



General Conditions of Insurance to Enter IRAN

A) Definitions

- 1- Insurer:** Karafarin Insurance Company has an activity license 200845 by the Central Insurance of Iran (CII), which their specifications have been mentioned in the insurance policy. The insurer company is duty bound to offer quality insurance services to the insured against receiving insurance premium, compensation of medical and nonmedical costs, case defects , death by accident as well as other covered insurance services according to the terms and conditions envisioned in the insurance policy.
- 2- Assured:** A natural or legal person residing or settling a broad . as the applicant for this insurance policy during the signing of the proposal insurance is responsible for paying premiums.
- 3- Insured:** The foreign national who enters into Iran legally and insurance company insure him or her against probable and risky services, subject to the insurance policy as a result of conclusion of insurance contract. Hence, the relevant specifications are mentioned in the insurance policy and are committed to pay her or his insurance premium.
- 4- Insurance Premium:** Insurance premium is the fund that is paid by the insured to the insurer against guaranteeing probable risks. The insurer embarks on offering quality insurance services to the insured against receiving insurance premium from the insured. the insurer's obligation is subject to the payment of the entire premium , It is together and with the issuance of insurance policy.
- 5- Subject of Insurance:**
 - 5-1:** Compensation of medical and nonmedical costs as well as presentation of other insurance services to the foreign nationals within their stay in Iran according to the insurance policy terms and conditions.
 - 5-2:** payment of insurance capital in case of death or disability of a member or permanent disability , complete due to accidents during the stay in IRAN according to the terms of insurance policy.



NOTE: Reimbursement of medical expenses related to illnesses that are insured before the trip , it has been acute or chronic ,It is out of the scope of this insurance policy.

- 6- Incident:** Incident or accident is referred to any sudden event happened as a result of an external factor without any intention to the insured and will incur physical damage on the insured as well.
- 7- Physical Injuries:** Physical injuries are a physical damage which is observed as a result of an unexpected and sudden factor [beyond power and control of the insured] and is observed during the insurance policy.
- 8- Acute Disease or Injuries:** Injuries or illnesses that , according to the treating physician , as a medical emergency for the insured and threatens the health of the insured.
- 9- Illness:** Illness is a sudden and unpredictable complication which is appeared after entrance of the insured to Iran. Under such circumstance, the insured or his/her representative without any previous and chronic history, will request the insurance company to cover medical costs.
- 10 -Franchise:** Franchise is the insurance premium of the insured from non-hospitalized medical costs. The rate of franchise in the current insurance policy has been calculated equal to 10% of the amount of medical costs.
- 11 - Insurance Period:** This insurance policy will be covered maximum 92 consecutive days based on the contents as mentioned in the insurance policy. This insurance policy is valid from entrance date of the insured into Iran (After inserting the entry stamp on the passport) and termination after the insured leaves the legal borders of the country and the exit stamp is inserted in the passport sheet , including the period stated on the insurance policy. Insurance coverage will start from three days after the time of issuance in the insurance policy.

NOTE : After the period stated in the insurance policy ,maximum 92 days from entering IRAN and or the end of each trip will happen earlier , the obtained insurance policy is considered expired and cannot be extended and if the insured again buys online insurance for herself /himself , the insurance policy has no insurance credit.



Article 2- Commitments of the Insurer

When the insured faced illness or physical injuries during validity period of insurance policy, the insurer is duty bound to pay medical costs of the insured according to the stipulated rules and regulations.

A) Transfer

- 1- Admitting and transferring the insured to the nearest equipped hospital or healthcare and treatment centers,
- 2- Transferring the insured under the strict supervision of attending physician to the equipped healthcare and medical treatment center in the shortest time possible,
- 3- Returning the insured to country origin under the strict supervision of attending physician and approval of the insurer's trusted and reliable physician,

B) Payment of Expenses and Capital

- 1- The medical and hospitalization expenses up to 1.000.000.000 Rial , by virtue of medical certificate based on urgent need to healthcare and treatment services during insurance period (after deduction of franchise of non- hospitalized medical expenses) as follows:
 - 1-1- Medical costs including initial examination and imaging and laboratory services (MRI, etc.), pharmaceutical costs, outpatient surgeries, physiotherapy and transferring and transferring the injured and patients to relevant medical centers caused by accidents
 - 1-2- Medical costs caused by hospitalization and surgery in hospital and Day- Care Centers (hospitalizing exceeding six hours),
- 2- Emergency costs of dentistry up to 20.000.000 Rial . It should be noted that these expenses are limited to the treatment of toothache, treatment of infection and pulling out the teeth.
- 3- Grant for the return of the insured to the country of origin in accordance with the provisions of paragraph 3/ A subject to this article , up to the value of two one-way tickets (with one stop during the flight based on the economy rate from Tehran to the country of origin.



C) Payment of capital risk of death due to accident during the insurance period , amounting to 5.000.000.000 Rials to the insured heirs and the payment of disability capital and partial permanent disabilities due to accidents during the insurance period up to a maximum of 5.000.000.000 Rials , according to the latest table of disability approved by the central Insurance of the Islamic Republic of Iran in the insured amount .

D) The insurer is duty bound to provide necessary information to the insured such as postal addresses of hospitals, Day- Care Centers, pharmacies, drugstores and other specialized centers (special of patients and the injured). Moreover, the insurer is duty bound to provide necessary required information available to the insured.

E) The insurer is duty bound to pay the compensation rate to the beneficiary maximum within 10 days after receiving required documents.

Article 3: Exclusions and Exceptions

Costs and compensations caused by either of the following cases will not be subject to the commitments of the insurer: (If the following cases are observed, the insurer is not duty bound to compensate the damages):

- 1- Having illness for a long period, having history of illness, being diagnosed to a chronic disease once again and/or the complications related to previous record of patient, etc. It should be noted that partial convalescence periods are considered as illness periods.
- 2- War, military invasion, action of foreign enemy, animosity and terrorist operations (whether announced or unannounced).
- 3- Committing suicide, intentional injuries incurred to self, accompanying participating and complicity in criminal act.
- 4- Participating in professional sports competitions and exercises (professional ascension), airborne or aviation competitions or any other types of light. cave mining, diving, winter sports or doing exercise with the aim of participating in official competitions and/or any other sports and recreational activities which are considered as “dangerous and risky” ordinarily.
- 5- Pollutions caused by nuclear radiations.



- 6- Pregnancy and or voluntary abortion.
- 7- Appearance of scars or marks (partly or wholly) caused by the drug abuse, use of alcoholic drinks and psychotropic drugs except the drugs and medicines consumed with the recommendations and prescriptions of the concerned physician.
- 8- Job- related risks of the insured which are considered as “work and job accidents” according to the law.
- 9- Congenital disorders and diseases caused by it.
- 10- Prevention or vaccination.
- 11- Complications caused by physiotherapy.
- 12- Energy therapy, sun therapy and treatment (plastic surgery) in order to regain beauty, treatment and cure through spa and mineral waters, etc.
- 13- Complications caused by delirium, mental and psychic diseases, etc.
- 14- Quarantine Costs.
- 15- Expenses related to burial and return of the deceased insured to the country of origin upon request for insurance.

Article 4: Duties of the Insured

In case of dire need to medical services, the insured or his/he representative is duty bound to:

- 1- To get in touch with the nearest call center of the insurer in Iran in the shortest time possible and to announce the following information:
 - 1 – 1 – complete name of the insured, number and validity date of the traveler’s insurance policy, passport number, national code.
 - 1 – 2 – Complete postal address and/or residence in Iran and also contract phone number.
 - 1 – 3 – A brief description of the illness, accident, incident and requested inquiry.



- 2- If hospitalized, the insured is duty bound to report the case to the insurer maximum within 48 hours as of hospitalization date and before being discharged from the hospital.
- 3- The insured should avoid committing any activity which will create problems for the insurer.
- 4- If requested by the insurer, the insured is duty bound to provide all necessary documents available to the insurer for compensating the damages from the relevant resources.

Article 5:

The insurer to some extent the costs incurred or the indemnities paid (except in cases of death and disability) legal succession and insured actions will be against the possible culprit or another insurer.

Article 6: Settling Dispute

If any dispute is observed between the two parties of contract (the insured and insurer) on interpretation or subject of the contract, the disputed matter will first be settled via negotiation. If the two parties failed to settle the disputed matter, the case will be reported to the authorized and legal court in order to settle the disputed matter through arbitration. If an arbitrator is selected, the two parties of the contract can appoint a person as mutually acceptable arbitrator. If introduction of an arbitrator is not agreed, each of the contract parties can select an arbitrator by themselves and the selected arbitrator should be introduced to another party. The selected arbitrators will select a third arbitrator. Finally, the disputed matter will be investigated by three arbitrators and then, they embark on issuance of final verdict.

If the selected arbitrators (one from the insured and one from the insurer) are not agreed to select a third arbitrator, each of the contract parties can request the third arbitrator from the authorized court. It should be noted that each of contract parties are duty bound to pay fee of relevant arbitrator as selected by each of them and fee or commission of the third arbitrator will be paid in equal condition by either of the contract parties i.e. the insured and insurer.



Article 7:

Other conditions: Deadline for requesting cancellation of insurance policy due to cancellation of travel is maximum 30 days from the date of issuance and upon seeing the original passport by the insurer's representative and after this period , the insurance policy will not be revocable .

Article 8:

The contract and the relevant insurance policy issued in accordance with the regulations of the Islamic Republic of IRAN and the insurance law approved in 1316 and the bylaws approved by the supreme insurance council are valid .