



Allied Insurance Company

EXPATRIATE INSURANCE HEALTH POLICY

Whereas the Insured by an application and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to Allied Insurance company of the Maldives Pvt. Ltd. (hereinafter called "the Company") for the insurance hereinafter contained and has paid or agreed to pay the premium stated in the Policy Schedule as consideration for such insurance for the period stated therein.

Now this Policy of Insurance Witnesses that if during the Period of Insurance, any sickness, disease, illness or accidental injury necessitates the Insured Person to be confined to a Authorised Medical Centre for treatment or received medical treatment from an Authorised Medical Centre, the Company will subject to the terms, provisos, exclusions and conditions of and endorsed on this Policy, pay to the Insured or his legal personal representatives the sum or sums stated in the Schedule of Benefits.

Provided always that

- a) The liability of the Company shall not exceed the Overall Annual Limit as set out in the Schedule of Benefits for anyone period of insurance.
- b) This Policy shall become effective as of the date stated in the Policy Schedule. This Policy shall be issued for one year and at the end of each period of insurance may be renewed for another year subject to the consent of the Company.

DEFINITIONS

ACCIDENT

shall mean a sudden, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

AUTHORISED MEDICAL CENTRE

shall mean an establishment duly constituted and registered as a Hospital or registered as a clinic for the care and treatment of sick and injured persons, and which

- a) has organised facilities for diagnosis, treatment and major surgery;
- b) provides nursing services by registered graduate nurses;
- c) is under the supervision of a Physician, and
- d) is not a place for custodial care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the aged and similar establishment.

AUTHORISED MEDICAL CENTRE CONFINEMENT

shall mean the Insured Person being duly registered and admitted as an in-patient in an authorised Medical Centre.

CONGENITAL CONDITION

shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth, whether known or unknown to the insured.

DAY

shall mean the definition of a charging day adopted by the Authorised Medical Centre concerned.

DAY SURGERY

A patient who needs the use of a recovery facility on being admitted to a Authorised Medical Centre for a surgical procedure on a pre-planned basis (but not for overnight stay).

DISABILITY

shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

DOCTOR or PHYSICIAN or SURGEON

shall mean a medical practitioner qualified by a degree and duly licensed or registered to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice.

ILLNESS or DISEASE

shall mean a physical condition marked by a pathological deviation from the normal healthy state.

INSURED PERSON

shall mean the person described in the Policy Schedule including his/her Dependent (if applicable).

INTENSIVE CARE UNIT

shall mean a section within a Authorised Medical Centre which is designated as an Intensive Care Unit by the Authorised Medical Centre, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Authorised Medical Centre.

INJURY

shall mean bodily injury caused solely and directly by Accident.

MAXIMUM PER DISABILITY

shall mean all disabilities arising from the same cause including any and all complications therefrom, except that if the Insured Person completely recovers for thirty (30) days continuously following the last discharge from the Authorised Medical Centre, any subsequent period of disability arising from the same cause shall be considered as anew disability.

PRE-EXISTING ILLNESS

shall mean any medical conditions, which have been diagnosed or have required treatment prior to the commencement date of this policy irrespective of whether treatment was actually received. Any pre-existing illness will not be covered, whether known or unknown to the insured.

REASONABLE AND CUSTOMARY CHARGES

shall mean charges for medical care which shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by other providers of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age

For a similar sickness, disease or injury and which in accordance with accepted medical standards, could not have been omitted without adversely affecting the Insured Person's medical condition.

SURGERY

shall mean any of the following medical procedures:

- a) To incise, excise or electro cauterize any organ or body part, except for dental services.
- b) To repair, revise, or reconstruct any organ or body part.
- c) To reduce by manipulation a fracture or dislocation.
- d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

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BENEFIT PLAN

1 - Health and Life Insurance

1a - Inpatient Cover

Under 1a. an insured person will receive local inpatient only health insurance coverage from government medical centers and private medical centers only, up to a maximum of MVR 100,000.00. This cover includes pre-existing illnesses and excludes private room accommodation at the hospital.

1b -Repatriation or Local Burial

- When a covered injury or sickness results in loss of life of an insured person, the insurer will pay for the preparation and the transportation of the mortal remains of the insured person from the place of death to the country of permanent residence, or for the preparation and local burial of the mortal remains of an insured person.
- f mortal remains is buried within Maldives, the beneficiaries will be given a cash benefit of MVR 30,000
- The above benefits would be arranged if only loss of life occurs with in Maldives.

DESCRIPTION OF BENEFITS

1 - HEALTH INSURANCE

OVERALL ANNUAL LIMIT

Benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits irrespective of type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be in force.

INTENSIVE CARE UNIT (Maximum up to 30 days)

Reimbursement of charges incurred during confinement as a bed-patient in the Intensive Care Unit of the Authorised Medical Centre. This benefit shall be payable equal to the actual charges made by the Authorised Medical Centre subject to the maximum benefit for anyone day, and maximum number of days for any one disability, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Authorised Medical Centre Room and Board rate. For the avoidance of doubt, the Insured Person may only receive the maximum daily benefit for either Intensive Care Unit or Daily Authorised Medical Centre Room and Board but in no circumstances may the Insured Person receive more than the maximum daily benefit for Intensive Care Unit as set out in the Schedule of Benefits.

AUTHORISED MEDICAL CENTRE SUPPLIES & SERVICES

The Company shall reimburse Reasonable and Customary Charges actually incurred for general nursing, prescribed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physical therapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma whilst the Insured Person is confined in a Authorised Medical Centre or received Medical treatment, up to the amount stated in the Schedule of Benefits. For the use of Magnetic Resonance Imaging (MRI), CT scan and Heart Scan the Company only pay 85% of the fees charged by the service provider.

OPERATING THEATRE

Reimbursement of charges for the usage of Operating Theatre incidental to the surgical procedure.

PRE-AUTHORISED MEDICAL CENTRE DIAGNOSTIC SERVICES

Reimbursement of Reasonable and Customary Charges for diagnostic x-ray and laboratory examination, which are recommended by a Physician because of illness or injury, incurred within sixty (60) days prior to Authorised Medical Centre Confinement or Surgery.

SURGICAL FEES

Reimbursement of Reasonable and Customary fees charged for a surgery by the Medical Specialists including the Medical Specialist's visits to the Insured Person and post-surgery care up to a maximum of thirty-one (31) days from the date of surgery, but within the maximum indicated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

ANAESTHETIST'S FEES

The fees required by an Anaesthetist for the supply and administration of anaesthesia shall be reimbursable of an amount equal to the Reasonable and Customary Charges made for surgical operations performed provided that such amount does not exceed the maximum benefit for Any One Disability as shown in the Schedule of Benefits.

PRE-AUTHORISED HOSPITALISATION SPECIALIST CONSULTATION

Reimbursement of Reasonable and Customary Charges for the first consultation by a legally licensed and qualified Medical Specialist, which is recommended by a Physician because of illness or injury within 60 days prior to Authorised Medical Centre Confinement of surgical operation. The total amount payable shall not exceed the maximum specified in the Schedule of Benefits for Any One Disability.

DAILY IN-HOSPITAL PHYSICIAN'S VISIT (Maximum 60 Days)

Reimbursement of fees charged by the attending Physician for daily bedside visits to the Insured Person during confinement in a Authorised Medical Centre. The Company shall pay to the Insured Person an amount equal to the Reasonable and Customary Charges made by the Physician for visits made for such treatment, limited to one visit per day of Authorised Medical Centre Confinement, but in no event shall the benefit exceed the maximum number of days for Any One Disability as set forth in the Schedule of Benefits.

POST-HOSPITALISATION TREATMENT

The Company shall reimburse the Reasonable and Customary Charges incurred in follow-up treatment by the attending Physician, within the thirty-one (31) days immediately following discharge from Authorised Medical Centre for Any One Disability. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for 31 days immediately following discharge from Authorised Medical Centre.

REASONABLE AND CUSTOMARY CHARGES

Charges currently acceptable by the company for the purpose of this insurance are set out in the schedule of charges.

SPECIAL PROVISION

PERSONS ELIGIBLE

Person eligible to be covered under this Policy are:-

- a) Expatriates between the ages of 15 days and 65 years and renewable up to age 75 years, and who reside in Maldives under an employment visa and their dependents

PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the Policy Schedule. The Policy Anniversary shall be the date stated in the Policy Schedule. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company. This Policy is renewable at the option of the Company. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

GEOGRAPHICAL TERRITORY

All benefits provided in this policy are applicable as described in the schedule for twenty-four (24) hours a day in Maldives only.

EXCLUSIONS

This policy shall not cover:-

- a) Abortion unless it is a medical termination of pregnancy, infertility and all complications arising therefrom.
- b) Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control.
- c) Routine physical examinations, health check-up or any other tests where there are no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, treatment specifically for weight reduction or any treatments which is not medically necessary.
- d) Treatment for Congenital Conditions and any physical birth defects arising out of or resulting therefrom.
- e) Non-Authorised Medical Centre Nursing Care or Ambulatory Care, rest cures or sanatoria care, treatment arising from any geriatric, psycho-geriatric or psychiatric condition, treatment of alcohol dependence syndrome and drug addiction & abuse.
- f) Sickness or disease directly or indirectly arising from Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or any HIV/AIDS related condition.
- g) Suicide or attempted suicide, self-inflicted injuries, self-destruction or any attempt thereof while sane or insane.
- h) Cosmetic or plastic surgery, hearing aids, wheel chairs and prostheses including lenses, refractive errors of the eyes, provision of eye appliances including spectacles.
- i) Sexually transmitted diseases.
- j) Hospitalisation primarily for diagnosis, x-ray examinations, general physical or medical check-up.
- k) Charges for telephone, television, radio, newspaper and other ineligible non-medical items whilst an in-patient or day-surgery.
- l) Sickness or injury arising from racing of any kind (except on foot) professional sports, parachuting, skydiving, boxing, wrestling, scuba-diving, bungee jumping and violation or any attempt of violation of the law or resistance to lawful arrest.
- m) Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised Charter Company.
- n) Treatment arising from any consequence, whether direct or indirect of nuclear or chemical contamination, war, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.
- o) Investigation and treatment of sleep and snoring disorders, treatment of Hepatitis B and Hepatitis C, and hormone replacement therapy for menopausal conditions.
- p) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations)
- q) Pregnancy and all complications arising therefrom.
- r) OPD Consultation
- s) Medical Expenses from any country other than Maldives
- t) Private room accommodation in the hospital
- u) Dental care, dental diseases and its related treatment

GENERAL CONDITIONS

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

NOTICE

Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialed by an authorised representative of the Company.

CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfillment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to any liability of the Company.

MISREPRESENTATION/FRAUD

This policy shall be in effect immediately after its purchase, however if it is found out that the insured was under a critical risk of death when the policy was taken, the company reserves the right to decline services under such policy on the basis of fraud.

If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, 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.

MISSTATEMENT OF AGE

If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest. If at the correct age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable.

RENEWAL

It shall not be incumbent on the Company to give notice that any premium for renewal is due and such premium shall be deemed to be due on the date on which the Policy expires and must be paid within 14 days thereafter. However, during such 14 days the Company shall remain liable thereunder if by the last of such days the premium is actually paid unless the Company or the Insured Person shall have given notice that the Insurance would not be renewed.

CHANGE IN RISK

The Insured Person shall give immediate notice in writing to the Company of any change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company. Before each renewal of the Policy, the Insured Person must notify the Company in writing of any injury, disease, physical defect or infirmity of which the Insured Person has become aware or been affected.

TAKE OVER POLICIES

If this Policy shall have commenced immediately upon termination of a preceding policy and if the Insured Person shall have been afflicted with a medical disability at the time this Policy commenced (and benefits under the preceding policy would have been available to him), such Insured Person shall continue to be covered for the existing disability, but not to exceed the limits of the previous policy or limits of this policy whichever shall be lesser on condition the Company has secured a copy of the preceding policy.

OTHERINSURANCE

If the Insured Person carries other insurance covering any injury or illness that is also covered by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

CLAIM PROCEDURE

Services under this policy shall be limited to cashless services available from all government health providers and listed private providers (with 15% co-payment)

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CANCELLATION

This policy may be cancelled unilaterally by the insurer in accordance with the terms of this policy and once this policy is cancelled for any reason what so ever, the premium levied against this policy shall be non-transferable, neither apportionable nor refundable.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed, determined and enforced in accordance with the law of Maldives and the Maldivian courts shall have exclusive jurisdiction hereto.

LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

ARBITRATION

All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of such disclaimer.

AUTOMATIC TERMINATION

The insurance of an Insured Person shall automatically terminate on the earliest happening of the following events:

- a) On the death of an Insured Person; or
- b) On the Policy Anniversary following the 75th birthday of an Insured Person; or
- c) if the total benefits paid under the Policy since the last Policy Anniversary exceeds the Overall Annual Limit for the respective Policy Year; or
- d) at mid-night standard local time on the last day of the Period of Insurance unless an Insured Person is confined to a Authorised Medical Centre at such time. If this being the case, the time of termination shall be extended to:-
 - (i) the time the Insured Person is discharged from Authorised Medical Centre; or
 - (ii) the time the Overall Annual Limit shall have been exhausted; whichever is the first to occur.
- e) This policy shall become invalid once the Employer of the Employee is changed.
- f) For what so ever reason this policy is terminated, the premium levied against this policy shall be non-transferable, neither apportionable nor refundable.

ALTERATIONS

The Company reserves the right to amend the terms and provisions of this Policy, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by the Company and such approval is endorsed thereon.