

## 1.5. HOW THE INSURED SHOULD APPLY FOR ASSISTANCE?

### DIRECT ASSISTANCE REQUESTS:

Since the appearance of an event that could be included in any of the guarantees described previously, the beneficiary or any person acting in his place **will necessarily contact, in the shortest possible time, in every case, the Alarm Centre** mentioned below, which will be available to help any person 24h/24 7d/7.

<p><b>GENERAL 24/7 INTERNATIONAL HELPLINE</b></p> <p><b>Emergency Telephone Line:</b> <b>+ 44 845 217 1379</b></p> <p><b>Assistance via WhatsApp:</b> <b>+216 29677276</b></p>	<p>By dialling our Emergency number, he/she will be prompt to provide:</p> <ul style="list-style-type: none"> <li>▪ Passport or Identity card number.</li> <li>▪ Assistance card or Policy number.</li> <li>▪ Full name of the injured and the principal insured.</li> <li>▪ The cause of the call.</li> <li>▪ The place he/she are located (Hotel/City/Address/Phone number)</li> </ul>	<p><b>Spoken Languages:</b> <b>English</b></p>
<p><b>Assistance Email:</b></p>	<p><a href="mailto:afrcosiam@mapfre.com">afrcosiam@mapfre.com</a></p>	<p><b>Please include a telephone number where our operators can reach you</b></p>

### REIMBURSEMENT REQUESTS:

In order for a claim to be processed, The Policyholder or The Insured must give notice through [refund@mapfre.com](mailto:refund@mapfre.com)

- Within 90 days of an accident that might give rise to a claim under the Personal Accidents section of the policy;
- Within 30 days of any other insured event.

To pay a benefit for death, the death certificate must be sent within 90 days of the insured event. We have the right to have a coroner or relevant medical practitioner examine the body in a post-mortem examination or an autopsy.

Altogether with the notification The Insured must complete the corresponding Claim Form, which can be requested to [refund@mapfre.com](mailto:refund@mapfre.com) and, at The Insured cost, provide all the proof asked as by the reimbursement department about the insured event.

The proof needed to process your reimbursement claims is listed (but not necessarily limited) in the below table:

A. Benefit section	B. Proof we need
FOR ALL CLAIMS	<ul style="list-style-type: none"> <li>• A completed claim form that you have signed;</li> <li>• Copies of your travel insurance certificate (where applicable);</li> <li>• Copies of your public transport carrier ticket (air ticket, train ticket, bus ticket, cruise ticket, etc);</li> <li>• Copy of a cancelled cheque or a letter from your bank confirming your bank details;</li> <li>• Copies of all receipts and invoices you received from your travel agent or tour operator;</li> <li>• Copy of your credit card bank statement reflecting the purchase of your public transport carrier ticket;</li> <li>• Proof of any other insurance.</li> </ul>
MEDICAL RELATED EXPENSES	<ul style="list-style-type: none"> <li>• Comprehensive medical report from treating doctor (diagnosis);</li> <li>• Report from your local medical officer stating what treatment was received 12 months before the start date of the policy;</li> <li>• Proof of costs incurred for medical expenses;</li> <li>• Detailed description of the event that led you to seek medical treatment;</li> <li>• Proof of cost of telephone calls;</li> <li>• Details of your medical aid (if any).</li> </ul>