

**Shaheen Insurance**

**SECURE TRAVEL**  
Insurance



**Secure Travel Plan** covers and assists travelers anywhere in the world in the event of a sudden illness or accident during journeys outside their country of permanent residence.

The travel insurance plans particularly designed to fulfill the **"Schengen Visa"** requirements.

## Direct Settlement of Claims Abroad



Shaheen Insurance Company Limited in collaboration with our global partners, MidEast Assistance International S.A.L, and 100% coverage reinsured by the **Dutch “Eurocross Assistance”**, one of the leading assistance and insurance service providers in Europe and a 100% owned subsidiary of pan-European insurance alliance Eureko (a Standard & Poor’s **A+** rated financial service group).

[www.eurocross.nl/en](http://www.eurocross.nl/en)

## e-Cover

MidEast Assistance International S.A.L owns a “**Web-based travel insurance issuing system**” the e-Cover System that allows authorized representatives to provide their customers with electronically signed certificates of coverage protecting them against travel contingencies.

- Customers can now view their existing travel insurance policy online, check the Authentication Key of your policy on the website [www.mideast-assistance.com](http://www.mideast-assistance.com) to avoid legal pursuit.

## Claim Conditions

In order to receive the benefits under this plan, the beneficiary must contact the appropriate Alarm Centre **within 48 hours** of the occurrence of the event.

<b>In the Middle East</b>	<b>The rest of the world</b>
Tel: +9614548348	Tel: +420296339623
Fax: +9614548349	Fax: +420296339630

## Premium in PAK Rupees

SHAHEEN NORMAL PLAN (System Code - SNP)	( Medical Expenses & Hospitalization Limit up to 50,000 USD)			
	WORLDWIDE EXCLUDING		WORLDWIDE INCLUDING	
	USA, Canada, Japan & Australia		USA, Canada, Japan & Australia	
Duration	Up to 70 Years	From 71 to 75 Years	Up to 70 Years	From 71 to 75 Years
5 Days	1,545	2,472	2,472	4,017
7 Days	1,957	2,678	2,678	4,532
10 Days	2,575	3,502	3,502	5,459
15 Days	2,987	4,326	4,017	6,077
21 Days	3,502	5,150	5,150	8,446
31 Days	3,811	6,077	6,798	15,038
62 Days	5,562	11,948	9,888	24,823
92 Days	7,107	14,214	12,463	29,046
184 Days*	10,094	16,686	16,686	36,359
365 Days*	14,420	20,806	20,806	46,041
730 Days*	29,046	41,818	41,818	91,464

SHAHEEN FAMILY PLAN (System Code - SFP)	( Medical Expenses & Hospitalization Limit up to 50,000 USD)	
	WORLDWIDE EXCLUDING	WORLDWIDE INCLUDING
	USA, Canada, Japan & Australia	USA, Canada, Japan & Australia
Duration	Up to 70 Years	Up to 70 Years
5 Days	7,210	12,360
7 Days	7,210	12,360
10 Days	7,210	12,360
15 Days	7,210	12,360
21 Days	7,210	12,360
31 Days	7,210	12,360
62 Days	10,300	18,128
92 Days	12,978	22,660
184 Days*	18,128	30,282
365 Days*	26,368	37,904

SHAHEEN STUDENT PLAN (System Code - SSP)	( Medical Expenses & Hospitalization Limit up to 50,000 USD)	
	WORLDWIDE EXCLUDING	USA, Canada, Japan & Australia
Duration	From 16 To 50 Years	Remarks
06 Months	7,210	Non Refundable
01 Year	10,815	Non Refundable

**Notes:**

- **\* Period of Coverage:** Up to 92 consecutive days abroad per trip, (the student policy covers 184 & 365 consecutive days respectively).
- **Family package:** Includes insured, spouse up to age limit of 70 years and 3 children under 18 years, (both husband & wife should exist on the policy, it is mandatory).
- **Age Limit:** Up to 75 years (for student plan is between 16 and 50 years old).
- **Refund:** Government taxes are non-refundable.
- Premiums are inclusive of government taxes and stamp duty.

**Endorsement shall only be allowed before the effective date of the policy.**

**Cancellation Terms**

1. The insured must return the original policy with an application when requesting cancellation of this policy.
2. Cancellation shall only be allowed before the effective date of the policy.
3. When requesting cancellation, the insured's original passport must be shown to an authorized executive officer of SICL and a letter from the relevant consulate in Pakistan must be presented allowing cancellation.
4. **This policy will not be cancelled if;**
  - a. A visa has been issued to the insured before the effective date of the policy.
  - b. Or the insured has already travelled before the effective date of the policy.

<b>Schedule of Benefits</b>	<b>Average Limits</b>
<b>Medical Expenses and Hospitalization Abroad</b>	<b>Up to 50,000 USD*</b>
Travel Information Service	Free of Charge
Referral to Medical Correspondents Abroad	Free of Charge
Long Distance Medical Advice	Free of Charge
Delivery of Urgent Messages	Free of Charge
Dispatch of a Specialized Physician	Actual Expenses
<b>Evacuation and/or Medical Repatriation</b>	<b>Up to 50,000 USD*</b>
Transportation to Join Member	Round Trip Ticket
Return of Dependent Children	One-Way Ticket
<b>Repatriation of Mortal Remains</b>	<b>Up to 50,000 USD*</b>
Total Loss or Disappearance of Baggage	Up to 800 USD
Flight Cancellation (following 4 hour delay)	150 USD (Per flight)
Sea & Mountain Rescue	Up to 25,000 USD
Winter Sports Ski Coverage	Up to 10,000 USD

**Total Medical Services 150,000 USD\***

- **Pre-existing medical conditions or Childbirth:** and any related treatment, repatriation, evacuation or emergency room expenses are not covered under this plan.
- **Medical expense limit:** 100% for each family member.
- **Deductibles per person per claim:** USD 100 if the insured is under 70 years old and USD 250 if the insured is between 71 and 75 years old.
- **Scope of coverage:** Worldwide (excluding the country of permanent residence and the country of citizenship).
- **Please refer policy terms and conditions for further details.**

**SECURE TRAVEL** Application Form

Premium Rs. : \_\_\_\_\_

Duration : \_\_\_\_\_

Destination: \_\_\_\_\_

**Plan Selected:**Shaheen Normal Plan  Shaheen Family Plan  Shaheen Student Plan 

Insured's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ C.N.I.C # \_\_\_\_\_

Passport # \_\_\_\_\_ Dep. Date: \_\_\_\_\_

Type of Plan: Individual  Family 

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Declaration:**

The above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Insured's Signature\_\_\_\_\_  
Date✓ **Please provide copy of passport along-with the filled form.**