

Staff Insurance Package Policy Wordings / inclusions and  
exclusions.

RS. 999 Per Month Annual Policy 12,000/=

## Insurer Top Up - Policy Wordings

### Preamble:

In consideration of the application for this Policy by the Assured named in the Schedule and, in consideration of the payment by the Assured of the initial premium and of the payment thereafter, during the continuance of this policy, of all premium as they become due, the Company agrees to Indemnify the Insured Persons named in the Schedule upto specified limits, in accordance with and subject to the terms conditions and exclusions of this policy, as shown in the schedule the benefits described herein, if and when any such Insured Person becomes entitled thereto.

### Insuring Clause 1 – Health Insurance:-

The Company has caused this Policy to be executed in Karachi, Pakistan only, provided that this Policy shall not be binding upon the Company unless and until signed by a duly authorized representative of the Company. Furthermore, the Assured hereby agrees to indemnify the Company from and against any and all costs, losses and expenses incurred by the Company as a consequence of any failure by the Assured to discharge its responsibilities under this Policy.

The purpose of this Policy is to set forth the terms upon which UBL Insurers Limited (hereinafter called the “Company”) will provide medical insurance (hereinafter called the “Cover”) for the benefit of those nominee / beneficiary of ‘ (hereinafter called the “Assured”), specified in Policy Schedule (hereinafter called the “Nominee / beneficiary”) and, subject to inclusion in Policy Schedule, their Dependents.

### SECTION A - GENERAL CLAUSES:

#### PREMIUMS

The initial premium of this policy is immediately due and payable on the start date of the policy, any subsequent installment shall become due as per agreed terms i.e. (monthly/ semi- annually /annually).

The Assured shall be responsible for the payment of the premium of all of its nominee / beneficiary that are included under this Policy

At or prior to the commencement of each policy year, the Company shall notify the Assured in writing of the premium payable.

At each renewal or following the termination of this policy, the Company shall notify the Assured in terms of any additional premium required or of any refund of premium due following any adjustments.

**SCHEDULES & ENDORSEMENTS** - The schedules and any subsequent endorsements thereof shall form part of this Policy.

**GOVERNING LAW** This Policy shall be construed and have effect in accordance with the laws of Islamic Republic of Pakistan.

**ELIGIBILITY TERMS** the assured can nominate 3 persons including parents, siblings and immediate blood relatives as per eligibility criteria of the company.

The dependents shall mean and include who are declared by the Assured in the prescribed form of dependents.

All eligible dependents shall be covered under the same plan as the assured.

A dependent daughter of a working Assured till she gets married or is employed. Divorced/separated/widowed daughter's dependent on the assured are also insured without any age limit.

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Son(s) shall be covered up-to the age of without age limit dependent on the assured unless employed.

An assured step child or legally adopted child living permanently in the assured house and is registered as a dependent of the Assured in the records of the assured (proof of adoption required).

Parents of an insured Assured provided they are fully dependent on the insured Assured (if covered under the policy).

The nominees shall become insured persons under health insurance sections of the policy and cannot be replaced with other nominees during the policy period.

### COMMENCEMENT, RENEWAL AND TERMINATION

The cover shall be effective from the effective date as shown on the schedule of this policy, subject to payment by the assured of the appropriate premium, as agreed by the company.

The company also reserves the right at any time to terminate the policy or the insurance cover for any insured person, after giving written notice, if he or any member of his family covered by this contract has at any time:

- misled the Company by a false statement or concealment;
- agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Company's detriment;
- Failed to act with the utmost good faith.
- There has been a material breach by the assured of any of the terms of this policy.

Any termination of this policy shall be without prejudice to any accrued rights & responsibilities of both the company and the assured in respect of the period for which the premium has been paid.

### HOLD HARMLESS AGREEMENT

The assured shall reimburse the company within fifteen (15) days of the company's demand for any medical expenses incurred on account of the following:

Any unauthorized use of the company's credit letter or UBL Insurers Health Card following the termination cover of any Assured or nominees. It shall be the assurer's responsibility to return credit letters or UBL Insurers Health Cards to the company immediately upon termination of any individual cover.

Any treatment on account of a 'Pre-existing Medical Condition' within initial 3 months of inception of this policy.

Any charges incurred in connection with any claim in excess of the limits provided to any insured person by the company.

Any ongoing treatment of an insured person incurred after the termination of his / her individual cover or where this policy is not renewed, after the termination of this Policy and any benefits not covered by the terms of this Policy

### ENDORSEMENTS

Any variations to this policy or any of its attached schedules or endorsements will take precedence over any terms and conditions appearing elsewhere in this policy.

### SECTION C – DEFINITIONS

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Words, phrases, expressions and abbreviations used in this Policy have the meanings set out in the terms and conditions, which are attached. Whenever the following words are used in this Policy, they shall have the meanings, which are given to them below, wherever they occur:

**Accident:** means an incident that resulted in an injury caused solely and directly from unexpected, external, violent and visible means and does not include Illness or any naturally occurring medical condition or degenerative process.

**Anesthetist:** means a Physician licensed to conduct general anesthesia procedures.

**Application Form:** Written statement of facts requested by the insurer and duly completed (HQF/EQF) by the assured on which the insurer will carry out an underwriting in accordance with the general provisions of this insurance policy.

**Benefits:** means the amount of money that may be payable in respect of any claim as the maximum benefits are shown in the schedule.

**Benefits Table:** means the limits available for each benefit offered under this Policy.

**Beneficiary:** means an Assured or his/her dependent enrolled under the policy or included thereafter formally accepted by the company and listed through subsequent endorsement thereon are considered under the insurance policy as eligible and referred to as beneficiary hereinafter.

**Bodily Injury:** means an identifiable physical injury caused by an Accident, which occurred during the period of insurance.

**Chronic Disorder:** means an incurable disease requiring a regular, lifetime treatment.

**Claim:** means the benefits that the insured person asks the company for treatment of a medical conditions.

**Claim Form:** means the company's standard document submitted duly filled along with the supporting evidence for reimbursement of expenses incurred.

**Confinement:** means the period during which an insured person is registered as a paying bed-patient in a hospital. Successive periods of hospital confinement, due to the same or related causes, not separated by more than ninety (90) days and without resumption of full normal work activities for that period shall, for the purposes of evaluating a claim under this policy, be considered to constitute one continuous period of hospital confinement.

**Day-care Treatment:** means Treatment at a Hospital, Out-Patient clinic or other facility which is appropriate for the medical services provided, where the insured person is admitted to a Hospital bed but does not stay overnight. Expenses incurred for treatment at the Outpatient or emergency ward of the Hospital are not considered "Day-care Treatment".

**Declared Condition:** means any pre-existing medical condition declared by the beneficiary in a health questionnaire form (HQF).

**Deletion Date:** means on which the beneficiary's coverage is terminated as the result of his/her deletion at the request of the assured, and/or in case his/her status as legal dependent no longer holds, or upon the cancellation of the insurance policy.

**Deductible:** means the part of the cost of a claim or series of claims expressed in terms of an amount that is not covered by this Policy and for which the insured person or assured must contribute.

**Dependent:** means the legal spouse of the Assured, his/her parents and all unmarried children who are dependent upon the Assured for support and meet the eligibility criteria.

**Effective Date:** means the date of commencement of cover.

**Eligible Expenses:** means those charges for treatment that are payable by the Company and are:

- Reasonable and Customary;
- Medically Necessary;
- within Policy coverage and limits; and
- Not excluded under any of the terms and conditions of the policy.

**Emergency:** means a health condition resulting from sudden illness or injury jeopardizing the insured person's life which requires confinement to a hospital emergency facility.

**Endorsement:** means any variation to this policy or any of its attached schedules including a replacement of any schedule

**Exclusions:** refer to the general exclusions.

**Geographical Area:** means the Territory of Pakistan and its affiliated states e.g. A.J.K., Gilgit-Baltistan etc.

**Hospital:** means any institution that is:

Licensed in accordance with the applicable laws of Pakistan.

- is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons,
- has 24 hours-a-day nursing service by registered graduate nurses under the permanent supervision of the physician in charge,
- maintains in-patient facilities, and

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- Maintains a daily medical record for each of its patients, which is accessible to the medical director of the Company.

A Hospital, despite any similarities with the above description, does not include any institution, which is primarily a rest or convalescent facility, a place of custodial care, a facility for the aged, alcoholics or drug addicts or for the Treatment of mental disorders, or a nursing home.

**Illness:** means any physical condition marked by a pathological deviation from the normal state of health.

**In-Patient:** means an insured person being admitted to a Hospital bed for one or more nights to receive Treatment.

**Insured person:** means an the Assured and other nominees included in this policy.

**Insurer:** means UBL Insurers Ltd.

**Medical Conditions:** means any Illness or Injury covered under this insurance.

**Necessary:** means treatment, services or supplies, as provided by a hospital, physician, registered nurse or other provider required to identify or treat an insured person's Medical Conditions, which are:

- consistent with customary allopathic medical treatment for the insured person's symptoms, diagnosis or Medical Conditions;
- appropriate with regard to the standards of good medical practice;
- not solely for the convenience of the insured person or the benefit of the physician, the hospital or any other provider of health care; and
- Performed in the most reasonable and customary manner and setting that can safely be provided to the **insured person**.

**Panel Hospital:** means a hospital approved and identified as such by the company for the purposes of providing treatment, subject to the terms of this policy, to its insured persons.

*For the purpose of this policy, visiting consultants at any Panel Hospitals are not part of the Panel consultants and will be treated as a Non Panel Physician.*

**Non-panel Hospital:** means any hospital other than a panel Hospital.

**Out-Patient:** means receiving treatment at a hospital, outpatient clinic, and physician's consulting rooms or the residence of the insured person, where the insured person is not admitted to a hospital bed as an in-patient or day-care patient.

**Overall Limit:** means the total aggregate benefits that the insured person may claim in any policy-year, as shown in the Certificate of Insurance.

**Physician:** means an individual legally licensed to operate in the Geographical Area of his/her practice, is qualified by a degree acceptable to and recognized by the Government of Pakistan and is other than the insured person, who:

in the case of a surgeon, specialist, or anesthetist, is recognized as qualified to treat the type of injury or illness for which the claim is made and for which treatment is being provided is practicing within the scope of his/her licensing and training is not related by blood or marriage to insured person, to whom treatment is being provided; and is not an employee of or connected in any way to the assured.

**Policy:** means this agreement including its endorsement/schedules and claims procedure, along with the application and any claim form.

**Policy-Year:** means twelve (12) calendar months from the effective date of this policy or from the renewal date.

**Pre-Existing Medical Condition:** means any disease, illness or injury for which a person receives treatment, incurs expense, receives diagnosis from a physician (even if no treatment is provided) or was aware of at any time prior to applying for insurance.

**Premium:** means the amount of money payable to the company from the assured for this insurance.

**Reasonable and Customary Charges:** means charges for medical treatment to the extent that they do not exceed the general level of charges being made by other facilities, or physicians of similar nature and standing in the locality where the charges are incurred when giving like or comparable treatment, to individuals of the same sex and of comparable age, for a similar Medical Conditions.

**Renewal Date:** means the anniversary of when this policy began, unless the company has agreed any other date in writing.

**Resident of Pakistan:** means a person that is normally living in Pakistan and who spends a total of at least nine (9) months of the policy-year in Pakistan.

**Endorsement:** means any of the documents attached to this policy.

**Specialist:** means a physician specializing in a particular area of medicine.

**Specific Exclusions:** means an exclusions resulting from underwriting to be applied specifically to a certain beneficiary.

**Surgeon :** means a physician licensed to conduct surgical procedures.

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**Treatment:** means a surgical procedure or medical intervention or any necessary investigations to cure a Medical Conditions.

**Underwriting:** means the process of evaluation to which the assured submits all the health questionnaire forms (HQFs) of their Assured prior to the issuance of the insurance policy in full conformity with the provisions of this insurance policy.

**Unnecessary Treatment:** means a service or treatment, which is not medically necessary.

**Usual Country of Residence:** means the country in which the insured person is usually living in at the time of commencement of his cover and which is declared on the application. Unless otherwise allowed for, in writing, the Usual Country of Residence for all insured persons must be Pakistan.

**Visiting Consultant:** means a consultant not on the payroll of the hospital where the treatment has been taken. The charges of the visiting consultant are normally higher in comparison with the charges of the panel consultant. Inquire about the same from the panel hospital before any admission.

**Waiting Period:** means a specific period from the commencement date where the insured person is not entitled to certain benefits included in the policy.

Any word or expression to which specific meaning has been attached shall bear such meaning wherever it may appear in this policy. In this policy, terms denominated in the singular shall include the plural, and masculine terms shall include the feminine, when the context requires.

## SECTION D - TERMS & CONDITIONS

### 1) GENERAL CONDITIONS:

**Information relating to this Policy:** The assured shall give the company all such information as requested by the company, insofar as such information is relevant to the insurance being provided or to be provided in connection with this policy.

**Application for enrolment under this Policy:** Enrolment under this policy must be made pursuant to the application, by all eligible Assured and nominees who are Residents of Pakistan.

**Refusal or Acceptance of Application:** The Company reserves the right to refuse any Assured application without giving any reason or to accept the application (for membership) on any special terms which the company may require.

**Evidence of Age:** The Company reserves the right at any time to request evidence of the age of any insured person or of any person who has applied to join this policy.

### SPEICIFIC TERMS AND CONDITIONS

**Liability:** The Company's liability to pay benefits is limited to treatment for a Medical Conditions that arises and is reported to and accepted by the company, during the period for which the premium has been received by the company.

In the event of termination or non-renewal of this policy, the company will only be liable to pay benefits with respect to expenses incurred up to the expiry of this policy, even if the insured person was first admitted to the hospital while this policy had been in force.

**Discharge of Liability:** Benefits are payable either to the insured person, the assured or to the providers of covered medical or other services whose official receipt shall be a valid discharge of the Company's liability to pay in respect thereof. Only Reasonable and Customary Charges will be reimbursed.

**Other Insurance:** If the insured person has any other insurance in force or is entitled to indemnity from any other source in respect of the same accident, illness or expense, this policy will only provide compensation on a Proportionate basis. The company has full rights of subrogation and may undertake proceedings in the insured person's name, but at the company's expense, to recover for the company's benefit from the other insurance provider, the amount of any payment made under this policy.

Pre-existing Health conditions: Any Pre-existing health condition is also covered after (90) days from inception date of this policy.

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## 1.1 Hospital Admission Procedure

- **Choice of hospital:** In any non-emergency case, treatment may only be sought at a panel hospital. However, in cities within Pakistan where there is no panel hospital, the Assured may avail treatment at a non-panel hospital. In the case of an emergency, treatment may be sought at any hospital, regardless of whether or not it is a panel hospital.
- **Notification:** In a non-emergency case involving a scheduled hospitalization, the Assured shall report to the admissions office of the panel hospital giving the reason for the admission, the name of the admitting physician and the information contained in his credit letter/UBL Insurers Health Card. The panel hospital in the meanwhile will forward all of the information to the company. The company shall review the request for admission that it believes is medically necessary and satisfies the terms and conditions of the policy and then will approve the treatment. The company shall in no event be liable to pay in respect of any charges that are not eligible expenses. Where the company has authorized such treatment, it shall pay all eligible expenses directly to the panel hospital. In event of an emergency hospitalization at a non-panel hospital, the insured person will be required to pay the non-panel hospital for all expenses incurred and then apply to the company for reimbursement of eligible expenses. All original documentation including receipts, prescriptions, diagnostic reports and clinical and discharge summaries must be submitted together with a fully completed claim form signed by the attending physician. Photocopies are not acceptable.
- **Credit Facility at Panel Hospitals:** In emergency and non-emergency cases, the Assured should present his credit letter or the UBL Insurers Health Card to the panel hospital at the time of admission and show proof of identification of the person for whom treatment is being sought. The company shall pay 80% of all eligible expenses directly to the panel hospital. In respect of non-eligible expenses the panel hospital may require the Assured to place a deposit with the panel hospital. The assured shall pay 20% Co-payment and all other expenses directly to the hospital before the patient is discharged.

## 1.2 Limitation on Reimbursement of Claims at Non panel Hospitals

In the event the insured person obtains treatment at a non-panel hospital, the company reserves the right to limit the reimbursement for the medically necessary treatment to only the reasonable and customary charges.

- No request for reimbursement of the claim shall be entertained if the claim is lodged after expiry of 30 days from the date of the hospitalization and same will also applies for non-compliance of the requirement.

## 1.3 Examinations and Further Information:

The Company shall have the right and opportunity through its medical representatives to examine the insured person, at its own expense, whenever and as often as it may reasonably require in relation to a claim. If in the company's opinion there is any cause to doubt the claim of the insured person pursuant to the company's own examination as stipulated above, the company shall have the right to ask for any further information in order to establish the eligibility of a claim. Such information must be provided, and shall be at the expense of the insured person.

## 1.4 Residency:

The insured persons must be residents of Pakistan. However, if an insured person is not a resident of Pakistan, the company at all times reserves the right to cover the Assured and/or their dependents on terms and conditions that it considers appropriate or to decline to cover the Assured and/or their dependents under this policy. If the company were to extend coverage to a non-resident of Pakistan, it must be informed of the residence of such insured persons.

## 1.5 Fraud:

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Assured or anyone acting on the Assured's behalf to obtain a benefit hereunder, then the company shall be entitled to any one or all of the following at the company's discretion:

- refuse to pay any benefits in relation to the claim;
- to cancel the cover immediately retaining all further benefits and premiums;

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- refuse to renew the cover; and/or
- Recover any claims monies already paid.

## 1.6 General Terms:

- The Company may alter this policy or any of the attached endorsements / schedules from time to time but no alteration shall take effect until the next annual renewal of this policy. The company shall notify such changes to the assured in writing and, where appropriate, shall issue replacement endorsements/schedules.
- The Company reserves the right to revise or cancel this policy with effect from any renewal date.
- This policy can only be varied in writing. No variation will be admitted unless it is in writing and signed on the company's behalf by an authorized Assured.
- Any notice to be sent under this policy must be in writing and be sent by certified or registered mail or by registered courier or by facsimile transmission or email. A notice shall be considered to have been given, if sent by certified or registered mail or registered courier, on the day after it was posted or, if sent by facsimile machine, at the time of transmission to the company or the assured at the normal place of business or its registered office (if different).
- The waiver by the company of any provisions of this policy or the introduction of any change in interpretation or practice of any terms and conditions of this policy shall not prevent the subsequent enforcement of those provisions, terms or conditions and shall not be deemed to be a waiver of any similar provisions of this policy or subsequent change in interpretation or practice of any terms or conditions of this policy. If any notice is given to any insured persons such notice may be given care of the assured.

## SECTION E – BENEFITS

### 1. PAYMENT OF BENEFITS

- 1.1 The company's liability is subject to the limits and sub-limits indicated on the Certificate as applying to each item or type of cover provided after allowing, where applicable, for the insured person's contribution by way of any co-insurance or deductible. Where the hospitalization benefit limits are expressed in terms of "per annum", the hospitalization limit stated in the benefits table shall mean the maximum amount recoverable under this policy by an insured person for that benefit during any policy year. However, where the hospitalization benefit limits are expressed in terms of "per Confinement/Ailment", then no such overall limit shall apply to the maximum amount recoverable under this policy by any one person for that benefit during any policy-year. However, per Confinement/Ailment limit shall define the maximum amount recoverable with respect to treatment during any one Confinement/Ailment.
- 1.2 The benefits under this policy are always subject to the terms and provisions of this policy and to the limits and sub-limits indicated on the schedule.
- 1.3 Satisfactory proof of claim must be submitted in accordance with Clause 1.2 (Section-D) herein in all cases and the company may use an independent administrator to settle claims on its behalf.
- 1.4 All charges must be necessarily incurred and be wholly and exclusively for the purpose of treatment that is medically necessary, as determined by the company and whose decision in this regard shall be binding.

### 2. SUMMARY OF BENEFITS

#### Hospitalization Benefits

These include surgical and miscellaneous hospital expenses described below:

#### 1) Daily Room and Board Charges :

The Company will pay the charges actually incurred for the eligible class of hospital accommodation (and patient meals) for in-patient treatment of a covered Medical Conditions.

#### 2) Intensive Care Unit (ICU) Charges

If being confined to a hospital for in-patient treatment and on the recommendation of a physician, an insured person needs to be admitted to the intensive care unit (or another unit for a similar purposes however denominated) the company will pay the charges actually incurred for the insured person's accommodation in the intensive care unit.

### 3) [Physician's Visit \(In-Patient\) Charges](#)

The charges for professional attendance and Treatment by a Physician while the insured person is in hospital as an in-patient.

### 4) [Specialist Consultation \(In-Patient\) Charges](#)

The charges for professional attendance and treatment by a specialist upon the recommendation of a physician, while the insured person is in hospital as an in-patient.

### 5) [Surgical Operation Charges](#)

The benefits payable if a surgical operation is performed on the insured person. These charges can be for:

- the charges made by a Surgeon in connection with the surgical operation, including pre-operative investigations and preparation of the insured person, the operative procedure and the post-operative care rendered by the Surgeon while the insured person is in hospital .
- the charges made by an Anesthetist in connection with the surgical operation or examination requiring general anesthesia including pre-operative and post -operative visits, the administration of the anesthesia and the administration of fluids and/or blood incidental to the anesthesia or surgery;
- use of the operating theatre, Treatment room and equipment; and
- Such other charges approved in writing by the Company.

### 6) [Miscellaneous Hospital Expenses](#)

The Benefits available if an insured person is confined in a Hospital for In-Patient Treatment:

- drugs, dressings and medicines prescribed by the attending Physician;
- laboratory examinations and other diagnostic procedures;
- physiotherapy;
- intravenous injections and solutions administration of blood and blood plasma, including the cost of blood and blood plasma and any fluids administered during surgery;
- general nursing services; and
- Such other charges approved in writing by the Company.

### 7) [Day-care Surgery Charges](#)

- Not Covered

### 8) [Pre & Post hospitalization Expenses](#)

- Not Covered

### 9) [Local Ambulance Cover](#)

- Not Covered

### 10) [Emergency Accidental Outpatient Cover](#)

These are the expenses that relates to emergency treatment of an accident, undertaken in an emergency room or casualty ward of a hospital or any other facility that is appropriate for the medical services provided. Treatment must be taken within forty-eight (48) hours of the accident in order to be eligible for the outpatient cover for incident time only.

### 11) [Emergency Accidental Dental Treatment](#)

These are the expenses that relate to the emergency treatment necessary to relieve pain only as the result of an accident and for which treatment is provided within forty-eight (48) hours following the accident.

### 12) [Specialized Investigations Outpatient Cover](#)

- Not Covered

The limits stated in the schedule for hospitalization benefits is the overall limit applicable to the sum of all benefits claimed under the hospitalization benefits section of this policy, Subject to 20% Co-payment by the Assured in all cases.

## SECTION F – EXCLUSIONS:

This insurance policy does not cover claims arising directly or indirectly from or consequent upon the following:

- Birth / congenital defects or illness of any nature whatsoever unless specifically agreed under a separate endorsement attached with the policy.
- Costs resulting from self-inflicted injury, attempted suicide, abuse of alcohol or drug addiction.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) or sexual reassignment (whether or not for psychological reasons).
- Pre-existing conditions prior to the effective date of an insured person's inclusion in this policy cover unless the condition has been declared to and accepted by the company in writing.
- Treatment or investigation of fertility, infertility, sterilization or contraception and any complication relating thereto or hormone treatment and investigations.
- Participation in or training for any dangerous or hazardous sport, pastime sports or competition or riding or driving in any form of race or competition or any professional sport.
- Injuries as a result of an illegal act other than a minor misdemeanor or minor delinquency by the insured person.
- Injury or treatment resulting from war, riots, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military uprising, insurrection, rebellion, military or usurped power or any act of any person acting on or on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any government or ruling body by force, terrorism or violence.
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste, from the process of nuclear fission or from any nuclear weapons material.
- Services or Treatment in any spa, hydro clinic, sanatorium, nursing home or long term-care facility that is not a Hospital.
- Acquired immune deficiency syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and or related to HIV virus or any other sexually transmitted disease.
- Experimental or unproven treatment.
- All dental Treatments or oral surgery apart from Emergency Accidental Dental Treatment as specified under benefit 11 of Section 'E'.
- Cost of correction of refractive errors of the eye and procedures such as Radial Keratotomy and Eximer Laser.
- Routine medical examinations or check-ups including charges arising out of any hospital confinement or admission primarily for diagnostic purposes, unless specifically authorized by the Company, routine eye or ear examinations, vaccinations, medical certificates, examination for employment or travel, spectacles, contact lenses, hearing aids and any treatment that is not considered medically necessary.
- Cosmetic or plastic surgery, unless it is re-constructive surgery necessitated by an Injury that occurred during the period whilst the insured person was covered under this policy and subject to the limits and sub-limits stated in the structure of benefits.
- Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care unless covered under a separate rider under this policy.
- Any Out-patient Treatment, except that arising out of an Accident, which is provided under benefit 10 of Section 'E' as 'Emergency Accidental Out-patient Cover'.
- Any charges in respect of the donor for organ transplant claims.
- Prostheses, corrective devices and medical appliances.
- Aviation other than as a fare-paying passenger of a recognized airline or charter service.
- Personal comfort items such as, charges for telephone, meals for other than the patient or other items not medically necessary.
- Treatment received outside Pakistan.

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- Natural catastrophes including, but not limited to, flood, earthquake, avalanche and cyclone.
- Hospitalization for pain management only without any surgical or disease modifying treatment given for the underlying medical condition
- Medical conditions consequent upon any epidemic or pandemic
- Covid-19 Exclusions

## Insuring Clause 2 - Mobile Phone Insurance Policy

In consideration of the Insured paying to the Company the First premium for or on account of the said Indemnity, the Company agrees that subject to the terms, exclusions, limits, warranties, and conditions contained herein or endorsed hereon, if during Period of Indemnity the mobile phone as specified in the schedule to be “lost by Theft/ Snatched Only”, anywhere in Pakistan, Company will indemnify the Insured against such loss up to 50% of the market value of the property. Subject to always to the aggregate liability of the policy.

### Exclusions -

1. Loss of Mobile Phone arising from atmospheric and climatic conditions will not be considered.
2. Loss due to mysterious disappearance and/or unexplainable circumstances.

### LIMITS

The liability of the company under this Policy during anyone period of Indemnity shall not exceed 50% of the market value or invoice price of the mobile phone whichever is less:

### CONDITIONS:

This policy and at the schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached many parts of this policy or of the schedule shall bear such specific meaning wherever it may appear.

1. The insurance shall not commence until the premium has been actually paid to and accepted by the insurer and a printed form of receipt signed by an official and duly authorized representative of the Insurer been issued thereof.
2. The Insured shall take all reasonable precautions for the safety of the property insured and immediately upon having knowledge of any event giving or likely to give rise to a claim under this policy shall;
  - a) In case of theft or loss, inform the police, obtain F.I.R. and render all reasonable assistance in causing the discovery and punishment of any guilty person and in tracing/recovering the property.
  - b) In all cases, give notice thereof to the Company in writing within seven days, thereafter deliver to the Company a claim in writing and supply all such detailed proofs and particulars as may be reasonably required.

In no case shall the Company be liable for any loss or damage not notified to the Company within thirty days after the event.

3. The Company may at any time at its own expense use all legal means in the name of the Insured for recovery of any of the property lost and the Insured shall give all reasonable assistance for that purpose. The company shall be entitled to any property for the loss of which a claim is paid hereunder and the Insured shall execute all such assignments and assurances of such property as may be reasonably required
4. If the declaration of insured is un true in any respect, or if any material fact affecting the risk be incorrectly stated therein or omitted there from or if this insurance, or any renewal thereof shall have been obtained through any misstatement,

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is-representation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this policy shall be void.

5. Claim payment on each event as per 50:50 ratio.
6. Customer Can Avail claim twice a year as per above mentioned ratio.

## Insuring Clause 3 Vehicle Insurance

### Motorcycle/Car –Theft Policy

Whereas the insured by a declaration dated as stated in the schedule which shall be the basis of this contract and is deemed to be incorporated herein has applied to the Company for the insurance hereinafter contained and has paid or agreed to pay the premium as consideration for such insurances in respect of **theft & snatching only** occurring during the period of insurance.

This policy witnesses that subject to the terms exceptions and conditions contained herein or endorsed or otherwise expressed hereon the company will indemnify the insured against loss of Motorcycle/car as specified in the certificate of insurance by theft/Snatching only.

#### Exclusions:-

The company shall **not be liable** to make any payment in respect of losses due:

- Accidental external means
- Fire, external explosion, self-ignition or lightning or frost.
- Malicious act
- Riot, strike
- Act of God (earthquake and atmospheric disturbance)
- Liabilities of any sort due to use of motorcycle / motor car howsoever established.
- Consequential loss depreciation wear and tear mechanical or electrical break-downs failures or breakages.
- Theft of tyres, battery or any other part or accessories of Motor Cycle / Vehicle.

#### Limitations as to use:-

Use only for social domestic and pleasure purposes and for insured's business. The Policy does not cover use for hire or reward or for organized racing pace-making reliability trial speed testing the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

#### DRIVER: ANY OF THE FOLLOWING

- 1) The Insured
- 2) Any Person

Provided that the person driving holds a license to drive the motorcar/motorcycle or has held and is not disqualified for holding or obtaining such a license.

#### TRANSFER OF INTEREST

This Policy is not transferable to any other person(s) unless the Company's written consent has been obtained.

## GENERAL EXCEPTIONS

The Company shall not be liable under this Policy in respect of

- any accident loss or liability caused sustained or incurred outside the Geographical Area.
- any claim arising out of any contractual liability.
- any liability caused sustained or incurred whilst any Motor Cycle - Vehicle is being used otherwise than in accordance with the Limitations as to Use or being driven by any person other than a driver.
- any liability caused sustained or incurred after any variation in termination of the Insured's interest in the Motor Cycle - Vehicle.

## CONDITIONS

This Policy and the Certificate shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy shall be the same meaning wherever it may appear.

Only one vehicle (Motorcycle or Car) can be covered under this policy.

Notice shall be given in writing to the Company immediately upon the occurrence the event of any claim and thereafter the Insured shall give all such information and assistance as the Company shall require. Every letter claim writ summons and/or process shall be forwarded to the Company immediately on receipt by the Insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending prosecution. In case of theft or other criminal act which may be the subject of a claim under this Policy the Insured shall give immediate notice to the Police and cooperate with the Company in securing the conviction of the offender.

No admission offer promise payment or indemnity shall be made or given by or on behalf of the Insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the Insured the defense or settlement of any claim or to prosecute in the name of the Insured for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the insured shall give all such information and assistance as the Company may require.

The Insured shall take all reasonable steps to safeguard the Motor Cycle - Vehicle from theft. Company shall have at all times free and full access to examine the Motor Cycle - Vehicle thereof or any driver or Assured of the Insured.

Motorcycle/Car must in the name of Customer. Otherwise no claim will be entertain.

This policy shall be in excess of any other policy covering the subject matter insured against the same risk.

## Insuring Clause 4 Optical (Spectacles only)

IN CONSIDERATION of the Insured paying to the company the premium for or on account of the said Indemnity, the company agrees that subject to the terms, exclusions, limits and conditions contained herein or endorsed hereon, if during Period of Indemnity the spectacles as specified in the schedule be lost or damaged by Fire, Accident, Violent Theft, Armed Hold-up, robbery and/or earthquake within Pakistan then the Company will by payment or at its option by reinstatement or repair indemnify the Insured against such loss or damage.

### LIMITS

The liability of the Company under this Policy during any one period of Indemnity shall not exceed 50% of invoice value subject to a maximum of Rs. 14,000 per event.

Maximum 2 losses will be paid during policy period.

Only one pair of medically prescribed glasses can be covered under this policy at any one time.

### EXCLUSIONS APPLICABLE TO ALL SECTIONS

This insurance does not cover any loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, happening through, arising out of, or in connection with any of the under mentioned occurrences regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense.

1. (i) War, invasion, act of foreign enemy, hostilities or war like operations (whether war be declared or not) and civil war.  
(ii) Mutiny, riot and strike, lockout, malicious act, civil commotion, popular rising, military rising, rebellion, revolution, insurrection or military or usurped power, martial law or state of siege or any of the event or causes which determine the proclamation or maintenance of martial law or state of siege.  
(iii) Acts of terrorism as specifically defined hereunder:  
an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of an act harmful to human life, tangible or intangible property or infrastructure, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public, in fear.
2. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion only combustion shall include any self-sustaining process of nuclear fission or arising from or in consequence of or contributed to by nuclear weapons material.
3. Loss or damage arising from detention, confiscation, destruction or requisition by customs house or other Officials or Authorities.
4. Theft of property left in (a) unoccupied touring or convertible cars or (b) other unoccupied vehicles (c) Unattended in public places.
5. Loss or damage arising from wear and tear, gradual deterioration, depreciation, moth, vermin, any process of cleaning or restoring or atmospheric or climatic conditions (other than lightning).
6. Mysterious disappearance / unexplained losses.

### CONDITIONS APPLICABLE TO ALL SECTIONS

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This Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning wherever it may appear.

1. The Insurance shall not commence until the Premium has been actually paid to and accepted by the Company and the Company's Official acceptance letter or Policy has been issued and no payment in respect of any premium shall be deemed to be payment to the Company unless a printed form of receipt signed by an official or duly authorized representative of the Company shall have been issued thereof.

2. The Insured shall take all reasonable precautions for the safety of the property insured and immediately upon having knowledge of any event giving rise or likely to give rise to a claim under this Policy shall:

(a) In case of theft give notice to the company and render all reasonable assistance in causing the discovery and punishment of any guilty person and in tracing and recovering the Property.

(b) In all cases give notice thereof to the company in writing within seven days, thereafter deliver to the company a claim in writing and provide all such detailed proofs and particulars as may be reasonably required.

In no case shall the company be liable for any loss or damage not notified to the company within thirty days after the event.

3. The Company may at any time at its own expenses use all legal means in the name of the insured for recovery of any of the property lost and the Insured shall give all reasonable assistance for that purpose. The Company shall be entitled to any property for the loss of which a claim is paid hereunder and the Insured shall execute all such assignments and assurances of such property as may be reasonably required.

4. If at the time of any loss or damage there be any other Insurance effected by or on behalf of the Insured covering any of the property the liability of the company hereunder shall be limited to its ratable proportion of such loss or damage.

5. No claim shall be recoverable hereunder if the benefit of the contract herein contained shall become vested in any person other than the insured unless the written consent of the company thereto be first obtained.

8. The due observance and fulfillment of the terms, conditions and endorsements of the Policy by the Insured in so far as they relate to anything to be done or complied with by him and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the company to make payment under this Policy.

9. If the proposal or declaration of Insured is untrue in any respect, or if any material fact affecting the risk be incorrectly stated therein or omitted there from, or if this insurance, or any renewal thereof shall have been obtained through any mis-statement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

10. The company will consider all claims fairly and in line with the terms and conditions of this policy. In case of a dispute in respect of any claim, the company and the assured will settle such dispute amicably. If a dispute cannot be settled amicably, the same shall be referred to the Insurance Ombudsman and an award shall be a condition precedent any right of action against the Company.

11. The Company has all right reserved to cancel policy with 30 days' notice in writing. The assured can also cancel the policy in 7 days notice. However, no refund premium shall be allowed in case of cancellation of this policy.

12. Unless otherwise agreed by the company in writing, this policy is issued for one year and is renewable on the agreed date by the assured upon payment of the renewal premium. Renewal is subject to the terms and conditions of this policy and the

benefits tables, applicable at the renewal date. The company reserves the right to decline renewal of this policy or change renewal terms.

13. The assured hereby undertakes to indemnify the company from and against any and all costs, losses and expenses incurred in respect to that part of any claim by an Assured that is not covered by this Policy, i.e. due to the policy limit being exhausted, due to the application of a policy exclusion, due to consequence of any failure by the assured to discharge its responsibilities or due to any other reason.

14. THIS POLICY AND ALL BENEFITS ARE APPLICABLE WITHIN THE GEOGRAPHICAL AREA OF PAKISTAN INCLUDING ITS AFFILIATED STATES OF AZAD JAMMU & KASHMIR AND GILGIT BALTISTAN.

Staff Insurance Package Policy Wordings / inclusions and  
exclusions.

RS. 99 Per Month Annual Policy 1,200/=

**Insuring Clause : (Personnel Accident / Salary Continuation / School Fee benefit).**

Whereas the Insured named in the schedule of this policy by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to UBLINSURERS LIMITED (hereinafter called "the Company") for this insurance hereinafter contained and has paid or agreed to pay the premium in the schedule as consideration for such Insurance.

Now this Policy witnesseth that subject to the terms, exceptions and conditions contained herein or endorsed hereon, if at any time during any period of insurance, the Insured shall sustain any bodily injury caused by accidental external and visible means which injury shall solely and independently of any other cause result in his death, or permanent total disablement as defined in the Schedule, the Company will pay to the Insured or in the event of his death, to his legal personal representative the compensation stated in the Schedule.

Provided always that:

- 1) Death or permanent disablement takes place within twelve calendar months of the occurrence of the injury.
  - a) Compensation shall not be payable under more than one of the items of the Schedule of compensation in respect of consequences of the same accident (except of any compensation payable hereunder in respect of temporary partial disablement preceding or following temporary total disablement).
  - b) No weekly compensation shall become payable until total amount thereof has been ascertained and agreed, if, nevertheless payment be made for weekly compensation the amount so paid shall be deducted from any lump sum becoming claimable in respect of the same accident.
- 2) The total sum payable under this Policy in-respect of any one or more claims shall not exceed in all, in any one period of insurance, the Sum Insured.

**DEFINITIONS**

1. "BODILY INJURY" means bodily injury which
  - a) is sustained by the Insured during the period of insurance and;
  - b) is caused by external violent and visible means and;
  - c) is solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Insured within twelve calendar months from the date of the accident by which such injury is caused.
2. "ACCIDENT" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place.
3. "TOTAL DISABLEMENT" means disablement which entirely prevents the Insured from attending to his business or occupation or if he has no business or occupation from attending to his usual duties.
4. "PARTIAL DISABLEMENT" means disablement which prevents the Insured from attending to a substantial part of his business or occupation or if he has no business or occupation from attending to a substantial part of his usual duties.
5. "PERMANENT" means lasting twelve calendar months and at the expiry of that period being beyond hope of improvement.
6. "LOSS OF LIMB" means loss by physical separation of hand at or above the wrist or of a foot at or above the ankle.
7. "FREE VOYAGE" means cover to parents travelling abroad. If your parent(s) is/are travelling abroad, they are also held covered for accidental death and permanent disability only, to the extent of your sum Insured, provided that they are within the maximum age (60) and a written information is received by the company from the Insured a week earlier stating the destination and flight details. The cover starts when aero plane takes off and ceases when the aero-plane lands on the airport.

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## CONDITIONS:-

1. This policy and schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or of the schedule shall bear such specific meaning wherever it may appear.
2. This policy does not cover death or bodily injury due to or resulting from:-
  - i) Intentional self-injury, suicide or attempted suicide whether felonious or not.
  - ii) War, invasion, act of foreign enemy, hostilities, whether war will be declared or not, civil war, mutiny, rebellion, revolution, insurrection, strike, riot, civil commotion, military or usurped power.
  - iii) The Insured being under the influence of, or being affected by intoxicating liquor or drug or drugs, venereal disease or insanity, child birth or pregnancy, abortion or miscarriage or any complications and/or sequel arising from the foregoing.
  - iv) The Insured engaging in flying or air travel of any kind (other than as a passenger in any fully licensed passenger carrying aircraft and/or helicopter but not as a member of the crew and not for purpose of undertaking any trade or technical operation therein), polo, steeple chasing, professional football, mountaineering necessitating the use of ropes or guides, winter sports, riding or driving in any kind of race speed or during test or practice thereof, or occupational use of power driven woodworking machinery.
3. In the event of any accident or disablement hereby Insured against happening to an Insured person notice thereof in writing shall be given to the Company within fourteen days of the occurrence of the accident. The Insured or his legal personal representatives shall, at his or their own expense, forward to the Company, within the space of seven days after demand, a written report from a medical attendant, who shall be a duly qualified and registered medical practitioner, approved by the Company, of the facts of the case and the nature and extent of the injuries received or of the disease, and generally all such information in support of the claim as the Company shall reasonably require, and in case of loss of sight or amputation occurring more than fourteen days after the accident, notice as aforesaid must be given within one calendar month of such loss of sight or amputation. In the case of a claim for death or permanent disablement unless otherwise stated all sums payable hereunder shall be payable within one calendar month after, such personal injury and the cause and result thereof shall have been proved to the satisfaction of the Company and such information as is required by the conditions of this Policy shall have been furnished, and in the case of a claim for temporary disablement only upon the termination of such disablement. No sum payable under this Policy shall carry interest, and the Company shall cease to be liable for any such sum unless claimed within one year after it has become due.
4. If required by the Company, the Medical, Surgical, or other Agent of the Company shall, in case of any accident to an Insured Person be admitted at all reasonable times to see and examine the nature of the injury sustained by the Insured Person whilst the Insured Person is suffering from the effects of the same, and in the event of death to make a postmortem examination of the Insured Person.
5. The Insured shall, on tendering any premium for the renewal of this Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which an Insured has become affected since the payment of the last premium.
6. If the Insured shall change his occupation or engage in one or more hazardous than that stated in the Schedule, the Insured shall give immediate notice to the Company and pay such extra premium as may be required in respect of such greater risk if the Company shall elect to accept the same, which they shall be under no obligation to do.
7. All differences arising out of the Policy shall be referred to the arbitration of a person to be appointed by both parties, or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed in writing by each party, and in case of disagreement between the Arbitrators, to the decision of umpire who shall have been appointed in writing by the Arbitrators before entering on the reference, and an Award shall be a condition precedent to any liability of the Company or any right of action against the Company.
8. If the Company shall disclaim liability to the Insured (or the Insured's personal representatives) for any claim hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
9. The Company shall neither be bound to send any notice of a renewal premium becoming due nor to renew this Policy. The Company shall at any time, by giving seven days notice to the Insured by Registered Letter at the Insured's address or place of abode as last known to the Company, be at liberty to determine and cancel this Policy, provided that the Company shall in that event on demand return to the Insured a proportionate part of the premium corresponding to unexpired period of Insurance.

## Insuring Clause : 24/7 MUHAFIZ HOME INSURANC

**Whereas:** the Insured named in the Schedule residing at the Insured's Dwelling described in the Schedule has by a signed proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein applied to the **UBL INSURERS LIMITED** (hereinafter called the "Company") for insurance against the contingencies hereafter expressed:

**Now this Policy Witnesseth** that in consideration of the insured paying to the Company the premium stated in the Schedule.

**The Company Agrees** (subject to the conditions contained herein or endorsed or otherwise expressed hereon which conditions shall so far as the nature of them respectively will permit be deemed to be conditions precedent to the right of the Insured to recover hereunder) that in the event of happening of any of the said Contingencies during the period of Insurance stated in the Schedule or in any subsequent period in respect of which the Insured shall pay to the Company and it shall accept the premium required for the renewal of this Insurance, the Company will by payment. Reinstatement for repair indemnify the Insured as hereinafter provided.

### SECTION ONE: BUILDING

This section covers the building(s) of the private dwelling(s) named in the Schedule, constructed of brick, stone or concrete and the external surface of the roof constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral Ingredients.

**Also covered are:**

- (a) the Interior decorations and the landlord's fixtures and fittings with in buildings, and
- (b) the domestic outbuildings, garages, walls, gates and fences

all owned by the insured or for which the insured is legally responsible and within the premises named in the schedule. The buildings

are covered against loss or damage directly caused by-

1. FIRE, LIGHTNING or EXPLOSION.
2. AIRCRAFT and other aerial devices dropped there from.
3. EARTHQUAKE.
4. STORM or TEMPEST, FLOOD EXCLUDING subsidence, landslip, however caused; loss or damage to domestic outbuildings, walls, gates, fences.
5. BURSTING or overflowing of water tanks, apparatus or pipes EXCLUDING loss or damage whilst the Building(s) are unfurnished; loss or damage to domestic outbuilding, walls, gates, fences.
6. IMPACT by any vehicle or animal EXCLUDING loss or damage caused by any vehicle or animal belonging to or under the control of the insured or any permanent member of his household.
7. ANY PERSON TAKING PART IN A RIOT OR STRIKE, (AS DEFINED in attached clause) EXCLUDING loss or damage whilst the building(s) are unfurnished.
8. ANY PERSON OF MALICIOUS INTENT (as defined in attached clauses) EXCLUDING loss or damage whilst the building(s) are unfinished.
9. ACCIDENTAL BREAKAGE OF FIXED GLASS EXCLUDING loss or damage while the building(s) are unfinished.
10. FALLING TREES EXCLUDING loss or damage caused through lopping, topping and/or felling.
11. THE COST OF REPAIRING accidental damage to the underground water, tanks supply pipes. Underground gas pipes, or underground electricity cables extending from building to the public mains.

### SECTION TWO: CONTENTS

This section covers the contents within the private dwelling(s) named in the Schedule, constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral ingredients.

The word 'Content' means household goods and all other personal property, tenant's fixtures and fittings, all of which are owned by or are the legal responsibility of the insured or of any. Permanent members of his household.

EXCLUDING motor vehicles, caravans, trailers, watercraft, aircraft and -accessories attached thereof, livestock, any part of the Buildings, any property specifically insured against perils covered hereby under any other insurance. mowers and garden cultivators except when solely used on insured premises specified in the schedule, documents of any kind, securities, manuscript. Plans, drawings, coins and stamps.

The Contents are covered against loss or damage directly caused by:

1. FIRE, LIGHTNING or EXPLOSION
2. AIRCRAFT and other aerial devices or articles dropped therefrom.
3. EARTHQUAKE.
4. STORM or TEMPEST, FLOOD EXCLUDING subsidence, landslip, however caused, loss or damage to contents of domestic Outbuildings, loss or damage to contents in open.
5. BURSTING or overflowing of water tanks. Apparatus or pipes EXCLUDING loss or damage to contents of domestic outbuilding.-
6. IMPACT by any vehicle or animal EXCLUDING loss or damage caused by any vehicle or animal belonging to or under the control of the insured or any permanent member of his household.
7. ANY PERSON TAKING PART IN A RIOT OR STRIKE. (AS DEFINED in attached clause).
8. ANY PERSON OF MALICIOUS INTENT (AS DEFINED in attached clause).
9. BURGLARY, consequent upon violent and force-able entry or exit from the insured premises Excluding loss or damage due to any such Burglary as aforesaid or to any attempt threat by any of insured's family, domestic servant or any person lawfully on the premises.

**This section ALSO INCLUDES**

The contents, if and so far as these are not otherwise insured, whilst TEMPORARILY REMOVED from the premises,

1. against loss or damage caused by ANY OF THE PERILS INSURED under this section:
  - a) in any occupied private dwelling,
  - b) in any building where the insured or any permanent member of insured's household is residing or is employed.
2. Against loss or damage elsewhere caused by the perils of FIRE, LIGHTNING, EXPLOSION, AIRCRAFT and EARTHQUAKE ONLY.
3. against loss or damage during the process of removal and transit following PERMANENT change of residence, whilst in transit caused by the perils of FIRE, LIGHTNING, EXPLOSION, AIRCRAFT. And EARTHQUAKE.

This Section does NOT indemnify the insured against loss or damage to refrigerators, wireless receiving sets or other electrical apparatus caused by over-running, excessive pressure, short circuiting, self-heating or leakage of electricity.

### SECTION THREE: JEWELLERY

This Section covers PHYSICAL LOSS OF OR DAMAGE TO the jewelry described in the attached specification from perils mentioned under Section Two except as hereinafter specified but is limited to the Sum Insured stated in the Schedule.

THIS SECTION DOES NOT COVER any loss or damage if the insured is engaged in or in any way connected with any form of professional entertaining, breakage of Jewelry, unless such breakage is caused by burglars, thieves or fire; loss or damage caused by moth, vermin, wear and tear, gradual deterioration; damage to or deterioration of any article directly caused by the actual process of dyeing, cleaning, repair. Or renovation.

**Where** any insured item consists of articles in a pair or set, this section shall not pay more than the value of any particular part or parts which may be lost or damaged (without reference to any special value which such article may have as a pair or set) nor more than a proportionate part of the insured value of the pair or set.

**Any** item of the specification which covers articles with no individual Sum Insured is subject to average: that is to say, if the total value of all articles covered by such item is, at time of loss or damage greater than sum insured the Insured shall be entitled to recover ONLY SUCH PROPORTION of the loss or damage as the sum insured bears to the total value of such item.

### SECTION FOUR: EXTENSIONS

**Loss of Rent:** which the insured is unable to recover or additional costs of alternative accommodation necessarily incurred by the insured in consequence of the building(s) becoming uninhabitable following damage caused by any of the insured perils specified in Section ONE and TWO, PROVIDED THE COMPANY'S liability does not exceed 10% of the total sum insured and both building and contents are insured under the policy.

**Additional** expenses incurred following damage to the building by any of the insured perils, in connection with the removal of debris; any extra cost of reinstatement of the destroyed or damaged building made necessary to comply with Government or Local Authority requirement, but not when notice has been served prior to the time of loss; Architect's and Surveyor's fee necessarily incurred in the reinstatement of the building(s) EXCLUDING any expenses incurred in the preparation of a claim or an estimate of loss. The total amount payable for ADDITIONAL EXPENSES shall not exceed 10% of total sum Insured.

**Replacement of Locks** in event of loss of keys following burglary in the insured premises specified in the schedule, the company will pay a sum of As. 1,000 for replacement of locks.

### SECTION FIVE: LEGAL LIABILITY

This section covers the insured's legal liability, as OWNER where the Buildings only are insured herein; as OCCUPIER where the Contents only are insured herein, as OWNER or OCCUPIER where both the Building and Contents are insured herein;

**The Limit of Liability** in respect of all claims under this section shall not exceed Rs. 500,000 for any one accident or series of accidents arising out of any one event PLUS the costs and expenses incurred by the insured with the Company's consent, in defense of any such claim.

Indemnity is provided under this section for Bodily injury by Accident or Disease or Damage to property happening during the period specified in the Schedule for which legal liability may attach to the insured as owner or occupier of the Building named in the Schedule in respect of accidents occurring in or about the premises. '

This Section does NOT indemnify the Insured against any liability

- 1) Arising out of or incidental to any profession, occupation or business,
- 2) Which has been assumed under contract and- would not otherwise have attached,

- 3) Arising out of the ownership, possession or operation of
  - (a.) any mechanically propelled or horse-drawn vehicle other than a domestic gardening implement operated within the insured premises
  - (b.) any power operated lift.
- 4) for damage to property belonging to or in the care, custody or control of the insured or a member of his family or household or a person in His services.

## Insuring Clause : ATM withdrawal / Wallet Insurance

**SCOPE OF COVER :** CARDHOLDERS OF UBL FOR LOSS OF CASH WITHDRAWN FROM ANY ATM ACROSS PAKISTAN DUE TO ROBBERY AND/OR SNATCHING THROUGH ARMED HOLD-UP WITHIN A RADIUS OF 2 KM OR WITHIN 24 HOUR FROM THE TIME OF WITHDRAWAL WHICHEVER COMES FIRST.

**LIMIT OF LIABILITY:** RS. 25,000/- PER TRANSACTION AND MAXIMUM 2 TRANSACTION PER PERSON FOR THE WHOLE YEAR.

**ADDITIONAL COVER:** LOSS OF DOCUMENTS IE CNIC, DRIVING LICENSES PASSPORT ETC. TO BE PAID AT ACTUAL COST OF REPRODUCTION. (5,000) ONCE A Year.

### **GEOGRAPHICAL**

**LIMIT :** ANYWHERE IN PAKISTAN

### **ESTIMATED NO**

**OF**

**CARD HOLDER :** All EB card Holder-

### **CONDITION**

**:** ALL TERMS, CONDITIONS AND LIMITATIONS AS PER UBL INSURERS STANDARD CARD HOLDER POLICY WORDING AND CLAUSES ATTACHED THEREON.

### **EXCLUSIONS**

**:** STRIKE, RIOTS AND CIVIL COMMOTION OR TERRORISM, FRAUD, OR DISHONESTY OF EMPLOYEES WHETHER PERMANENT OR CONTRACTUAL OR CARD HOLDER CASH WITHDRAWALS MADE BY ANY PERSON OTHER THAN THE UBL CARDHOLDER.