, furs, wristwatches, spectacles, cameras, camcorders and their accessories, tapes, electrical appliances, optical equipment and electronic equipment of any type, leather goods and perfumes, specially designated sports equipment such as: diving, skiing, water sports equipment and the like, **other than cellular telephones.**
11. **Immediate family member:** Wife, husband, common-law spouse, parent, son, daughter, brother, sister, mother-in-law, father-in-law, grandparent, brother-in-law or sister-in-law, grandson, granddaughter, and sole business partner (solely in a partnership of two individuals who are active partners in this business).
12. **Companion:** An individual accompanying the insured when leaving Israel and who intends to return with them and/or a companion who in accordance with medical instructions travels abroad in order to accompany the insured back to Israel.
13. **Indemnity payments:** The amount of money or benefits that the insured receives due to a claim for loss or damage covered under the policy.
14. **Pre-existing medical condition:** An illness for which the insured was being treated or was under supervision at the time of leaving Israel or during the six months that preceded their trip, or where obtaining medical treatment was one of the purposes of the trip.
15. **Specialist doctor:** A doctor who has been qualified by the competent authorities in the country in which they works as a specialist in the relevant field of medicine required.
16. **Insurance Contract Act:** The Insurance Contract Act – 1981.
17. **Minimum premium:** Premium for 3 days of insurance cover which the insurer charges the insured in the event that the period of insurance which has been purchased equals or is less than the 3 days as aforementioned.
18. **The maximum period of insurance:** In accordance with the underwriting conditions of the company the maximum period of insurance is 180 days.

SECTION C – GENERAL CONDITIONS

1. **Notices to the insurer**
 - A. **The occurrence of an insured event**

As soon as the insured becomes aware of the occurrence of an insured event, they must notify the insurer **immediately** by telephone or e-mail.
 - B. Any change to the health condition of the insured which constitutes an illness which is not minor or temporary, after arranging the policy, needs to be reported immediately to the insurer before travelling abroad.
2. **Extension of the period of insurance**

If the insured wishes to extend the period of insurance beyond the period of insurance covered under the policy before expiry of the period of insurance, they will be entitled **whilst still abroad** to extend the period of insurance with the prior written agreement of the insurer.
3. **Duty of care**

The insured must act carefully and with reasonable caution to protect and secure their belongings.

The insurer will not be liable for any loss or damage which occurs as a consequence of the conduct of the insured that deviates from reasonable usual conduct, or where their conduct involves a conscious state of recklessness or indifference.

4. The duties of the insured – Claims and notices

- A. The insured must cooperate with the insurer before and after filing the claim and must do everything required to enable the insurer to clarify its liability for payment under the terms and conditions of the policy and its scope.
- B. The insured must notify the insurer, immediately of any insured event / occurrence and must submit to the insurer as soon as possible, all of the documents requested by the insurer for the purpose of settling the claim including signing a waiver of medical confidentiality form.
- C. In the event of a claim for loss or damage to luggage, the insured must submit a certificate from the overseas police and from the airline company and/or railway company and/or shipping company confirming that notification of the loss or damage has been submitted to them. Submitting these certificates to the insurer is a pre-condition for the insurer to deal with the claim and make payment.
- D. In the event of a claim for the loss of a cellular telephone: A certificate must be submitted from the cellular communication company confirming that the calls have been blocked from the time of the loss.

5. Insurance with other companies

- A. The insured must submit written notice to the insurer when making the claim, of any other insurance they hold for the risks covered under this policy.
- B. The policy will cover loss or theft or expenses covered under the conditions of this policy, even if at the time of the occurrence of the event relevant to the loss or damage or expense as aforementioned, there was any other insurance policy or policies in force, either arranged by the insured or by anyone else, up to the limit of liability covered under this policy. The insurer will have the right of subrogation against the other insurer and/or insurers for the overlapping amount.

6. Indemnity payments

Indemnity payments will be made in NIS in accordance with the representative rate of the Dollar on the date on which the payment is made to the insured by the insurer or its agent.

7. Subrogation

- A. If the insured is also entitled to compensation or indemnity from a third party due to an insured event other than by virtue of this insurance contract, this right is assigned to the insurer, as soon as it has paid indemnity to the beneficiary, up to the amount paid.
- B. The insurer is not entitled to use the right assigned to it in accordance with this clause in a manner which will prejudice the right of the insured to obtain compensation or indemnity from the third party in excess of the payment received from the insurer.
- C. If the insured received compensation or indemnity from a third party that was due to the insurer in accordance with this clause, they must remit it to the insurer; if the insured made a compromise, waiver or other action that prejudices the right assigned to the insurer, they must compensate the insurer accordingly.
- D. The directives of this clause will not apply to an insured event which was caused unintentionally by someone who a reasonable insured would not claim compensation or indemnity from due to family or employment relations between them.

E. The directives of this clause do not apply to Section J (Personal Accident Insurance).

8. Law and jurisdiction:

Any legal process in accordance with or arising from this policy shall be adjudicated on in accordance with the laws of the State of Israel and the exclusive seat of jurisdiction in any process as aforementioned will be in competent courts in the State of Israel only.

9. Cancellation of the policy:

A. Cancellation of the policy by the insured

If the policy is cancelled by the insured at least 60 days before the overseas travel date, a *pro-rata* premium will be charged for the period from the date of arranging the policy until the inception date of the period of insurance.

If the policy is cancelled less than 60 days before the travel date, it can be cancelled subject to payment of a premium for 3 days and an administration fee of US\$ 7.

B. Cancellation of the policy by the insurer

The insurer is entitled to cancel the policy prior to the date on which the insured travels overseas and in such case the insurer will notify the insured accordingly and will refund the premium in full to the insured in accordance with the provisions of the Insurance Contract Act.

C. If the overseas stay is shortened by more than 7 days, the insured will be entitled to a *pro-rata* refund of the unexpired part of the premium calculated daily provided that no claims have been made under this policy and on condition that the request for the refund as aforementioned is submitted to the insurer within 30 days from the date when the insured returns to Israel.

10. Deductible:

A deductible of US\$ 50 will be deducted from the indemnity payments for each event separately, other than a deductible of US\$ 200 per insured event for laptop computers provided that this extension has been purchased.

11. Automatic extension of the period of insurance:

In the event that the insured's return to Israel is delayed due to a delay in the transportation means in which they were due to return, the period of insurance will be automatically extended for a further 24 hours.

SECTION D – GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE POLICY

Without derogating from the specific exclusions for each section of the policy and in addition to them, the insurer will not make any payment in respect of claims which arise from or are connected to:

- 1. Ionising radiation, radioactive pollution, nuclear processes or any loss or damage due to nuclear materials or radioactive waste or injury by chemical and biological materials.**
- 2. Confiscation, nationalisation, expropriation or destruction of property by a government, army, local authority or any party acting in accordance with the law.**
- 3. The active participation of the insured in belligerent, military, police or underground acts as revolution, mutiny, riots, civil commotion, sabotage, strikes or unlawful actions.**
- 4. A pre-existing medical condition or disorder that the insured suffered from prior to travelling overseas and/or a deterioration of the health condition of the insured as a result of such an illness or disability.**
- 5. Obtaining overseas medical treatment where obtaining the treatment was one of the aims of the trip.**
- 6. Surgery or treatment which can reasonably be deferred until returning to Israel.**

7. Riding in a motor vehicle and/or riding a motorbike without a suitable driving license for the type (engine capacity) of the motorbike in accordance with the Israeli law; riding a mountain motorbike without a suitable driving license for the type (engine capacity) of motorbike in accordance with the Israeli law; driving an all-terrain vehicle without a suitable driving license for the type (engine capacity) of all-terrain vehicle in accordance with the Israeli law (other than if stated expressly in the schedule and the appropriate premium has been paid for the insurance cover for driving a mountain motorbike or all-terrain vehicle).
8. Periodic check-up tests, tests and treatments connected to a therapeutic program (KUR), pregnancy or childbirth, pregnancy bed-resting, abortion or miscarriage, plastic surgery, any type of false teeth.
9. Participation of the insured in challenging sports activities, involving or demanding, amongst other things, high levels of difficulty and/or physical exertion or self-risk as detailed in the company's internet site <https://www.shirbit.co.il>
Including: motor rallies or contests, mountain climbing (reasonably requiring the use of ropes or an instructor), rappelling, tracking with or without a bicycle, hot-air balloon flying, omega, bungee jumping, rafting from class III upwards, parachuting, tow parasailing by a boat or vehicle, horse riding, elephant riding, water skiing, kayaking, jet skiing, inflatable boat sailing, sailing boat activities, electric or motor propelled boat sailing, rafting, surfing, diving requiring the use of breathing apparatus, flying (other than flying as a fee-paying passenger in an aircraft authorised for the carriage of passengers as part of a scheduled flight for transporting passengers by a duly qualified crew), other than if stated otherwise expressly in the schedule and provided that a suitable additional premium has been paid for specific sports activities, as well as sailing, other than sailing as a fee-paying passenger in an ship authorised for the carriage of passengers as part of a scheduled cruise for transporting passengers by a duly qualified crew, and excluding sailing undertaken by the insured who holds a valid license for the operation of such sailing vessel in Israel (other than if stated otherwise expressly in the schedule and provided that a suitable additional premium has been paid for specific sailing activities).
10. Riding in a jeep including an all-terrain vehicle of any type, on an undefined or unpaved or unmarked road other than if stated otherwise in the schedule and provided that an appropriate additional premium has been paid for specific cover.
11. Rubber boats (other than if stated otherwise in the schedule and provided that an appropriate additional premium has been paid for specific cover).
12. Malicious self-injury or illness, alcohol addiction, use of drugs (other than drugs which are taken in accordance with a doctor's prescription for the purpose of medical treatment, other than treatment for drug rehabilitation), and self-exposure to unnecessary danger (other than during an attempt to save life, psychiatric treatment, anxiety, mental illnesses, insanity, suicide or attempt thereof, preventative treatment for AIDS or malignant diseases).
13. Heart surgery, cardiac catheterisation, limb transplants, pace maker transplants – are excluded from the insurance other than if they are performed immediately as a consequence of a severe and acute event which occurs overseas.
14. Engaging in any type of winter sports: skiing, tobogganing, ice sliding, slow sliding, ice skating, snowboarding (other than if stated otherwise expressly in the schedule and provided that a suitable additional premium has been paid for this cover).
15. Group sports activities in a professional and/or competitive and/or training context and/or amateur sports activities performed in the framework of a sports association in accordance with the Sports Act – 1988 (other than if stated otherwise expressly in the schedule and provided that a suitable additional premium has been paid for specific sports activities).

16. A policy for a trip which did not commence in Israel or which was issued after the commencement of the trip or which was issued for only part of the period of the trip; such a policy will effectively be void unless if authorised in advance and in writing by the insurer.
17. Consequential loss, including and without derogating from the generality of the aforementioned, expenses arising from the loss or waste of time due to any cause, cancellation of transactions including delay, loss of tour package after the insured has left Israel, hold-up, bankruptcy, loss of work days and wages, sickness days, loss of enjoyment, anguish, pain and suffering, nursing care and the like.
18. The insurer will not be liable for the actual performance of the medical services, the provision of the services, their quality, their extent or results of their performance, similarly the insurer will not be liable in any case in which the insured fails to request and/or obtain medical assistance.
19. Expenses for taxi journeys (other than travelling to a hospital to obtain immediately and urgent treatment), visas, commissions, levies, taxes, telephone calls, faxes, legal costs and fees, interest, banking costs, fines and the like.
20. An accident or illness for which the insured was under medical treatment or under medical supervision at the time of travelling abroad or within the 6 month period before the insured travelled overseas and excluding when obtaining the treatment was one of the aims of the trip.
21. The insurer will not be liable for any changes to the printed terms and conditions of this policy other than if the change has been signed and stamped by the company.

SECTION E – OVERSEAS HOSPITALISATION EXPENSES

1. **The insured event** – The insurer will pay the hospital or will indemnify the insured for overseas hospitalisation expenses. **Indemnity payments in accordance with this section will not exceed the amount stated in the schedule.**
2. **The cover**
 - A. Expenses for hospitalisation and medical services provided in a hospital during hospitalisation including payment for medical treatments, x-rays during hospitalisation, ambulatory costs during hospitalisation, surgery and intensive care during hospitalisation.
 - B. In the event of the death of the insured, the insurer will pay the expenses for repatriating the corpse to Israel.
 - C. Expenses for an extended stay by the insured in an overseas hotel beyond the period of insurance if a written medical report is provided from a specialist doctor or a recognised medical institution stating that were it not for the additional stay the insured's life would be in danger – the indemnity payments will be as stated in the schedule and will apply solely if the insured is taken ill or is injured in a covered event.
 - D. Air ambulance expenses – **Solely the recommendation of a doctor and with the approval of the insurer.** The insurer will be entitled to ask the insured to be examined by an insurer appointed doctor.
 - E. **Land evacuation and/or transfer**
 If the medical conditions of the insured enables evacuation and/or transfer by land transport which suits the medical condition of the insured and according to an assessment by a specialist doctor, the insured will be entitle to a refund of the evacuation and/or transfer expenses as aforementioned, in accordance with the table of limits of liability in the schedule.
 - F. **Air or sea evacuation and/or transfer**

If the medical conditions of the insured do not enable evacuation and/or transfer by land transport which suits the medical condition of the insured and according to an assessment by a specialist doctor appointed by the insurer, the insured will be entitled to a refund of the evacuation and/or transfer expenses as aforementioned by air and/or sea (including air ambulance), and this in accordance with the table of limits of liability in the schedule provided that the insured applies to the insurer with a request for prior approval from the insurer to undergo the evacuation and/or transfer as aforementioned (hereinafter: "the application for approval") and this before the actual evacuation takes place.

If the insured does not make an application for approval, the insurer will be entitled to reduce the indemnity payments which the insured is entitled to the amount that the insurer would have paid if the insured would have made an application for approval.

This directive will not apply in any of the following cases:

- (1) If the insured does not make an application for approval or if the application is made late, for justified reasons.
- (2) If the failure to make an application for approval or delay in making the application for approval did not prevent the insurer from clarifying its liability and did not hinder the clarification. Travel expenses and associated expenses for hospitalisation, additional travel expenses of a companion who was required on medical advice to stay with the insured – the indemnity payments for this extension will be as stated in the schedule. **It is emphasised that the cover for the companion's expenses is limited to US\$ 1,200 and flying in economy class only.**

It is clarified and emphasised that the liability of the insurer in accordance with this clause is to pay monetary indemnity only for the insured's expenses due to evacuation / transfer, and the insurer is not liable or responsible for arranging and/or undertaking the evacuation, the quality and/or adequacy of the transfer as aforementioned in any form or manner.

3. Exclusions to the liability of the insurer in accordance with Section E (Hospitalisation Expenses)

The insurer will not make any payment in accordance with this section for additional expenses which are incurred due to the insured being hospitalised in a hospital, clinic or medical supervision institution in a private room or in a room which has been modified to accommodate the insured alone, other than if the attending doctor of the insured is of the opinion that this is crucial for the insured from a medical perspective.

The insurer will be entitled to ask the insured to return to Israel for ongoing medical treatment if their return to Israel is viable from a medical perspective, at any time during the period. In such a case the insurer will pay all of the expenses for the transfer of the insured as aforementioned as well as for a single travelling companion, on condition that there is a need for a companion.

SECTION F – OVERSEAS MEDICAL EXPENSES OTHER THAN DURING HOSPITALISATION

1. The insurer will indemnify the insured for the occurrence of an insured event which occurs overseas for a refund of medical expenses other than during hospitalisation, as follows:
 - A) Payment other than during hospitalisation to a hospital including payment to doctors and x-rays.
 - B) Ambulatory expenses in a hospitalisation other than during hospitalisation.
 - C) Expenses for surgery and intensive care other than during hospitalisation.

D) Expenses for medication for treatment in an insured event.

2. Prescription drugs

The insurer will indemnify the insured on the occurrence of an insured event which occurs overseas for expenses for the purchase of medication which is purchased on the directives of a doctor, to a reasonable extent, **up to US\$ 500 per insured.**

3. Expenses for emergency dental treatment

The insurer will indemnify the insured for an insured event which occurs overseas for expenses to cover emergency dental treatment by a dentist (a single appointment only) **on condition that the treatment is provided as emergency treatment only for pain relief.** The total payments in respect of this extension will be as stated in the schedule.

4. Exclusions to the liability of the insurer

The insurer will not pay any claim under this section for an event arising and/or connected to medication which the insured takes on a regular basis or dental treatment (other than as detailed in clause 2 above).

SECTION G – REFUND OF TRAVEL EXPENSES

1. The cover – The insurer will indemnify the insured for expenses due to the crucial and unavoidable curtailment of the trip in the following cases:

- A. An accident or illness in which the insured was involved in overseas, as a consequence of which (accident or illness) and with the authorisation of a doctor, the insured is compelled to alter the date of their return to Israel, and will hence be unable to use their flight ticket.
- B. Sudden death of a family member accompanying the insured in their trip.
- C. Non-utilisation of the flight ticket due to the fact that the insured is accompanying another insured in the return trip to Israel who was injured in an accident overseas or who suffered from an illness which occurred for the first time overseas during the period of insurance and provided that a doctor confirms that it is necessary to accompany the aforementioned insured to Israel, or to remain with them overseas.

D. Emergency flight of the insured to Israel:

In this regard: “Emergency flight”: A flight of the insured which is made as a consequence of one of the following events:

- 1. The flight is to enable the insured to visit an ill close relative, who in accordance with the determination of the attending doctor, is in danger of dying, in accordance with medical norms and in hospitals in Israel, provided that immediate notification of the same has been submitted to the close relative as stated in the beginning of this clause, or
- 2. The flight is to enable the insured to take part in the funeral of a close relative.

E. Emergency flight for a close relative

If the insured is hospitalised due to an event necessitating hospitalisation exceeding 10 days or if the attending doctor determines that the insured’s life is in danger due to the event, the insurer will pay for a single close relative of the insured to purchase a flight ticket to the place where the insured is hospitalised as well as the cost of accommodation for up to 10 days. The compensation in accordance with this clause will not exceed the amount stated in the schedule.

2. The compensation payable to the insured in accordance with this section will not exceed the cost of purchasing a new flight ticket, being identical to the original flight ticket that the insured purchased when they travelled overseas, and on condition that the maximum indemnity amount will be US\$ 500 as stated in the schedule.
3. Expenses for returning to Israel will be limited to the cost of an economy class flight ticket.
4. **In the event of the curtailment of the holiday / trip, no refund will be made for payments incurred by the insured for a holiday / trip which is not made.**

SECTION H – LOSS OF DEPOSIT OR CANCELLATION OF TRIP PRIOR TO ITS COMMENCEMENT

1. **Insured event** – The insurer will indemnify the insured for the loss of non-refundable deposits or advance payments or those which are payable for the insured in the event of the crucial and unavoidable cancellation of the trip due to:
 - A. Hospitalisation or death of the insured or an immediate family member who lives permanently in Israel.
 - B. A serious accident and/or illness in which the insured is involved that confines them to bed at the time of the trip.
 - C. An epidemic and/or security situation that prevents the insured from travelling overseas or returning due to the closure of the airports / seaports in Israel and/or in the destination country for which the flight / ship ticket was purchased.
 - D. Cancellation of trip if the insured is drafted into reserve army duty in accordance with a special order (Order 8) by the I.D.F.

The maximum indemnity will be US\$ 1,500 as stated in the schedule.

It is clarified that the indemnity under this cover applies only to the insured who has been drafted.
2. **Indemnity payments in accordance with this section will be as stated in the schedule.**

SECTION I - EXCLUSIONS TO SECTIONS G AND H

The insurer will not pay any claim under any of the aforementioned sections arising directly or indirectly from the following cases:

1. **If at the time of executing the contract the insured and/or immediate family member was hospitalised in any type of hospital or nursing home or geriatric ward of any type, was on a waiting list for an operation or hospitalisation or was under medical supervision or was undergoing medical tests, related to the insured event.**
2. **The condition in respect of which the compensation is requested was foreseeable at the time of executing the contract.**
3. **Cancellation of the trip which arose from the deterioration of a pre-existing medical condition or due to an existing illness of the insured and/or an immediate family member who lives permanently in Israel at the time of executing the contract, or during the six months that preceded this date.**

4. A claim arising directly or indirectly from failure to provide notification to the travel agent, insurance agent, or tour operator of the transportation service provider, or to the accommodation service provider, as soon as it transpires that the trip needs to be cancelled.
5. A claim for a proportional refund for an original flight ticket that was utilised by the carrier in the event of a delayed return, curtailment or termination of the trip.
6. Travel and accommodation expenses incurred by the insured which would have been incurred were it not for the occurrence of the medical emergency or the return to Israel.

SECTION J – PERSONAL ACCIDENT

1. **The cover** – In the event of an accident which constitutes the direct, sole and immediate cause of the death or permanent disability of the insured, without connection to any other type of cause, the insurer will pay the following:

A. In the event of the death of the insured –

The amount stated in the scheme will be paid to the legal heirs of the insured or to the executors of their estate or managers of their inheritance.

B. In the event of the permanent disability of the insured –

B1. For the following disability levels:

Compensation in accordance with the percentages in the following table multiplied by the accidental death sum insured stated in the schedule. For example: If the insured suffers the loss of an arm and the accidental death sum insured is US\$ 20,000, the insured will receive US\$ 15,000 in such a case being US\$ 20,000 x 75% = US\$ 15,000.

B2. In the event of permanent disability which is not stated above, the level of compensation will be determined relative to the level of injury which is set in accordance with the relevant tests in the Amendment to Regulation 11 of the National Insurance Institute Regulations (Determining the Level of Disability for Work Accidents) – 1956 and compared to a similar disability vis-à-vis its scope which is stated above without taking the insured's profession into account, **on condition that the compensation payable in accordance with this clause will not in any case exceed 80% of the sum insured** as detailed in the table of limits of liability in the schedule.

B3. In the event of permanent disability to a finger joint, compensation at a rate of one third will be paid in respect of permanent disability to the same finger.

One eye	40%
Both eyes	100%
One ear	20%
Both ears	50%
Leg (under the knee.	60%
Leg (above the knee.	70%
Arm	75%
Forearm	65%

Hand	60%
Thumb	25%
Finger	20%
Index finger	15%
Middle finger	10%
Little finger	15%
Foot	50%
Toe	5%

2. **If the insured suffered from an existing disability prior to the accident which affected any organ or limb (hereinafter: “the existing disability”), the level of the existing disability will be deducted from the disability rate which is determined for the same limb due to the accident in accordance with the**

disability percentages in the above table. In the event that disability has not been determined for the existing disability, its rate will be determined in accordance with the “Compilation of Tests for General Disability and Work Accidents” of the National Insurance Institute.

3. It is hereby noted and agreed that if the insured disappears and is not heard from in any manner for a period exceeding 180 days due to the loss or disappearance of the plane and its passengers or the sinking or total wreckage of the vessel or any transportation vessel in which the insured travelled, this matter will be considered as death due to an accident.

The compensation in accordance with this clause will be paid **solely after** the beneficiary or beneficiaries to whom the indemnity payments are to be made signs an undertaking to refund any indemnity amount paid, plus indexation increments and annualised interest in the event that it transpires that the insured is still alive or if the conditions for the payment of indemnity have not been fulfilled.

4. **The compensation in accordance with this clause will in no case exceed the sum insured stated in the schedule.**

SECTION K – LUGGAGE INSURANCE

1. Insured event

The insurer will indemnify the insured for the loss or theft of the personal luggage of the insured accompanying the insured (hereinafter: **“the luggage”**) which occurs during the period of insurance.

2. The period of insurance

The period of insurance for this section will commence from the moment that the insured leaves home on their outwards journey to the overseas trip or if they handed-over their luggage to the carrier before they left home – from the moment of the hand-over, and will expire as soon as they return home directly from the overseas trip, all during the period of insurance stated in the schedule.

3. Indemnity payments:

The total indemnity payments in accordance with this section will be limited to the amount stated in the schedule for each of the following clauses:

- A. **The total indemnity payments in respect of valuables will not exceed the amount stated in the schedule.**
- B. **In any case the indemnity payments per item or set of items or pair of items will not exceed the amounts stated in the schedule.**
- C. **Restoration of documents such as passports, flight tickets and the like up to the sum of US\$ 200.**

4. ADDITIONAL EXCLUSIONS TO THIS SECTION

The insurer will not make payment for loss or damage to luggage arising from or related to:

- A. **Damage to luggage which occurs whilst the luggage was under the responsibility of an airline company or shipping company. In such a case, the insured must provide the insurer with a mismatch report for the luggage and make a claim with the carrier. After exhausting all of the proceedings against the carrier, the insured must provide the insurer with all of the documents, including details of the compensation received from the carrier. The insured will be entitled to compensation after deducting the amount paid by the carrier or the amount which they are entitled to receive from the carrier.**

- B. Theft from motor vehicles exceeding the amount stated in the schedule and on the express condition that at the time of the theft the doors, windows and all other entrances to the vehicle were properly closed and locked and provided that the keys or the windows or the closing mechanism had been broken by force and violence and signs attesting to the same remain.**
- C. Theft of valuables from motor vehicles, other than public transportation vehicles.**
- D. Loss and/or damage to cash money, cheques, any types of documents, travellers cheques, postage stamps, camera films, contact lenses, hearing aids, false teeth, spectacles, fragile articles, beverages and food, televisions, any type of media player, computers including tables, laptop computers.**
- E. Loss or damage to negotiable business samples.**
- F. Regular wear and tear, erosion, gradual deterioration, electrical or mechanical breakage or breakdown.**
- G. Damage caused to third parties.**

5. Deduction for wear and tear

It is hereby noted and agreed that the basis of compensation in the event of an insured event will be as follows:

- A. In the event that the damaged property was new (up to 12 months from the date of purchase) and the insured is in possession of purchase receipts to prove this, the damage will be assessed by the insurer (without deduction for wear and tear), however V.A.T. will be deducted from the compensation amount at the rate applicable in the country in which the product was purchased.
- B. In the event that the insured is not in possession of purchase receipts, the damaged property will be assessed by the insurer, however in any case the maximum amount payable in respect of loss or damage to luggage will not exceed the new replacement value of the item **less a deduction for wear and tear.**

In this regard, the calculation for the wear and tear will be made as follows: In respect of the first year, wear and tear of 35% of the value of the item and for each subsequent year a further 5% will be deducted for wear and tear.

- 6. The insurer will pay indemnity for claim under this section within 30 days of the date on which the insurer has been provided with all of the documents and the information required for clarifying its liability in accordance with this section however undisputed indemnity payments in good faith will be paid within 30 days from the date on which the insurer has received the claim in accordance with clause 4, in section C above and can be claimed separately from the other indemnity payments.

7. Delayed arrival of luggage

If the insured is left temporarily without their luggage for at least 24 hours from the time they reach their overseas destination, the insurer will indemnify the insured for up to US\$ 150 to purchase essential items such as clothing etc., on presentation of receipts.

SECTION L – THIRD PARTY LIABILITY INSURANCE

- 1. The insurer will indemnify the insured for bodily injury or property damage to third parties which occurs overseas, in respect of which the insured is liable, and this up to the sums stated in the schedule of limits of liability. A precondition to the liability of the insurer under this section is that the liability of the insured to the third party complies with the same definition of liability in Israel in accordance with the Torts Ordinance for:

- A. Death or bodily injury as a result of an accident affecting any individual other than a close relative of the insured or to an individual who was not employed in the service of the insured or associated with them at the time of the accident.
- B. Damage as a consequence of an accident affecting property which does not belong to the insured or a close relative of the insured or anyone employed in the service of the insured or associated with them at the time of the accident and similarly on condition that the property is not in their care or custody and provided that the liability arises from an accident which occurs overseas during the period of insurance.

2. Additional exclusions to this section:

The insurer will not pay any claim arising from or connected to any of the following:

- A. The possession or ownership of buildings, premises or land.**
- B. The possession or ownership or use of weapons of any type, aircraft or watercraft.**
- C. Trade, manufacturing, distribution and repair of products of any type as well as engaging in commerce, profession or any other business.**
- D. Participation of the insured in organised sports activities or participation of the insured in any type of sports event, other than if such participation was as a spectator.**
- E. A contract that imposes liability on the insured that would not have applied in the absence of this contract.**

HOW TO ACT IN THE EVENT OF A CLAIM UNDER THIS POLICY

1. If an event or damage occurs which is liable to lead to a claim being made with the insurer – the insured must notify the insurer **immediately** of the damage and obtain certification of the same immediately after becoming aware of the event or the damage.
2. **Medical / hospitalisation expenses:**

In order to obtain medical advice and assistance, and in the event of hospitalisation, you must immediately notify the insurer's assistance centre by telephone at the number stated in your insurance policy:

 - When contacting the assistance centre please quote your policy number.
 - When you leave the hospital please ensure that you obtain a discharge report and invoice.
 - After obtaining any ambulatory treatment from a doctor please ensure that you obtain a clear medical diagnosis report, the results of any laboratory tests and copies of original invoices etc.
 - **A pre-condition for the payment of compensation for medical and/or hospitalisation expenses is the provision of a discharge report from the medical institution to which details of the attending doctor and the signature of the insured are attached.**
3. **Luggage:**

If your luggage or personal effects are lost or damaged, please ensure that you immediately notify the various carriers in writing (airline company, bus company, railway company and the like) and obtain a certificate confirming that the event has been reported to the various carriers **within not more than 3 days of the date of the loss. No claims will be paid other than in excess of the amount obtained from the carrier in accordance with international regulations.**

In the event of any other loss or damage, you must notify the local police within 3 days of discovering the loss or damage and submit a complaint certificate immediately to the insurer.

4. Accidents:

In the event of an accident which results in disability or death – you must provide immediate written notification of the details of the accident. Please attach a medical certificate attesting to the nature of the injury.

5. Refund of flight ticket:

In the event that the flight ticket needs to be returned – please send the insurer a detailed medical report containing the circumstances according to which you are unable to fly on the pre-arranged date. Please attach the original flight ticket as well as the replacement ticket that you purchased.

6. Claims:

Claims must be made on a claims form (which can be obtained from the offices of the insurer and/or from the internet site, and must contain all of the information required. **In the event of a claim please attach the policy and all of the original certificates and receipts. The insured is exempt from this duty if they are required to submit the original documents to any other party or if for any reason the insured is unable to provide them, although the insured will be required to send the insurer a copy of the original documents together with an explanation of where the original documents were sent and confirmation from the same party of the amount they have paid to the insured for these documents or attaching an explanation of where the original documents were sent and an explanation of why the insured is unable to provide them.**

Bon voyage!