



**Group Credit Shield Insurance**  
**(Credit Cards)**

**For Bank Customers**

Provided By

**Abu Dhabi National Insurance Company**

In association with

**First Abu Dhabi Bank PJSC (FAB)**

*We take pleasure in welcoming you as a First Abu Dhabi Bank (FAB) Credit Card holder to enjoy benefits of this Group Credit Shield Insurance policy provided by Abu Dhabi National Insurance Company. We request you to read through the cover details in order to understand fully the scope, conditions and limitations of the cover offered.*



**Scheme Highlights**

**24 hour worldwide cover for:**

1. Permanent Total Disablement (due to sickness): 100% Sum Insured subject to a maximum of AED 200,000/-.
2. Accidental Death & Permanent Total Disablement (due to accident): 100% Sum Insured subject to a maximum of AED 200,000/- . In addition a fixed amount of AED 200,000/- shall also be payable to the policyholder.
3. Temporary Total Disability (due to accident and sickness): Minimum monthly installment(5% or AED 1,000/- for Platinum & AED 100 for Classic & Gold whichever is higher) due to the bank, excluding first 30 days of 3. Temporary Total Disability, for a period not exceeding three months.
4. Critical Illness :100% of the Sum Insured subject to a maximum of AED 200,000/-
5. Involuntary Loss of Employment: ( for this age 18-60 years) : 10% of Credit card account outstanding balance or credit limit whichever is lower, but not exceeding AED 4,000,-/ for each month of the primary credit card holder's unemployment and the total period of such indemnity shall not exceed 12 months from the date of actual unemployment. The total payment under any circumstance shall not exceed 100% of the Outstanding Balance as on the claim event date.

**EXTENSION:**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed Company agrees to considered claims for claimants leaving UAE as follows

For claims outside the UAE:

For the first given threshold (whichever comes first) of AED 1,000,000 or amount of 100 claims the following should be submitted:

- For the First 3 months, of unemployment, a self-declaration of unemployment should be presented
- Afterward one scanned copy of the claimant's passport is also to be attached showing no other visa outside his country of residence, certified by the notary and showing the date, alongside the beneficiary phone number and contact details and email

- a certified declaration from the notary is requested as well attesting the unemployment of the insured as currently applicable
- ADNIC would have the right to contact the insured and investigate his status of employment and to ask for updated copy of his passport to be even scanned, dated and certified by a notary or to simply be shown to ADNIC online
- ADNIC have the right to investigate the claims at any time by available means

For cases beyond the above mentioned threshold a self-declaration of unemployment should be presented for the first three months of unemployment, after the 3 months, a stronger evidence of unemployment should be presented such as Income Tax report or Social Security register report etc. to be authenticated by the UAE embassy, and bi-monthly thereafter subject to retroactive reimbursement of the monthly benefit in case the insured was found to be working. The burden of proving the claim shall be upon the insured.

6. Terminal Illness: 50% of the Sum Insured, subject to a maximum of AED 100,000/-
7. Repatriation of Mortal Remains: Actual expenses subject to a maximum of AED 15,000 per insured Primary Credit Card Holder.
8. Hospitalization cash benefit (due to accident): The covered Primary Credit Card Holder will be eligible for a daily cash benefit of AED 100 for a maximum of 30 days of hospitalization.
9. Secure Wallet: Company will indemnify the insured member actual amounts subject to maximum limits as given here under for each sections:  
Section II; in respect of these sections the maximum indemnity will not exceed the combined liability limits of AED 10,000/- per cardholder per year or the actual loss whichever is lower,  
Section I & III: in respect of this section maximum indemnity will not exceed AED 1,000 per cardholder per year or the actual loss whichever is lower,  
Section IV: In respect of this section the maximum indemnity will not exceed AED 3,500 per cardholder per year or the actual loss whichever is lower,
10. Passive War & Conventional Terrorism Rider: as per the agreed wording



Kindly note that all above mentioned limits are aggregate limits applicable on each insured member, irrespective of number of credit cards held by the insured member

### **DEFINITIONS**

For the purpose of this policy, the following definitions shall apply unless the context otherwise requires:

**Accident** means where death/disablement is sustained by the Insured Borrower during the Period of Insurance caused solely and directly by external violent means, is unexpected, unforeseeable and not attributed to the Insured Member's intentional damage, self-inflicted injury or suicide.

**Bodily Injury** means bodily injury which:

- (a) is sustained by an Insured Borrower during the Period of Insurance.
- (b) is caused by an accident, and
- (c) solely and independently of any other cause, except illness directly resulting from, or surgical or medical treatment rendered necessary by, such injury, occasions the disablement of the Insured Borrower within 90 days from the date of the accident by which such injury is caused.

**Cardholder/Insured member** means a primary and or the secondary account holder of the credit card issued to the Insured who has not unsubscribed to the benefits under this policy and has not been disqualified by the provisions of this policy to be eligible to receive the benefits under this policy; However for Involuntary Loss of Benefit is applicable to primary account holder of the credit card issued to the Insured who has not unsubscribed to the benefits under this policy and has not been disqualified by the provisions of this policy to be eligible to receive the benefits under this policy.

**Credit Card** means amounts payable by the Cardholder arising from the use of the Card or the Card Number or the PIN or under the Terms and Conditions of the credit card agreement and includes without limitation all Card transactions, fees, finance charges, additional expenses, damages, legal costs, and disbursements, which will be debited to the Card Account and form part of Current Balance.

The applicable Credit Cards all Credit Cards by FAB as issued from time to time to the Cardholder and subsequently issued, renewal and replacement Credit Cards if any, which has been nominated as the facility to which the coverage is to apply.

**Commencement Date** means the date the Cardholder is enrolled for this policy by the

Policyholder or the date of inception of this policy whichever is later.

Cardholders are enrolled for this cover by checking the check box in the credit card application.

**Confidential Information:** means all information relating to the disclosing party, its Relevant Parties or any Borrower/Member in connection with the Policy which is provided by the disclosing party, any of its Relevant Parties or any Borrower/Member to the receiving party, in whatever form, and includes information given orally and any document, electronic file or any other way of representing or recording information which contains or is derived or copied from such information but excludes information that:

- (a) is or becomes public information other than as a direct or indirect result of any breach by the receiving party of this Policy; or
- (b) is identified in writing at the time of delivery as non-confidential by the disclosing party or its advisers; or
- (c) is known by the receiving party before the date the information is disclosed to the receiving party by the disclosing party or any of its affiliates or advisers or is lawfully obtained by the receiving party after that date, and which, in either case, as far as the receiving party is aware, has not been obtained in breach of, and is not otherwise subject to, any obligation of confidentiality.

**Credit:** means the credit card or other form a financial accommodation provided by the policyholder to the insured member/ cardholder under the credit card facility.

**Credit card facility** means the policyholder credit card facility including the supplementary cards, which have been nominated as the facilities to which the benefits under the cover are to apply.

**Death** means death due to accident except as stated under the List of Exclusions mentioned under this policy.

**Date of Event** means any one of the following:

- I. In respect of Death the date of death resulting from an accident except those expressly excluded, happening or manifesting after the Commencement Date and during the Cover Period.
- II. In respect of Permanent Total Disablement the date of recognition of Permanent Total Disablement by a Competent Authority results from an accident or illness happening

- or manifesting after the Commencement Date and during the Cover Period.
- III. In respect of Temporary Total Disablement the date of recognition of Temporary Total Disablement by a Competent Authority results from an accident or illness happening or manifesting after the Commencement Date and during the Cover Period.
  - IV. In respect of Critical Illness the date of diagnosis of Critical Illness by a competent authority results from an accident or illness happening/manifesting after the Commencement Date and during the Cover Period.
  - V. In respect of Terminal illness the date of recognition of Terminal Illness by a competent authority results from an accident or sickness happening/manifesting after the Commencement Date and during the policy period.
  - VI. In respect of Hospitalization the date of admission in the hospital following an accident occurring after the Commencement Date and during the Cover Period.
  - VII. In respect of Involuntary Loss of Employment, the date of notice of termination served to the Cardholder after the Commencement Date and during the Cover Period.

**Relevant Person** means, in relation to an entity, its officers, directors, employees, professional advisers and auditors.

### ELIGIBILITY CONDITIONS

1. Eligible Members carrying out a credit cards related to this scheme
2. Should be actively pursuing employment.
3. Financial eligibility should be strictly applied.
4. Bank's employees are also covered if they have a credit cards from the bank
5. The Cardholder must meet the eligibility criteria stipulated by the Policyholder to become a Cardholder.
6. The Cardholder should have been employed with the same employer for at least 12 months
7. The Cardholder should have a full time permanent employment contract with his employer.
8. The Cardholder shall be within the age criteria specified in the schedule of this policy.
9. Residing in the UAE, however, all primary cardholders are insured whilst traveling anywhere in the world on a 24 hour basis.

Eligibility conditions 6 and 7 apply to Involuntary Loss of Employment benefit only.

**Outstanding Credit Balance** means the total amount outstanding in the Credit Card Facility (that is, the amount outstanding in the primary card account alone or in both the primary and supplementary card account, in case a supplementary card exists) as on the Date of Event but excluding any Credit facility availed after the Date of Event subject to a maximum of the Cardholder's credit limit.

**Policyholder/Assured** means the financial institution insured as specified in the schedule of this policy.

**Sickness** means sickness means a disease or illness first occurring after the Commencement Date.

**Permanent Total Disability (PTD)** means the total and permanent inability of the insured, due to accident or sickness, occurred prior the 65th anniversary, and medically observed, to perform any activity. The total and irrevocable loss of the sight of both eyes or the loss by severance of i) two or more limbs or ii) one limb at or above the wrist or ankle and the loss of sight of one eye, by the insured will be considered a total permanent disability and thus any claim arising thereof is subject to settlement without delay.

The insurers reserves its right to seek a second opinion at own cost to satisfy their decision prior to invoking the appropriate clause.

If at the time of the disability event, the Insured Borrower is unemployed, PTD means the permanent and total inability to perform, without assistance of a third person, at least 5 out of 6 of the following acts of daily living:

1. Washing: the ability to wash in the bath or in a shower (including getting into and out of the bath or shower) or wash satisfactory by other means;
2. Dressing : the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces ,artificial limbs or other surgical appliances;
3. Transferring: the ability to move from bed/chair to an upright position or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surface;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;



6. Feeding: the ability to feed oneself once food has been prepared and made available.

#### Temporary Total Disability – Accident/ Sickness

In the event of an insured member being totally disabled as a result of an Accident and the member is

- a) Totally and continuously unable to perform material and substantial duties of his OWN Occupation and
- b) Is not able to work in any capacity throughout the entire duration of the waiting period of 30 days from the date of accident.

If after a period of Temporary Total Disability for which the benefit is paid and (a) the scheme member resumes his duties for a continuous period of 14 days or more, any subsequent Temporary Total Disability resulting for the same Accident shall be treated as a new period of Total Disability (b) the scheme member resumes his duties for a continuous period less than 14 days, any subsequent Total Disability resulting from the same Accident shall be deemed to be continuation of the same Disability.

The Company shall, pay a Minimum monthly installment (5% or AED 1,000/- for Platinum & AED 100 for other type of cards insured under this policy) whichever is higher) due to the bank, excluding first 30 days of TTD, for a period not exceeding three months provided that:

1. This policy was in force and the claimant was a scheme member at the date upon which the assured first becomes disabled.
2. The first day of disability occurred prior to the attainment of the claimant of age 65 years last birthday.
3. The payment of benefits shall not in any event exceed 3 consecutive months.
4. The disability must have resulted solely, directly and independently of all other causes, from bodily injury effected through external, violent and visible means and the onset of disability shall be within 90 days of such accident.

Throughout the duration of an ongoing claim, the insured member must be under the regular care and following the advice of an Accredited Medical Practitioner and the insured staff member must NOT engage in any gainful work or activity. The Accredited Medical Practitioner shall not be the insured or relative of the insured. Disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

The benefit ceases when the member reaches the term age, dies or the benefit terminates, whichever occurs first.

**Hospital** means an institution in U.A.E established for indoor care, offers allopathic treatment only for sickness and injuries which:

- (a) Is registered as a hospital or nursing home with the **Appropriate Authorities** and is under the supervision of a registered and qualified **Physician**, and
- (b) Provides all the following facilities:
  - (i) At least 10 inpatient beds, and
  - (ii) Fully equipped operation theatre of its own where surgical operations are carried out,
  - (iii) Fully qualified nursing staff under its employment 24 hours per day, and
  - (iv) Fully qualified Physicians in supervision 24 hours per day, and,
  - (v) Maintains a daily medical record for each of its patients.
- (c) For the purpose of this Policy, the terms Hospital shall not include any custodial care, a facility for the aged or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities.

**Terminal Illness** means any disease process which, in the opinion of specialist consultant holding such an appointment at an approved hospital and with the agreement of the company's Chief Medical officer, is highly likely to lead to death within 6 months.

#### Definition of Covered Critical Illness

Critical illness condition shall mean the insured cardholder having suffered or developed one of the following critical illnesses during the period of cover of this benefit:

#### **Major Cancer**

Any malignant disease characterized by uncontrolled growth and spread of malignant cells invading tissue of different histological type. The diagnosis must be supported by histological or – in case of systemic cancers – cytological evidence.

For the above definition, the following are not covered:

1. Cancer in situ.
2. Malignant diseases of the skin other than malignant melanoma that that has caused invasion beyond the epidermis or has progressed to at least clinical classification T2N0M0.
3. Malignant diseases of the prostate unless having progressed to at least TNM classification T2N0M0.
4. Any papillary carcinoma of the thyroid unless having progressed to at least TNM classification T2N0M0.



- 5. Any Hodgkin's disease and non-Hodgkin's disease unless having progressed to at least Ann Arbor classification Stage 2.
- 6. Any leukaemia that has not caused anaemia.
- 7. Any gastrointestinal stromal tumour unless having progressed to at least TNM classification stage T2NOM0 or having a mitotic rate > 5 per 50 hpf.

For the sake of clarification any disease or condition described or classified as any one of the following is not deemed to be cancer for the above definition:

- pre-malignant;
- non-invasive;
- having borderline malignancy or low malignant potential
- cervical dysplasia CIN-1, CIN-2 or CIN-3

benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of any reinstatement.

**Stroke**

Means the suffering of a Stroke as a result of a cerebrovascular event.

Stroke must result in a neurological deficit

- causing the permanent and irreversible inability of the insured
- to walk 200 meters on level surfaces without assistive devices or
- to feed themselves once food has been prepared and made available or
- to communicate with their environment by verbal speech or
- leading to an MMSE score of less than 16.

The assessment of the conditions listed above can be made no sooner than three months after the stroke event. There must be clear evidence on a CT, MRI or similar appropriate imaging techniques that a stroke has occurred and of either:

- Infarction of brain tissue or
- Intracranial or subarachnoidal haemorrhage

Cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

**Heart Attack**

Means the unequivocal diagnosis of the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area.

All of the following criteria must be fulfilled:

- 1. Typical central chest pain suggestive of Heart Attack

- 2. Elevation of cardiac biomarkers, including CKMB above the generally accepted normal laboratory levels
- 3. New ECG changes of infarction
- 4. Proof of permanent and irreversible reduction in left ventricular function specified by a left ventricular ejection fraction of less than 40%

**Coronary Artery By-pass Surgery**

Means the actual undergoing of Coronary Artery Bypass Grafting via a thoracotomy to correct or treat coronary artery disease.

**End Stage Kidney Failure**

Means the chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplant is carried out.

**Major Organ Transplant**

Means the human to human organ transplant from a donor to the insured of one or more of the following organs: kidney, liver, heart, lung, pancreas or the transplantation of bone marrow using hematopoietic stem cells preceded by total bone marrow ablation.

The transplantation of any other organs, parts of organs, tissues or cells is excluded.

**Multiple Sclerosis**

Means a disease in which there are patches of demyelination in the white matter of the central nervous system, sometimes extending into grey matter.

Multiple Sclerosis must result in the permanent and irreversible inability of the life insured

- to walk 200 metres on level surfaces without assistive devices or
- to feed themselves once food has been prepared and made available.

The diagnosis of Multiple Sclerosis, based on a CT, MRI or similar appropriate imaging techniques, has to be confirmed by a certified neurologist.

In this policy unless the context otherwise requires words and phrases cognate to those defined herein or under the Schedule attached hereto and shall be construed in accordance with those definitions and the singular includes the plural and the masculine the feminine and vice versa.

**SCOPE OF COVER**

Subject to the terms and conditions provided in this Policy, the Company shall indemnify the Insured Member as hereinafter provided:

I. **Total & Permanent Disablement due to Sickness**

In case of total & permanent disablement due to sickness of an Credit Cardholder, the cardholder will be relieved of 100% of the Sum Insured or credit limit whichever is lower up to a maximum Sum Insured or limit of Dh. 200,0000 regardless of the number of cards held by the Cardholder. Credit shield cover for the insured member will cease upon payment of this benefit

II. **Accidental Death / Total & Permanent Disablement due to Accident**

In case of death or total & permanent disablement of a Credit Cardholder due to an accident, the cardholder will be relieved of 100% of the Sum Insured or credit limit whichever is lower up to a maximum Sum Insured or limit of Dh. 200,000 regardless of the number of cards held by the Cardholder, in addition a fixed amount of AED 200,000 shall also be payable. Credit shield cover for the insured member will cease upon payment of this benefit

III. **Temporary Total Disablement due to accident or sickness**

In the event of the Credit Cardholder sustains temporary total disablement due to accident or sickness, the cardholder will be relieved from the minimum obligations due on his credit card for a period not exceeding three months as maximum.

The minimum due shall be represented as 5% or Dh 1,000 for Platinum Cardholders and Dh 100 for Classic / Gold/ other Cardholders whichever is the higher of the outstanding credit balance that the credit card holder should have paid.

No benefit will be paid for the first thirty days of any period of Temporary Total Disablement benefit.

IV. **Critical Illness**

Benefit	Lump sum payment of the sum insured for Critical Illness on diagnosis of one of the covered Critical Illnesses subject to all conditions set out in the policy being fulfilled. There can be no more than one payment of sum
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	insured for each insured under this cover.
Line of business	Group Critical Illness products
Conditions covered	As per the definitions of the covered Critical Illnesses are given in Section for definitions
Waiting period	No benefits will be payable if symptoms first appear or the condition first occurs or is first diagnosed within 90 days after the risk commencement date or the date of any reinstatement for all Critical Illnesses covered. If the level of cover for Critical Illness is increased, the same waiting period is valid for the increase in the sum insured. If the level of cover is increased, the same waiting period is valid for the increased amount.
Survival period	No benefit will be payable if death occurs within 30 days of meeting the definition of a Critical Illness.
Minimum entry age	Age 18 attained
Maximum entry age	Age 64 attained
Termination/End age	Age 65 attained
Sum insured per group member	100% of the sum insured for death subject to a maximum sum insured AED 200,000.
Free Cover Limit	AED 200,000
Scope of cover	Cover is valid world-wide provided that the permanent residence of the insured is UAE  The Critical Illness benefit is only paid out on first ever diagnosis of a covered Critical Illness only.

Eligibility and Entry Conditions	<p>Cover will only be granted to those members actively at work on the date of scheme commencement.</p> <p>A health questionnaire must only be filled out by members who due to sickness are not actively at work on the scheme commencement date.</p>
Actively at Work	<p>The cardholder attending his usual place of employment and carries out his normal duties for a full working day. For the part-time workers a minimum 15 hours should be worked regularly per week to be eligible for the benefits.</p>
New Cardholders	<p>Cover will only be granted to those members actively at work on the effective date of enrollment under this insurance.</p> <p>A health questionnaire must only be filled out by members who due to sickness are not actively at work on the date of commencement of cover.</p>

#### V. **Involuntary Loss of Employment**

In the event of Involuntary Loss of Employment of the Primary Cardholder after the Commencement Date and during the policy period, the Company would pay insured members between 18 to 60 years 10% of the outstanding credit balance or credit limit whichever is lower but not exceeding a maximum amount payable of AED 4,000/- for each month of the Primary Cardholders unemployment subject to the Maximum Monthly benefit payable and the Total Period of such indemnity shall not exceed 12 months from the date of actual unemployment. The total payment under any circumstance shall not exceed 100% of the Outstanding Balance as on the claim event date.

#### VI. **Terminal Illness – Accelerated Death Benefits ;**

If elected by the policyholder to be included in the scheme at the time of commencement of cover, subject to approval by the Company, a portion of the Employee's sum insured covered shall be paid prior to his death under this benefit. To qualify for this benefit, the Employee must have been diagnosed as being terminally ill while insured under the Scheme. The maximum Accelerated Death Benefit the member may receive shall be:

Fifty percent (50%) of the Insured's maximum sum covered or AED 100,000/-

The Terminal Illness Benefit is not a separate benefit; it is an extension to death cover. Therefore the terminal illness is accelerated to death and in case the covered member subsequently dies whether due to accident or sickness, the insurer shall pay the remaining amount of the original sum covered as long as the policy is in force with the company at death. Prior to receiving an Accelerated Death Benefit, the Employee must provide satisfactory proof to the Company that his life expectancy is six(6) months or less from the date of application for the Accelerated Death Benefit. This proof must include certification from the treating physician, who cannot be an immediate family member of the Employee or residing with the Employee. The Company reserves the right to obtain a second or more medical opinion at its own expense from a specialist Doctor This cover excludes pre-existing medical conditions

#### VII. **Repatriation of Mortal Remains Benefits :**

In the event of death of the Insured member, the Company will pay the actual expenses incurred in the repatriation of the mortal remains to the native country of the insured Primary Cardholder subject to the maximum limit of AED 15,000/-. This benefit is paid in connection with a valid death claim only.

#### VIII. **Hospitalization cash benefit ( due to accident) :**

In the event of hospitalization due to accidental bodily injury occurring during the period of insurance from the commencement date of this policy, to exceed a continuous period of 24 hours , then a daily benefit of AED 100 will be payable by the company. The total number of days for which hospital cash benefit is payable in a policy year would be restricted to a maximum of 30 days of hospitalization.

#### IX. **Secure Wallet :**







insured member is not an active participant. The Term “War” includes but not limited to:

Invasion or acts perpetrated by foreign enemies (whether war be declared or not), hostilities, civil war, martial law or declaration of a state of siege, state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state or siege, civil disobedience, general mobilization, revolution, usurpation of power (military or politically), insurrection, rebellion, mutiny, riots, civil commotion, revolution, conspiracy, mutiny, strike, pillage, any kind of military projectile or explosive including booby trapped vehicles or objects, cannon shells, rockets or other weapon of war, whatever their origin and type, any act unlawful act perpetrated by armed individual be they members of political, military or paramilitary organizations or parties or not and be they acting on their behalf or on behalf of any other organizations.

The Term “Terrorism” as used herein, shall mean an activity that satisfies both of items below:

- a. Involves a violent act or an act dangerous to human life, tangible or intangible property or infrastructure, causing damage to property or injury to persons, or a threat thereof; and
- b. Appears to be intended to intimidate, coerce or incite a civilian population or inflict economic loss or disrupts any segment of a local, national or global economy; or Influence, protest, intimidate or coerce against the policy or conduct of a government by any means, including mass destruction, murder, kidnapping, hijacking, hostage-taking.

The Company's liability under this rider shall be at anytime limited to the benefit payable at the time on the death/disability of the said Insured provided such benefits shall not exceed a maximum amount as described in the basic policy. “Active participant” in war like operations means an active member of the military forces e.g. Army, Navy, Air Force, Territorial Army or Police or any other special forces activated by Government or other public authorities to defend law and order in case of a war or warlike operation, or any other person who takes up arms in an active or defensive role. The term Active Participant includes but not limited to participation in opposition forces in conflicts, civil commotion, revolution, and insurgency or any similar situation.

**Exclusions for Passive War Risk & Terrorism:**

However, this extension will not apply and no benefit will be payable if at the time of occurrence, the insured member(s) is directly or indirectly:

1. Taking an active participation in any of the above mentioned events,
2. Engaged in any quarrel or dispute whether armed or not,
3. Resisting arrest,
4. Member of any armed force or serving in any armed force or member of any police or security or body guard services,
5. Travelling a country or an area where the British Government Foreign and Commonwealth Office advises against ‘all travel’ there; or
6. Remains in a country or an area for more than 28 days from the date of change of status where the British Government Foreign and Commonwealth Office advises against ‘all travel’ there; or
7. Travelling to a country or an area where the British Government Foreign and Commonwealth Office advises against ‘all but essential travel’ and stays for more than 28 days from the date of change of status or date of travel;
8. Arising out of Atomic Biological Chemical as a result of Terrorism
9. Iraq, Iran, Afghanistan, Palestine, Yemen, Libya and Syria and any country where war or warlike operation takes place and where the insured remains in for more than 28 days following the outbreak. It is also understood that the sum insured will not be payable if the insured actively participates in any of the above-mentioned events and if the insured is traveling to a country after war has been declared in that country or after it has been recognized as a war zone or where there are war like operations.

If the Company insurer alleges that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the insured.

**MAXIMUM SUM INSURED:**

AED 200,000 per Insured Life, irrespective of multiple cards on same Insured life.

<b>AGE LIMIT</b>	Accidental Death Benefit	Disability Benefit	Involuntary Loss of Employment
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Minimum age at entry	18 years	18 years	18years
Maximum age at claim	70 years	65 years	60 years

**FREE COVER LIMIT:** AED 200,000/- per Insured Life (applicable to all benefits except Involuntary Loss of Employment Benefit).

**TERMINATION OF INSURANCE COVER:**

The insurance herein provided under this policy for an Insured Borrower in relation to an Agreement shall automatically terminate immediately upon the happening of any one or more of the following:

- The expiry date of the policy.
- The date of Account closure.
- The date on which an Insured borrower's obligation under the Agreement cease, or are assigned or transferred to a third party.
- The date on which the Insured borrower attains maximum age limits as mentioned in the schedule.
- The date on which the Death or Disability benefit or Critical illness claim paid up to the capital sum insured (death)
- The failure of the policy holder to pay the premium in respect of the borrower

**LIST OF EXCLUSIONS**

**LIST OF EXCLUSIONS- applicable for Accidental Death & Disability Benefits**

Notwithstanding anything contained in any of the Endorsements attached to the Policy, no benefit will be payable under any of those Endorsements if the incident or event occurs either directly or indirectly as a result of any of the following causes.

- I. Active participation in a war or warlike operations or terrorism

No risk is covered if a cardholder is an active participant or directly or indirectly involved in war or war like operations. A policeman or any other person of similar occupation who is acting in the course of his duty will be deemed to be held covered

'Warlike operations' means hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege..

The term "Terrorism", shall mean an activity that satisfies both of items (I) and (II) below:

- I. involves a violent act or an act dangerous to human life, tangible or intangible property or infrastructure, causing damage to property or injury to persons, or a threat thereof; and
- II. appears to be intended to: Intimidate, coerce or incite a civilian population: or inflict economic loss or disrupts any segment of a local, national or global economy; or influence, protest, intimidate or coerce against the policy or conduct of a government by any means, including mass destruction, murder, kidnapping, hijacking, hostage-taking.

- II. Attempted suicide or self-inflicted injury whilst sane or insane. Suicide is covered for existing cardholders (on as in where is basis from the existing insurer on continuous basis) and 12 months waiting period is applicable for new cardholders.
- III. Any breach of the law by the cardholder or any assault provoked by him.
- IV. Being under the influence of drugs other than in accordance with the directions of a registered medical practitioner.
- V. Aviation, gliding of any other forms of flight other than as a fare paying passenger of a recognized airline or charter service.
- VI. Only excluding professionals whilst participation in, or training for, any hazardous sport of competition or riding or driving in any form of race or competition.
- VII. Only excluding professionals whilst involvement in any underwater activity.
- VIII. Mental illness or disease.
- IX. Infection from any Human Immunodeficiency Virus (HIV), Acquired Immune0deficiency Syndrome (AIDS) or any AIDS related condition.
- X. Insured engaging in or taking part in any Naval, Military or Air Force operation

Military Service : For UAE nationals who are insured under this policy whilst in compulsory military service, This insurance covers "accidents of fate" while the insured is off duty or on regular duty (administrative assignments, training related to routine sports, exercise excluding live ammunition, explosives, and stunts) away from the battlefield and military maneuvering or military assignments associated with military combat (such as rehearsal with live military missions in war or war like situations)

- XI. Deliberate exposure to exceptional danger (except in an attempt to save human life) of the Insured Borrower's own criminal act.
- XII. Death or Injury caused by nuclear fusion, nuclear fission or radioactive contamination as defined below :
- XIII. Any Claim arising out of Atomic Biological Chemical as a result of Terrorism is excluded from cover

**Destructive Agents Exclusion**

This Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto. This exclusion shall apply to Non participants and innocent by stander too.

**XIV. Pandemic Exclusion and underwriting guidelines applicable only to new loans**

- This exclusion is not applicable to members up to age of 64 (age last birthday),
- For members above age 65 the epidemic exclusion would apply
- Epidemic/pandemic exclusion  
Notwithstanding anything contained herein to the contrary, this policy does not cover any claim, loss or expense arising out of, resulting from, caused by or contributing to, whether directly or indirectly, any medical condition, deterioration or complication related to COVID 19 / SARS-CoV-2 or any other epidemic or pandemic disease”

**XV. Disability Claims related to or arising from Mental and nervous disorder**

**List of Exclusions applicable to Involuntary Loss of Employment**

- 1. Involuntary Loss of Employment which starts within 90 days of the Commencement Date.
- 2. Insured Person's who have not been continuously employed with the same employer for minimum 12 months.
- 3. Insured Person's who are on probation.

- 4. Employment on a part time or temporary, casual or contingent employment will not be eligible for ILOE benefit. Employment on a fixed term contract will be covered only within the term of the contract , and the ILOE payment will end at the scheduled termination date of the fixed term contract (all claims related to fixed terms contract to be referred to ADNIC for case by case review. ).
- 5. Resignation or leaving by mutual agreement or voluntary unemployment or redundancy after voluntary breaks
- 6. Disability, sickness or Accident or any other medical reasons (mental and/or physical)
- 7. Where the Insured Person was aware of pending unemployment on or before the Commencement Date.
- 8. Where the unemployment is a normal seasonal part of the employment or due to non-renewal of employment
- 9. Where the Insured Person has neither been terminated nor become redundant but his/her salary or allowances are being withheld in part or in full for any reason of the employment contract.
- 10. Unemployment due to any of the following
  - i. Misconduct
  - ii. Refusal to accept orders from superiors
  - iii. Criminal Conviction
  - iv. Dishonesty or Fraudulent Act
  - v. Non Performance or Underperformance
  - vi. the employers rights to do so under Article 120 of the UAE labor law.
  - vii. The period for which payment from the employer is received instead of working notice
- 11. Payment after the Insured Person reaches the maximum coverage age specified in the schedule of this Policy.
- 12. Termination due to voluntary retirement by the Insured Person.





non-renewal of employment contract by the authorities.;

38. 6 months prior end of job contract or retirement date

39. UAE nationals benefiting from local government support

**List of Exclusions applicable to Critical Illness Benefit**

The Company shall not be liable and shall not pay any claim under this policy connected directly or indirectly with or arising from:

- a) Flying in any form of aircraft, unless the insured is travelling as a fare-paying passengers in a civilian aircraft which is certified for transporting passengers.
- b) The insured actively participates in war, rebellion, anarchy, sabotage and the intensity events defined as a crime or actively participates in illegal events causing illnesses/accidents which is covered by the policy.
- c) Chronic use of drugs (excluding at doctor's orders).
- d) Intentionally self-inflicted injury, regardless of whether or not the Insured is sound of mind and committing suicide.
- e) Boxing, wrestling, or any kind of physical combat, skiing (water or on snow), gliding, parachuting, bungee jumping, mountaineering, professional sports activities ,diving using equipment.
- f) Illnesses or conditions which are mutations or variations of AIDS, HTVL and HIV.
- g) Injury from non conventional weapons (such as atomic, chemical or biological weapons) or from conventional ballistic missiles.
- h) Nuclear fusion, nuclear fission, nuclear waste, where the illnesses and injuries stem from radioactive or ionizing radiation.
- i) Pre-existing conditions defined as below are excluded.

Pre-existing conditions are excluded. A pre-existing condition is a disease, surgery or condition covered under this Critical Illness cover that was present, had occurred or was diagnosed in any grade of severity before the member joined the scheme – regardless from any severity conditions set out for the covered Critical Illnesses in the policy wording.

Heart attack, coronary artery by-pass surgery, heart transplant or stroke are considered diseases of the cardio- and cerebrovascular system and therefore treated as one condition, for example if the member

has had a stroke before he/she joined the scheme, no benefit shall be payable for a future stroke, heart attack, coronary by-pass surgery or heart transplant.

No benefit will be paid for any specified condition which resulted from underlying causes or symptoms which were known to the member before joining the scheme.

This restriction only applies after the member has joined the scheme. The list of underlying causes or symptoms for each condition is given below. This exclusion will apply from the date the insured joins the scheme.

Such conditions will include the following:

**Major Cancer:**

Any previous cancer or pre-malignant conditions, papilloma of the bladder, polyposis coli, Crohn's Disease, ulcerative colitis, haematuria, blood in stools, haemoptysis, lymphadenopathy, splenomegaly, cachexia.

**Heart attack, Coronary Artery By-pass Surgery:**

Hypertension, angina pectoris, arteriosclerosis and coronary artery disease, chest pain on exertion, diabetes mellitus, cardiac arrhythmias, abnormal ECG, hyperlipidaemia, obesity.

**Stroke:**

Hypertension, valvular disorders of the heart, transient ischaemic attacks, haemophilia, pulmonary embolus, embolism of any major vessel, diabetes mellitus, aneurysms of the intracranial blood vessels, arteriosclerosis, arteriovenous malformations, atrial fibrillation.

**Major Organ Transplant:**

Heart and Heart/Lung: coronary artery disease, cardiac failure, cardiomyopathy, hypertension.

Lung: pulmonary failure, mucoviscidosis.

Liver: hepatitis B or C, end-stage chronic hepatitis, primary biliary cirrhosis, liver disease, autoimmune hepatitis, hepatic vein thrombosis, metabolic disorders, tumours, cholangitis.

**List of Exclusions applicable to Hospital Cash Benefit**

1. Hospitalization due to illness or sickness.

2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
3. Any routine or prescribed medical checkup pre examination.
4. Circumcision, cosmetic or aesthetic treatments of any description change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
5. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
6. Removal of any material that was implanted in a former surgery before the Date of Cover Commencement.
7. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
8. Participation in any hazardous activity or sports as a profession and /or for income including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
9. Nuclear Radiation, Nuclear Fission, Nuclear Fusion and/or Radioactive Contamination.
10. Death or disability wholly or partly resulting from war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion. War zone and non-exhaustive list of countries (Iraq, Afghanistan...) excluded.
11. Naval or Military operations (including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebel and the like.
12. Passive and active war risk (including acts of terrorism).
13. No benefits shall be payable under this policy where the disability in the opinion of the UAE concerned medical authorities is directly due to or arises directly or indirectly from infection by any Human Immunodeficiency Virus (HIV).

List of Exclusions applicable for Secure Wallet Benefit

1. Losses of credit cards not reported to the issuing company within 48 hours of the discovery of the loss or theft.
  2. Loss due to the use of a genuine credit card by an authorized person using his/her genuine signature with intent to defraud.
  3. Losses arising as a result of the unauthorized use of credit card by a close relative.
  4. Any legal liability of whatsoever nature.
  5. Any loss not discovered during the Cover Period.
  6. Any internet transactions following occurrence of the event giving rise to claim under the Secure Wallet Plus Cover.
- No Benefit will be payable under the following:
- a. Robbed or Stolen Cash :
    - Claims resulting intentionally or unintentionally by:
    - The covered member, his/ her spouse, children, relatives or friends; or War, civil commotion, insurrection, rebellion, revolution or terrorism or acts of God, nuclear reaction or radiation; or
    - Consequences of any riot or confiscation by the authorities.
  - b. Fraudulent Transactions on the Lost or Stolen Credit Card issued by Bank in the wallet
  - c. Claims resulting from transactions or damages done intentionally or unintentionally by:
    - The covered member, his/ her spouse, children, relatives or friends; or
    - War, civil commotion, insurrection, rebellion, revolution or terrorism or acts of God, nuclear reaction or radiation; or Consequences of any riot or confiscation by the authorities
- Robbed or Stolen Cash :
- Claims resulting intentionally or unintentionally by:
  - The covered member, his/ her spouse, children, relatives or friends; or War, civil commotion, insurrection, rebellion, revolution or terrorism or acts of God, nuclear reaction or radiation; or
  - Consequences of any riot or confiscation by the authorities.



- d. Fraudulent Transactions on the Lost or Stolen Credit Card issued by Bank in the wallet
- e. Claims resulting from transactions or damages done intentionally or unintentionally by:
  - The covered member, his/ her spouse, children, relatives or friends; or
  - War, civil commotion, insurrection, rebellion, revolution or terrorism or acts of God, nuclear reaction or radiation; or Consequences of any riot or confiscation by the authorities

**How to Claim**

- I. Upon happening of an event giving rise to a claim under this Policy, the Policyholder shall give written notice to the Company but not later than 90 days from the Date of Event.
- II. Any and all communications related to a claim should be addressed to the following address, marked to the attention of the Company's Claims Department:  
Abu Dhabi National Insurance Company

P. O. Box: 839, Abu Dhabi, United Arab Emirates.

Telephone : 02 4080100/Fax No: 02 2 6268600

You may contact Abu Dhabi National Insurance Company (ADNIC) at the toll free no. 8008040/,or send an email to LifeClaims@adnic.ae

- III. Insured Borrower or Insured Borrower's representative will contact the Company and submit all the applicable claim documents as advised by the Company's claim department.

**SANCTION CLAUSE**

No insurer shall be deemed to provide cover and no insurer shall 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 that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, France or Germany or UAE as attached to the policy

**PROOF OF LOSS OR ENTITLEMENT TO BENEFIT:**

Written notice of any Death or Disability claims sufficient to identify the Insured Borrower must be given to the Company immediately or as soon thereafter as is reasonably possible. The Company will then provide necessary forms for filing proof of entitlement to benefit. Written proof of entitlement to benefit must in any event be filed with the Company at its Head Office (Abu Dhabi National Insurance Company, PO Box 839, Abu Dhabi, UAE) within 90 days after the occurrence of Death or Disability.

**RECORDS & INFORMATION:**

The Policyholder will, at the request of the Company:-

- (a) Supply to the Company such information concerning Insured Borrowers and the Agreement entered in to by the Insured Borrowers and the Policyholder as may reasonably be required by the Company.
- (b) Provide the Company with the relevant records of the Policyholder concerning Insured Borrowers as the Company may reasonably require for the purposes of administration by the Company of the insurance hereby agreed to be provided and the determination of future premium rates.

**General Claims Procedure**

The claims handling procedure for this Policy are as below:

- 1. Written notice of accident/ death/ injury/illness which could result in a claim being made under the Policy must be given to the Company immediately.
- 2. Such notification, apart from stating name of the Insured Member in respect of whom the claim is reported, should provide basic details including date of death/ accident/sickness and the type of benefit claimed.
  - 1. Upon receipt of Claim Notification, the Company shall:
    - I. Register the claim and allocate a claim number, to be quoted in all subsequent communications relating to that claim.
    - II. Advise the claim number to the Insured Member and request documentation considered necessary and reasonable for processing of the claim.
  - 2. Upon receipt of the above, the corresponding claim form complete in all respects shall be submitted to the Company together with all supporting documents requested.
  - 3. Upon receipt of the documented claim from the Insured, the Company shall advise any further documentation required to substantiate the claim or process the claim for settlement.

**HOW TO CLAIM**





4. For all valid claims payable in accordance with the terms and conditions of this Policy, the full and final discharge receipt would be issued by the Company.

**ILOE CLAIMS PROCEDURE: Claims Procedure**

Upon happening of an event giving rise to a claim under this policy, the Borrower/Borrower's Representatives/Insured shall follow the following procedure:

If the Involuntary Loss of Employment claim is accepted the Scheme Member shall report in person to the Company's Head Office each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the Involuntary Loss of Employment.

- a) Give immediate written notice to the Company but not later than **60 days** from the Date of Event.
- b) The Insured or the Cardholders representative shall complete the standard claim form issued by the Company and produced at no cost to the Company with such evidence to substantiate the claim to the satisfaction of the Company as the Company may reasonably require;
- c) the bank to provide the outstanding balance with the claims notification.
- d) For claims outside the UAE:  
For the first given threshold (whichever comes first) of AED 1,000,000 or amount of 100 claims the following should be submitted:
  - For the first 3 months, of unemployment, a self-declaration of unemployment should be presented
  - Afterward one scanned copy of the claimant's passport is also to be attached showing no other visa outside his country of residence, certified by the notary and showing the date, alongside the beneficiary phone number and contact details and email
  - a certified declaration from the notary is requested as well attesting the unemployment of the insured
  - ADNIC would have the right to contact the insured and investigate his status of employment and to ask for updated copy of his passport to be even scanned, dated and certified by a notary or to simply be shown to ADNIC online
  - ADNIC have the right to investigate the claims at any time by available means

For cases beyond the above mentioned threshold a self-declaration of unemployment should be presented for the first three months of unemployment, after the 3 months, a stronger evidence of unemployment should be presented such as Income Tax report or Social Security register report etc. to be authenticated by the UAE embassy, and bi-monthly thereafter subject to retroactive reimbursement of the monthly benefit in case the insured was found to be working. The burden of proving the claim shall be upon the insured.

- c) The Borrower or the Borrower's representative or the Insured shall submit the following documents within **60 days** from the Date of Event.
  - i. Letter of termination confirming that employee's (individual covered) contract was terminated indicating clearly the reason of termination.
  - ii. Letter from the bank stating the outstanding amount on individual covered's finance account at the time of termination.
  - iii. Copy of employment contract and passport copy showing visa page.
  - iv. Copies of statement / history showing transactions, amount of instalments, instalment in arrears and the outstanding amount.
  - v. Copy of the personal finance application
  - vi. Salary slips for the 3 months preceding date of notice of termination.
  - vii. The Company may also request for a copy of the labor contract from the Employer if it is required to verify the period of employment contract.
  - viii. Monthly submission of passport copy showing visa page along with bank's stamp and date.
  - ix. labor card number should be obtained at claim stage
  - x. Any other documents as may be required as per the prevailing Company policies.
  - xi. Proof of fulltime employment on the employer's letterhead paper, including copy of the employment agreement between employer and employee, clearly stating that the employee was employed on a fulltime basis  
All papers as indicated above may be required to be produced in original (other than those surrendered to the authorities or Employer) for

verification before the final settlement of claim.

The Company reserves the right to request for additional and/or detailed documents, beyond as stated above, which may additionally be necessary

(i) to establish circumstances surrounding the Involuntary Loss of Employment of the Insured Person should the said circumstances warrant it;

(ii) to investigate any suspected fraud or misuse of Policy including when

a) the Indebtedness as on the Date of Event is not within the average preceding 6 months Indebtedness history of the Insured Person from the Date of Event,

b) there is a sudden increased Indebtedness within last 2 month preceding the Date of Event,

c) there are any additional circumstances in sole discretion of the Company which may lead the Company to suspect fraud or misuse of the Policy,

If the claim is accepted the Scheme Member shall report in person to the Company's Head Office each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the Involuntary Loss of Employment.

If any claim under this Policy is in any way fraudulent or unfounded, the Benefit under this Policy shall be forfeited in respect of the particular Scheme Member.

#### Internal Investigation Stage:

1. On receipt of all the documents, if the documents are in order, the Company will forward the file for internal investigation or else the Scheme Member will be requested for additional documents as may be required. At all times the Scheme Member is required to cooperate with the Company where ever necessary to substantiate and justify their claim. If the claim is not admissible then the Scheme Member will be notified accordingly.
2. Based on the internal investigation report, Abu Dhabi National Insurance Co. will process the claim in accordance with the terms and conditions of the policy, and communicate the decision to the Scheme Member.

#### First Settlement (if valid):

1. If the claim is valid a Monthly Benefit will be paid into the Scheme Member's account with the Policyholder.
2. Settlement for all claims submitted on or before 15th of the previous month, and once validated, will be made on 1st of the following month and settlement for all claims submitted on or after 16th of the previous month, once validated, will be made on 16th of the following month.

#### Subsequent Settlements:

1. The Company will conduct the internal investigation every month and the subsequent Monthly Benefit will be settled based on the internal investigation report. In case the Scheme Member is not eligible for the next Monthly Benefit, the Company will advise the Scheme Member accordingly.
2. The Scheme Member has to visit the Head Office of the Company every month with his original passport and declare his employment status. Subsequently, the Monthly Benefit will be paid to the Scheme Member.

Claims procedure to ensure continued unemployment, will be to check at website of Ministry of labor with labour card #, (insured members from those companies which are traceable through this method will be asked to share the passport copies to check valid employment visa)

#### ILOE cover for unemployed leaving UAE /outside UAE,

Company agrees to considered claims for claimants leaving UAE as follows

- for the first 3 months of unemployment to accept the self-declaration as a proof in case the member is outside the country.
- After this period a stronger evidence (such as social security or fiscal documents) should be presented as we need to call for all necessary proofs as may be called upon by the Company in order to substantiate his unemployment

#### Documentation Checklist

##### A. Death Claims:

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report

- iii. Death Certificate (in original). In case of death taking place outside U.A.E., such original Death certificate issued abroad should be attested by U.A.E Embassy
- iv. Post Mortem Report (wherever required)
- v. Police Report – if death due to accident/Road Traffic Accident
- vi. Cause of death, if the same is not clearly mentioned in death certificate.
- vii. Copy of Passport including visa page (for expatriates)
- viii. Credit Card Application Form
- ix. Credit Card Statement for the last three months
- x. Any other document found necessary
- xi. Copy of emirates id.

#### B. Terminal Illness

- i. Prior to receiving the Terminal Illness Benefit, the borrower must provide satisfactory proof to the Insurance Company that his life expectancy is six (6) months or less from the date of application for the Terminal Illness Benefit.
- ii. This proof must include certification from the treating physician, who cannot be an immediate family member of the Employee or residing with the Employee. The Insurance Company reserves the right to obtain a second or more medical opinion at its own expense from a specialist agreed on with the Assured.

#### C. Disability Claims

- i. Claim Form duly completed and signed by authorized signatory
- ii. Accident Report (in case of Accident)
- iii. Medical Report (in original) confirming exact degree of permanent disability issued by the Medical Board
- iv. Police Report – if disability is as a result of accident/Road Traffic Accident
- v. Medical Report from a Hospital with a detailed diagnosis, history of illness (if disability due to sickness) and cause of disability
- vi. Copy of Passport including visa page. (for expatriates)
- vii. Copy of emirates id.
- viii. Credit Card Application Form
- ix. Credit Card Statement for the last 3 months
- x. Any other document found necessary

#### D. Involuntary Loss of Employment

- i. Notice of Termination from the Employer (Original should be submitted for verification); Claim Form duly completed and signed by authorized signatory
- ii. Copy of Passport with valid Visa Page
- iii. Copy of emirates id.
- iv. Copy of the Labour Contract from the Employer;
- v. Credit Card Application Form
- vi. Complete Credit Card Statement
- vii. If the Insured is eligible for the benefit, insured need to submit the original passport for verification at ADNIC office along with a self-declaration of employment status one month after the Notice Period to start with monthly payout.
- viii. Any other documents as may be required by the Company to validate the claim including further information that it may require to determine the cause of involuntary unemployment.
- ix. If the claim is accepted the Insured Person shall report in person to the Company's offices each month as a pre-condition of future to confirm whilst the Monthly Benefit in respect of the ILOE Benefit.
- x. Claims amounts with respect to ILOE are paid directly to the customer in the event of an admissible claim.

#### E. Hospital Cash Benefit

- i. Claim Form duly completed and signed by authorized signatory
- ii. Medical Report.
- iii. Credit Card Application Form
- iv. Credit Card Statement for the last 3 months
- v. Copy of Passport of the employee including visa page
- vi. Copy of emirates id.
- vii. Any other document found necessary
- viii. Claim notification to ADNIC has to be within 15 days from the date of discharge
- Original copy of the following documents:
  - a. Discharge card with details of treatment received, diagnosis
  - b. Surgical summary (in case the claimant has undergone a surgery)
  - c. Certificate from Physician
  - d. Any other document that may be called for in the course of claim evaluation

- I. Upon receipt of the above, the corresponding Claim Form complete in all respects shall be submitted to ADNIC together with all supporting documents requested.
- II. For all valid claims payable in accordance with the terms and conditions of the Policy, the Discharge Receipt would be issued within fourteen (14) working days of receipt by ADNIC of all necessary supporting documents.  
Settlement of the claim would be effected to within twenty one (21) working days of receipt by ADNIC of the duly signed and stamped Discharge Receipt

All claims proceeds payable under this policy shall be made to the Policyholder (FAB).

**CONDITIONS APPLICABLE**

1. A Credit Cardholder is covered under this Policy if he/she is holding a valid Credit Card issued by the Policyholder on or after the Commencement Date of this policy, unless he/she elects not to be insured.
2. In the event of an insured event happening to a Credit Cardholder while insured hereunder, as stated in the Schedule, the Company will pay the amount due subject to the provisions and conditions of the Policy.
3. No interest shall be payable by the Company in respect of the period between the date of death or loss date and the payment of the insured amount to the Policyholder.
4. All monies payable to or by the Company under this Policy shall be paid at the principal Office of the Company and the payment by the Company to the Policyholder of any sum due under the policy shall be a complete discharge to the Company in respect of that sum. All benefits on account of the cardholder / claimant will only be made to the Policyholder.
5. The premium is payable as per the Schedule of Policy based on the Outstanding Credit Balance applicable for both primary and supplementary cards for the primary card holder on the agreed date of each month. A grace period of up to thirty (30) days is allowed for payment of all premiums due hereunder during which time this policy shall remain in force. If any premium is not paid within the said grace period the insurance shall become void at the end of such period but a pro-rata premium shall be payable for the insurance of such number of Cardholders up to the end of the grace period.
6. The Company or the Policyholder may terminate this policy by mailing to the other party a written notice of such intention at least 60 days before the termination date after its receipt by either party. The Policyholder shall then pay to the Company the full premium in respect of any

- Insured Borrower who (being eligible) has elected to be insured hereunder prior to the date of termination and for whom the Policyholder has not yet paid premium as required under this policy.
7. The Company shall have the right to alter the premium rate by giving notice in writing to that effect to the Policyholder at least 45 days prior to the Policy Anniversary date.
8. The insurance cover shall terminate on the expiry date of the Policy. The failure of the Policyholder to pay the premium in respect of the Credit Cardholder subject to the provisions of premium payments, or the date on which the Credit Card Account becomes overdue by six months or a complaint is filed with authorities about non-payment of the dues or the Credit Cardholder is declared absconding or a judgement is entered in any court with respect to the debt hereunder.
9. In the event of a claim it must be notified to the Company as soon as possible but in any event the Policyholder shall give written notice not later than 90days after the occurrence of the incident giving rise to the claim, together with any supporting evidence required by the Company.
10. The Company shall have the right to require satisfactory evidence of age before any benefit is paid in respect of any claimant under this policy. If it shall be established that at the time the Credit Cardholder first became insured hereunder his age was understated, the liability of the Company shall be limited to a return of the premium paid in respect of that Cardholder. No Benefits shall be paid in respect of a Cardholder who attains the Maximum Coverage Age specified in the schedule of this policy (at which time that Cardholder shall cease to be covered).
11. The Policyholder shall maintain a record of all Credit Cardholders insured hereunder and the Outstanding Balance in respect of each Credit Cardholder.
12. This policy shall be governed by and construed in accordance with the laws of the Emirate of Abu Dhabi and United Arab Emirates. Any claims and or dispute arising out of or relating to this policy shall be subject to the exclusive jurisdiction of the competent courts of the Emirate of Abu Dhabi.
13. All monetary amounts specified in this policy are expressed in the currency of the United Arab Emirates, referred to herein as UAE Dirham.
14. Value Added Tax (VAT: It is hereby declared and agreed that if Value Added Tax (VAT) is applicable on the insurance premium and other charges payable/paid in relation to this insurance policy retrospectively from inception or prospectively from the date of implementation of VAT, the Insurer reserves its right to collect the same from the Insured in line with the



impending VAT laws and regulations as implemented in the UAE.

15. Legal Compliance: The Parties acknowledge and accept that nothing in this Contract shall prevent either Party from its compliance with any laws and regulations relating to their obligations under this Contract.
16. Basis of insurance: With respect to disability claims the “claims incurred basis” means that persons whose disability commenced before joining the scheme are not covered. Usually the incurrence date is when the claimant is off work for the first time. Only comprehensive information on the exact duties involved in the claimant’s occupation can enable a decision on the claim to be made. Such information should also be made available to the relevant medical attendant so he can make a fair assessment of the case. Often the above information will not be sufficient and further medical examinations by specialists will be needed. All claims are underwritten as per policy conditions and above offer. Any changes in law will not affect the assessment of claims underwriting. Claims must be notified to the insurer as soon as possible but in any case not more than 90 days after the occurrence of the incident-giving rise to the claim, together with any supporting evidence required by the insurer. If the insurer is not notified of the claim within that period, the insurer reserves the right to refuse liability for the claim. Accounts should be settled and paid not more than 30 days after the business has been booked and the listings have been provided to the insurer. In the event of non-payment, the insurer shall have the right to terminate the policy. If the insurer elects to exercise this right, it shall give the cedent 30 days notice of its intention. If the premium is not settled during this notification period, the insurer shall be relieved of present and future liabilities under this insurance cover.
17. **The due observance and fulfilment of the terms of this Insurance Policy in so far as they relate to anything to be done or complied with by the Assured/Insured and the truth of the statements and answers in the questionnaire and proposal made by the Assured/Insured shall be a condition precedent to any liability of the Insurer.**
18. **It is a condition of this insurance that the Assured/Insured has disclosed to the Insurer, before the contract was concluded, every material fact and/or circumstance which was known to the Insured, and the Insured is deemed to know every circumstance which, in the ordinary course of business, ought to be known by them. If the Insured has failed to make such disclosure, the Insurer may avoid the contract. Every circumstance is material which would influence the judgment of a prudent Insurer in fixing the premium,**

**or determining whether they will take the risk. It is also a condition of this insurance that the Insured shall notify the Insurer during the validity of the contract, and before the renewal(s) are concluded and during the validity of each renewal, of any changes in the material fact and /or circumstances which may increase the risk to be borne by the Insurer.**

19. **If a claim upon this Insurance Policy be in any respect fraudulent or if any false declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under this Insurance Policy or if the loss, destruction or damage be occasioned by the wilful act or with the connivance of the Insured all benefits under this Policy shall be forfeited.**
20. **Every material representation and/or any information made by the Insured and/or his agent to the Insurer during the negotiations for the contract and/or renewal, before the contract and /or renewal(s) are concluded, and during the currency of the contract and/or renewals(s), shall be true. If the aforesaid material representation and/or be untrue the Insurer may avoid the contract. A representation is material which would influence the judgment of a prudent Insurer in fixing the premium, or determining whether they will take the risk.**
21. **All benefits, terms and conditions provided is as per the Master Policy between the Bank and Abu Dhabi National Insurance Company**
22. Involuntary Loss of Employment Benefit Conditions

**Involuntary Loss of Employment:** Means unemployment of the eligible Scheme Member arising out of the unilateral decision of the employers to terminate the eligible Scheme Member’s employment contract for any reason other than those mentioned under Exclusions. In the event of involuntary unemployment of the Borrower after the Commencement Date and during the policy period, the Company shall pay 10% of the outstanding balance as on the date of event or AED 4,000 per month per life, whichever is less subject to a maximum of 12 months.

**Provided that**

1. The Notification falls after a Waiting Period of ninety (90) days from the Policy Commencement Date or Normal Date of Inclusion, whichever is later.
2. The Scheme Member remains unemployed during the period for which the Monthly Benefit under this insurance Scheme is paid.

3. The Scheme Member shall inform the Company as soon as he accepts an alternative job within the period he has been receiving the Monthly Benefit. If it is found that the Scheme Member has been Re-employed during the period he has been receiving the Monthly Benefit, the entire claim will be void and the Company reserves the right to recover the full amount paid to the Scheme Member as Monthly Benefit since the beginning of his Involuntary Loss of Employment.

**Date of Event:** Means the following:

In respect of Involuntary Loss of Employment, the date of Notice of Termination given to the Scheme Member, happening after the Policy Commencement Date, or Normal Date of Inclusion, whichever is later, and during the Policy Year.

**Re-employment** means accepting and starting work for a new employer or the same employer under a new employment contract with in 12 months from date of actual unemployment.

**CONDITIONS WITH RESPECT TO ILOE BENEFIT**

1. The Date of Event falls after a waiting period of 90 days from the Commencement Date.
2. 1 month elimination period (this is a period where after losing job, no claim is paid, post 1 month, benefits are paid retroactively)
3. There must be at least 6 months of continuous employment after the term of a first claim for which benefits have been paid to re-qualify for a new one.
4. No payment will be done during the notice period.
5. The individual covered remains unemployed during the period for which the benefit under this policy is paid and shall provide all necessary proofs as may be called upon by the Company in order to substantiate his unemployment
6. Monthly, the individual covered has to submit the passport copy showing the visa page along with the bank's stamp and date.
7. The individual covered/Bank shall inform the Company as soon as the Individual covered accepts an alternative job within six months period from the date of his actual unemployment. In case, it is found

that the Individual covered has been re-employed during the period he has been taking the monthly benefits, the entire claim will be void and Company reserves the right to recover the full amount paid to the Individual covered /Bank as monthly benefit since the beginning of his unemployment.

8. The Policyholder shall keep the Company informed of updates related to the Policyholder's collection/debt recovery process in recovering the Indebtedness from the Insured Person.
9. The benefits under this policy shall be extended only to Primary Cardholder only and not to an additional or supplementary/joint Credit card applicants.
10. Notwithstanding anything contained herein to the contrary the ILOE benefit under this policy in respect of the individual covered shall terminate upon the happening of any one or more of the following:

- a. In case of Death/ Disability
- b. When the Insured Person resumes work (even if it is only a part-time work)
- c. When the Insured Person having attained the Maximum Coverage Age specified of 60 years.
- d. The Insured Person becoming unemployed voluntarily.
- e. 6 months prior to the Insured Person's normal retirement date depending upon the age of the Insured Person and the law of the UAE.
- f. When the maximum benefit AED 48,000 has been reached for several ILOE claims during the period of coverage.
- g. When the Insured Person is not contactable for 15 days verification in case of claim.
- h. In case of change in employer/Occupation, the waiting period of 90 days will start again from the date of change in employment
- i. members benefiting from any official unemployment program are not illegible for ILOE claims
- j. ILOE monthly claim amount is based on the minimum between the original outstanding amount at date of claim, and the outstanding loan amount at the end of each month
- k. ILOE claims payment would end as soon as the credit card outstanding amount is settled
- l. in absence of Labor card number (for companies in the free zone or governmental or semi-governmental etc) it is important to

check the physical passport to check for any new employment visa. The passport should be checked with each monthly payment.

m. In all cases, the passport should be checked quarterly subject to recouping previous claims payment paid after the inception of a new employment visa (if any)

n. For claims outside the UAE:

For the first given threshold of AED 1,000,000 or amount of 100 claims the following should be submitted:

- For the first 3 months, of unemployment, a self-declaration of unemployment should be presented
- Afterward one scanned copy of the claimant's passport is also to be attached showing no other visa outside his country of residence, certified by the notary and showing the date, alongside the beneficiary phone number and contact details and email
- a certified declaration from the notary is requested as well attesting the unemployment of the insured
- ADNIC would have the right to contact the insured and investigate his status of employment and to ask for updated copy of his passport to be even scanned, dated and certified by a notary or to simply be shown to ADNIC online
- ADNIC have the right to investigate the claims at any time by available means

For cases beyond the above mentioned threshold a self-declaration of unemployment should be presented for the first three months of unemployment, after the 3 months, a stronger evidence of unemployment should be presented such as Income Tax report or Social Security register report etc. to be authenticated by the UAE embassy, and bi-monthly thereafter subject to retroactive reimbursement of the monthly benefit in case the insured was found to be working. The burden of proving the claim shall be upon the insured.

### 23. Special conditions applicable to all benefits

- I. The insurance coverage under the policy is on 24 Hours Worldwide basis.

II. The Cardholders are covered provided the number of cardholders and outstanding amount declared are within the estimated figures declared.

III. Entry or exit into the policy cover is permitted anytime during the month.

IV. The cover includes Air Crew, Pilots of Airlines while on duty as paid employees.

V. The policy is extended to cover Credit Cardholders taking part or engaged purely and solely for pleasure purposes in Motor Cycling, Mountain or Rock Climbing necessitating the use of ropes, guides, winter sports, Polo, Hunting, Show Jumping, Caving or Pot Holing, Boxing or other martial arts.

VI. Policy will function on the basis of monthly declaration as per the Bank billing cycle which will be provided to Company by 5<sup>th</sup> of the following month and based on which the monthly premium is to be charged.

VII. The policy expressly prohibits re-entry or inclusion of Credit Cardholders who have opted out of the scheme. In the event that the credit card holder wishes to enroll the scheme, cover will only operate on this cardholder after three months from the date of enrolment.

VIII. The rates are guaranteed for the period mentioned in the Schedule only or otherwise as agreed between the Company and the Policyholder.

IX. Any other date on which the Scheme Member ceases to be eligible for cover for any fraudulent or criminal reason affecting the cover hereunder. Decision of the UAE Court shall be final in such cases.

X. In case the Scheme Member has or decides to take up another policy with same cover, then at the date of commencement, all the relevant details must be communicated to the Company. In case of any indemnifiable losses, the Company shall contribute to the payment of the indemnity in proportion of the covered amount of each Policy. This indemnity shall not exceed the maximum limit established in these Terms and Conditions.

24. The Bank reserves the right, at any time, to change the terms, conditions, rates and/or reject, discontinue or cancel the Cover applicable without assigning any reason thereof