

OMAN UNITED INSURANCE COMPANY SAOG Safe and Secure

Himayah Insurance Policy

(for domestic worker and for small groups)

Preamble

The Oman United Insurance Co. SAOG (herein after referred to as "the company") having received a proposal and declaration and premium from the Life Assured/Sponsor named in the schedule referred to herein below and the said proposal and declaration with the statements contained and referred to therein and the medical examination report if any having been agreed to by said Life Assured and the company as the basis of this Insurance do by the policy agree to pay the benefits in terms of the said schedule, on proof to the satisfaction of the company, the benefit has become payable as set out in the schedule.

And it is hereby declared that this policy of insurance shall be subject to the terms and conditions printed on the reverse hereof and that the following schedule and every endorsement placed on the policy by the company shall be deemed part of the policy.

SCHEDULE						
Policy Number	Premium RO xx	Effective Date	Expiry Date	Date of Birth	Age (in years)	Term
Name of the Life	Assured					
Name of the Prop						
Address for corres	spondence					
Name of the Bene	eficiary					
Age of the beneficiary Relationship with the Life Assured						
		Life &	Personal Accide	nt/Sickness Cover		
Benefits				Limits		
Sum Insured for Death due to Accident				Options of RO 5,000 or RO 6,000 or RO 10,000		
Sum Insured for Death due to Sickness				Options of RO 2,500 or RO 3,000 or RO 5,000		
Sum Insured for Permanent Total Disability (Accident)				Options of RO 5,000 or RO 6,000 or RO 10,000		
Sum Insured for Permanent Total Disability (Sickness)				Options of Nil or RO 2,500 or RO 3,000 or RO 5,000		
Sum Insured for Permanent Partial Disability (Accident) (Continental Scale)				Options of RO 5,000 or RO 6,000 or RO 10,000		
Sum Insured for Permanent Partial Disability (Sickness) (Continental Scale)				Options of Nil or RO 2,500 or RO 3,000 or RO 5,000		
Please note	that Permanent P	artial Disability (Sickr	ness) option is av	ailable only with Perma	anent Total Disability (Sickness) benefit.
Benefit under Temporary Total Disability (Accident)				RO 25 per week (max RO 100 per month) payable for a maximum of 52 weeks (not exceeding monthly basic salary)		
Sum Insured for Repatriation Expenses (Due to Death or Disability)(Accident or Sickness)				100 % of Expenses Up to RO 500		
Maximum Annual Limit for Medical IP due to Accident				RO 1,000		
Maximum Limit Per Claim for Medical IP due to Sickness				Options of RO 1000 or Nil		
Maximum Annual Limit for OP due to Accident				RO 500		
Maximum Annual Limit for OP due to Sickness				Options of RO 500 or Nil		
F	Please note that N	Aedical OP due to Sic	kness option ava	ilable only with Medica	al IP due to Sickness be	enefit.
Maximum Limit per OP Claim				RO 50		
Waiting period for Medical OP Claim				15 Days		
Deductible on each Out-patient Claim				RO 15		

Signed on behalf of the Oman United Insurance Co. SAOG

NIL

Deductible on each In-patient Claim

Terms and Conditions

I .**Territorial Limits**: (A) Life and Personal Accident/Sickness Cover -Worldwide-24 hours

(B) Medical Expenses Cover - Sultanate of Oman

2. Accidental Death Benefit: It is hereby declared that if the death of the Life Assured occurred solely, directly and independently of all other causes from bodily injury effected through external, violent, visible and accidental means within 120 days of such accident then the Company shall pay the sum indicated against the benefit in the schedule of the policy provided the event occurred prior to the Life Assured attaining age 60. If a claim has been lodged under any of the other benefits covered by this policy in respect of disability arising from the same accident as gave rise to the claim under this section of the policy, such subsequent claim will be reduced by any amount already paid under any of the disability sections.

3. Permanent Total Disability Benefit (Accident and Sickness): It is hereby declared that in the event of the Life Assured being totally and permanently disabled as a result of accident or sickness, to the extent of being un able ever again to follow any occupation the company shall, following completion of 12 months disability as herein defined, pay the sum insured as set out in the schedule provided that the first day of disablement occurred prior to the attainment of the Life Assured of age 60 years. Acceptance by the Company of a claim under this benefit will automatically terminate the death benefit in the policy and all benefits applying under any other benefits thereto in respect of the Life Assured. If the Life Assured qualifies for payment under this benefit and the Permanent Partial Disability and *I* or the Temporary Total Disability benefit then the total payment shall not exceed the greatest sum insured under one of the benefits.

4. Permanent Partial Disability Benefit (Accident and Sickness): It is hereby declared that is the case of the Life Assured suffering, as a result of an accident or sickness the loss by physical separation or total loss of use of any limb, or external organ of the body or total and irrecoverable loss of sight, as set out in the scale (copy enclosed), the Company, shall pay the appropriate percentage of the 100 % sum insured which shall be equivalent to the sum insured as set out in the schedule, provided that the event occurred prior to the attainment of the Life Assured of age 60 years. If a claim is subsequently lodged under the Accidental Death or Perm anent Total Disability (accident or sickness benefits) if applicable or Life Sections of this policy in respect of death or disability arising from the same accident or sickness as gave rise to the claim under this section of the policy, such subsequent claim will be reduced by any amount already paid under this benefit and under the Temporary Total Disability benefit, if applicable. The combined payment shall not exceed the 100% sum insured under this benefit.

5. Temporary Total Disablement Benefit (Accident): It is hereby declared that if the Life Assured becomes continuously and totally unable through accident to follow their normal occupation and is not following any other occupation the Company will pay a weekly benefit of 100% of the Life Assured's weekly equivalent of the basic salary subject to a maximum of RO 25/- as long as such disablement continues provided that the first day of disablement o c c u r r e d prior to the attainment of age 60 by the Life Assured and the payment of benefits shall not in any event exceed 52 weeks. The combined payment under all the disability benefits put together shall not exceed 100% of Sum Assured.

6. Exclusions applicable to Life and Personal Accident/Sickness benefit: This cover excludes any claim as a result of

6.1 Suicide or attempted suicide or illegal act of the Life Assured or Self-inflicted injury or due to HIV/A IDS.

- 6.2 Nuclear radiation, chemical or biological agents, active/ passive war or war like operation, acts of terrorism
- 6.3 Drug or Alcohol substance abuse or addiction treatment.

7. Exclusions applicable to Medical Benefits: This cover excludes any

claim as a result of

- 7.1 Undeclared chronic disease treatment and known and/or undeclared pre-existing conditions.
- 7.2 Maternity, Infertility, Contraceptive/Sterilization, abortion related medical treatment.
- 7.3 Ophthalmic, Gum and Dental related treatment.
- 7.4 Psychiatric illness, Mental retardation and related treatment except initial consultation.
- 7.5 Suicide or attempted suicide/self-inflicted injury, Drug or Alcohol substance abuse or addiction
- treatment. 7.6 Congenital disease, Plastic and Cosmetic surgery and treatment.
- 7.7 AIDS, HIV infection.
- 7.8 Organ donation or acquisition and circumcisions.
- 7.9 Preventive Care, general health check ups and Vaccinations
- 7.10 Experimental medical treatment & non-injectable vitamins unless prescribed in conjunction with antibiotics
- 7.11 Active or passive participation in war, invasion, act of foreign enemy, hostilities, riots, civil war, strike sabotage, terrorism or an criminal acts, rebellion, revolution, insurrection.

7.12 Resisting legal arrest, committing an illegal act.

7.13 Nuclear radiation, chemical or biological agents

7.14 Durable medical equipment, hearing aids, wheel chair, orthopaedic equipment.

7.15 Any treatment not prescribed by a licensed physician and prescribed by a family member even if licensed.

7.16 Accupuncture, Homoeopathic, Ayurveda treatments.

7.17 Epidemics declared or not by the Government.

7.18 Alzheimer and similar degenerative diseases treatment.

8. Claims notification: Written notice shall be given to the Company as soon as possible after the occurrence of event in respect of which a claim is to be made but in any event within 30 days of the date of occurrence. Claims adjudication will in all cases rest with the Company, unless agreed otherwise.

9. Change of Beneficiary: The Life Assured has the right to effect any change in the beneficiary by a written request which can be carried out by the Company in the form of endorsement.

10. In-Patient and Out-Patient definitions: Treatment or medical procedure that requires an overnight stay in a hospital will be called as an In-Patient. All medically necessary treatment and services that do not require an overnight stay in hospital is called as Out-patient treatment.

11. Surrender / Cancellation of policy: This policy does not have any provision of refund of premium in case of surrender or cancellation of policy.

- **12.** If the policy holder is not satisfied with the service of the Company he or she can reach following persons to lodge grievance-
 - 1) General Manager (Life & Medical),
 - 2) Grievance Redressal Officer
 - 3) The CEO.

Oman United Insurance Company Limited PO Box- 1522 Ruwi Postal Code 112 Sultanate of Oman www.omanutd

13. For any kind of servicing related to the policy you can reach to the Life and Medical Department of the Company in the abovementioned address as in para 12. Also, you can reach through phone or email.

For Life Claims: Phone Number-(+968) 24477468 /24477454 Email id- info@omanutd.com

For Medical Claims: Phone Number- (+968) 24477461 Email id- info@omanutd.com