

PROCEDURE FOR CLAIMS

Dear Customer, In case of a claim, the Participant should contact our assistance service provider **Swan International Assistance** on the following alarm center contact numbers:

- a) Prior to hospital admission or Medical Assistance or
- b) Immediately after reaching the hospital and Participant should not admit any of liability or offer promise or payment of any kind to the hospital.

24/7 NON-STOP ASSISTANCE	
International	00 961 9 211 662
USA/Canada	00 1 514 448 4417
France/Europe	00 33 9 75 18 52 99
WhatsApp	00 961 81 284 602
Email	request@swanassistance.com

Our Assistance Service Provider may ask for the following initial information in order to provide the assistance:

1. Full Name
2. PMD Number and Expiry Date
3. Reason for assistance
4. Place of Stay where assistance is required

In the event of any claim Covered under this PMD, the liability of the Assistance Company shall be conditional on the Participant claiming indemnity or Benefit having complied with and continuing to comply with the terms of this PMD. In the cases where the Participant, only due to force majeure or any reason beyond his control cannot contact Swan International Assistance directly to request the Services or Benefits Covered by the PMD, the Participant can seek for expenses reimbursement in writing as follows:

- Contact Swan International Assistance to obtain a "CASE NUMBER".
- Send an explanation letter of the circumstances of why the "Services or Benefits" for which expenses are being claimed were not requested or obtained from Swan International Assistance directly.
- Send the official documents (such as Medical Report, Police Report or Notification of Loss or Theft, Airline Report of Delay, Cancellation, Lost Luggage, etc.) and original receipts of the expenses incurred.

Claims on reimbursement must be submitted within a maximum of 45 days from the date of occurrence and the Medical claims must be submitted within a maximum of 45 days from the date of first treatment. Claim documents requested and not submitted within a maximum of 3 months then, the claim will be automatically declined.

The Takaful Operator or Assistance Company is NOT liable in respect of any Benefit, which would otherwise be payable under this PMD, should there be another Takaful/insurance in force Covering the same contingencies. The Takaful Operator or Assistance Company, at its discretion will consider reimbursing any expenses, totally or partially, after an internal assessment and case study is done.

The amounts (if any) reimbursed, will not exceed under any circumstance the amounts the Assistance Company would have paid to provide the Services directly if it was contacted in due time and manner by the Participant at the time the claim occurred.