

TERMS AND CONDITIONS OF INSURANCE BENEFITS

IMPORTANT INFORMATION

This insurance policy is underwritten by AXA INSURANCE (GULF) B.S.C.(c).-
Policy number 13-ZT-30725-0

The policy provides insurance coverage for the benefit of **Platinum American Express** Cardmembers. The policy is held by American Express (Middle East) B.S.C. (c) which is the only policyholder and only it has direct rights under the contract of insurance against the insurer. These rights are held for the benefit of (and in trust for) American Express Cardmembers. This document describes the benefits available under the policy of insurance for Middle Eastern American Express Platinum Cardmembers. Strict compliance with the terms and conditions of our policy is required if you are to receive a benefit.

ELIGIBILITY

The benefits described in Platinum Card Travel Insurance Benefits (Section 1) in this document are dependent upon an American Express Platinum Card being issued, the Platinum Card account being valid accordance with the Card agreement at the time of any incident giving rise to a claim and upon the use of the American Express Card in Platinum Card Retail Insurance Benefits (Section 2). American Express (Middle East) B.S.C. (c) will give you notice if there are any material changes to the policy or if it is cancelled or expires without renewal on equivalent terms.

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For assistance, queries and claims, please contact our claims representative on +971 4 429 4094. In case of a medical emergency while abroad, please call the medical assistance contact number on +49 89 500 70 4998. Please be ready to provide your Platinum Card number which should be used as your reference number.

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1. PLATINUM CARD TRAVEL INSURANCE BENEFIT

IMPORTANT THINGS TO KNOW (ALL TRAVEL INSURANCE BENEFITS)

- 1) Please see General Definitions on Page 10. These words all have special meaning and appear in bold throughout this document.
- 2) Who is entitled to Platinum Card Travel Insurance Benefits: All Platinum Cardmembers including Supplementary Cardmembers and their **Families** including children under 19 who are entirely financially and/or legally dependent on the **Cardmember**.
- 3) Age Limit for Medical Assistance and Expenses: All Platinum Cardmembers including Supplementary Cardmembers and their **Families** must be under 80 throughout the **Trip** to receive medical assistance and expenses benefits. This is the only upper age limit that applies.
- 4) Age Limit for Children: Covered children must be under 19 on the first day of the **Trip**.
- 5) Benefit Limits: All limits are per person unless otherwise noted and valid while on a **Trip** (See Page 10 General Definition for "**Trip**").
- 6) Excess: There is an excess of the first US\$ 100 per Cardmember and/or dependent per each and every occurrence of out-patient treatment.
- 7) Trip Length: **Trips** can be up to 91 consecutive days or 183 days in a 12 month period (See Page 10 General Definition for "**Trip**").
- 8) Pre-existing Medical Conditions: **You** will not be eligible for benefits if **You** were previously aware of **Your** condition (See Page 10 General Exclusions).
- 9) Winter and Special Sports Information: All benefits apply when participating in most adventurous and usual holiday sports, including winter sports. For example: canoeing, fishing, golf, horse riding, mountain-biking, parascending, scuba-diving, skiing and snowboarding (including off-piste with a guide), tennis, water-skiing.

However, certain sports and activities are excluded. If **You** are going to take part in any sports which could be considered dangerous, please call a claims representative on **+971 4 429 4094**
- 10) These Insurance Benefits are Secondary: The **Insurer** will only pay amounts if they are not covered by other insurance, state benefits or other agreements. **You** must inform the **Insurer** of these and assist them in seeking reimbursement where appropriate.

PRE TRAVEL ADVICE

Before and during **Your Trip We** will provide **You** with information on:

- 1) current visa and entry requirements for all countries. If **You** hold a passport from a country other than the Country of Residence, **We** may need to refer **You** to the embassy or consulate of the country concerned.
- 2) current vaccination requirements for all countries and information on current World Health Organisation warnings.
- 3) weather forecasts abroad.
- 4) customs and duty regulations.
- 5) time zones and time differences.
- 6) opening hours of major banks including information on foreign exchange rates and value added taxes.
- 7) locations of American Express Travel Offices worldwide.
- 8) Embassies or Consulates abroad.
- 9) interpreters.

TRAVEL ASSISTANCE

During **Your Trip We** will:

- 1) Provide **You** with referrals to medical services including physicians, hospitals, clinics, ambulances, private duty nurses, dentists, dental clinics, services for the disabled, opticians, ophthalmologists, pharmacies, suppliers of contact lenses and medical aid equipment.
- 2) dispatch a doctor to **Your** location if **Your** condition or the circumstances require it, in order to assess the medical condition; (the cost of health treatment and any doctor's fees shall be borne by **You** unless covered under a benefit of this Group Policy).
- 3) **We** will organise **Your** subsequent admission into an appropriate hospital and, if requested, guarantee the medical expenses (to be charged to **Your** account and subject to authorisation, unless covered under a benefit of this Group Policy).
- 4) If **Your** condition or the circumstances require it, and if legally possible, **We** will despatch necessary medicine to **Your** location if it or a suitable replacement cannot be obtained locally. The cost of the medicine shall be borne by **You**. The cost of shipment shall be borne by **Us**.
- 5) If **Your** glasses or contact lenses are stolen, broken or lost, **We** will despatch replacement lenses or glasses to **Your** location. The cost of the actual lenses or glasses shall be borne by **You**. The cost of shipment shall be borne by **Us**.
- 6) When possible by law, **We** shall endeavour to facilitate the transfer of lost or forgotten prescription medications from a **Your** home pharmacy to a local pharmacy. The cost of the medication and any prescription charges shall be borne by the **You**.
- 7) If **You** are jailed (or threatened to be jailed) **We** shall appoint and advance the fees of a lawyer up to US \$ 1,000 (to be charged to **Your** account and subject to authorisation).
- 8) If **You** are jailed (or threatened to be), **We** shall advance the bail bond up to US\$ 10,000 (to be charged to **Your** account and subject to authorisation).
- 9) In case of **Your** imprisonment or hospitalisation and circumstances demand the services of an interpreter, **We** shall make the necessary arrangements to dispatch an interpreter to **Your** location (to be charged to **Your** account and subject to authorisation).
- 10) In the event of lost or stolen cash, travellers cheques, credit and charge cards or in the event that there are no American Express Travel Service Offices or automatic teller machines (ATMs') available at **Your** location, **We** shall advance cash to **You** up to US\$ 1,000 (to be charged to **Your** account and subject to authorisation).
- 11) **We** will transmit urgent messages from **You** to relatives, business associates, friends residing in **Your** country of residence and vice versa.
- 12) **We** will provide assistance in locating lost luggage and shall provide to **You** regular updates on the location status.
- 13) In case of loss or theft of the American Express Card or identity papers necessary to return home, **We** will provide assistance in replacing them. In the event of loss or theft of the transportation ticket to return home, a replacement transportation ticket shall be provided for an amount up to US\$ 1,000. (to be charged to **Your** account and subject to authorisation).

MEDICAL ASSISTANCE AND EXPENSES

All Platinum Cardmembers including Supplementary Cardmembers and all **Families** must be under 80 throughout the **Trip** to receive medical assistance and expenses benefits.

If **You** have an accident or **You** are ill during **Your Trip**, contact the medical assistance phone number on **+ 49 89 50070 4998** as soon as **You** can. By contacting the medical assistance team, they will, where possible, arrange everything necessary for **You** including seeing a doctor or other medical professional, admission to hospital and **Your** medical treatment. They will also pay for necessary expenses which have been approved by their Senior Medical Officer. When **You** have recovered sufficiently, if necessary the medical assistance team will arrange for **Your** travel home.

All costs must be approved in advance by the **Insurer**.

YOUR BENEFITS

- 1) Medical treatment: Up to \$150,000 for in-patient and \$20,000 for out-patient for necessary medical, surgical and hospital costs as a result of **You** becoming ill or being injured during **Your Trip**. In order for the **Insurer** to evaluate the facts of the medical situation, **You** must release **Your** treating physician and **Your** registered medical practitioners from their doctor/patient confidentiality.
- 2) Transport to hospital: Necessary costs for transporting or transferring **You** to the nearest adequately equipped hospital if free transport is not available.
- 3) Your travel home after treatment: The **Insurer** will arrange and pay for necessary costs including medical escort for **Your** journey home.
- 4) Return home of Your travelling companions: Economy flight or standard rail ticket if their original means of transportation home cannot be used.
- 5) Dental treatment: Up to \$250 for emergency dental costs.
- 6) Friend or relative to extend their stay during Your treatment: Up to \$100 a night towards their meals and accommodation costs until the **Insurer's** Senior Medical Officer advises that **You** no longer require further treatment on **Your Trip**.
- 7) Friend or relative to visit You in hospital: Return economy flight or standard rail ticket for a friend or relative visiting **You** in hospital or during **Your** recovery, if **You** are travelling alone. The benefit will cease when **You** return to **Your Country of Residence**.
- 8) Extend Your stay following medical treatment: Up to \$100 a night (maximum 5 nights) towards meals and accommodation costs for **You** and one other person if the **Insurer's** Senior Medical Officer advises **You** to extend **Your** stay after **Your** treatment.
- 9) Return home of Your children: Reasonable travel expenses and up to \$200 a night (maximum 3 nights) towards meals and accommodation costs for a friend or relative to collect and bring home **Your** children if **You** are unable to care for them.
- 10) Funeral and burial expenses: If **You** die whilst on a **Trip**, the **Insurer** will pay for either transportation of the remains home or up to \$3,000 for local cremation or burial.

EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see Page 10. Specific Medical Assistance and Expenses Exclusions are as follows:

- 1) Costs not approved by the **Insurer's** Senior Medical Officer.
- 2) Treatment that the **Insurer's** Senior Medical Officer considers can be reasonably delayed until **You** return to **Your Country of Residence**.
- 3) Medical and dental treatment within **Your Country of Residence**.
- 4) Treatment that can be provided free or at a reduced cost by a state benefit provider or equivalent unless otherwise agreed by the **Insurer**.
- 5) Costs after the date the **Insurer's** Senior Medical Officer tells **You** that **You** should return home.
- 6) Costs where **You** have refused to follow the advice of the **Insurer's** Senior Medical Officer.
- 7) Treatment or costs incurred for cosmetic reasons unless the **Insurer's** Senior Medical Officer agrees that such treatment is necessary as a result of a medical emergency.
- 8) Treatment that was planned or that could have been reasonably foreseen before **Your Trip**.
- 9) Coffins or urns in excess of those which meet international airline standards.

PERSONAL BELONGINGS

YOUR BENEFITS

This benefit applies to **Your** personal belongings which **You** take, purchase or hire while on **Your Trip**; **valuables** provided that they are kept on **You** at all times, locked in a safe, or in a locked storage area of a vehicle.

- 1) If **Your** personal belongings are lost, stolen or damaged, **You** will be paid up to:
 - a) \$2,000 in total per **Trip**;
 - b) \$500 for the current value or cost to repair any item, or any pair or set of items which are complimentary or used together;

EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see Page 10. Specific Personal Belongings Exclusions are as follows:

- 1) Normal wear and tear.
- 2) Lost, stolen or damaged personal belongings where **You** have failed to take sufficient care of them or have left them unsecured or outside **Your** reach.
- 3) Loss or theft not reported to the police or provider of **Your** transport or accommodation within 48 hours and a report obtained.
- 4) Damage to personal belongings whilst in the care of a transport provider which has not been reported within 48 hours and a report obtained.
- 5) Theft of or damage to vehicles or items in a vehicle where there is no evidence of break in.
- 6) Any documents, currency, money or instruments of payment.
- 7) Damage to fragile or brittle items.
- 8) Household goods.
- 9) Theft from a roof or boot luggage rack, other than theft of camping equipment.

TRAVEL INCONVENIENCE

YOUR BENEFITS

All the following travel, refreshment and accommodation costs, and the purchase or hire of essential items must be charged to **Your** American Express Card while on a **Trip**. If **You** are not a Cardmember or not travelling with a Cardmember, another payment method maybe used, but receipts must be kept.

- 1) **You** will be reimbursed up to \$300 per person for additional travel, refreshment and accommodation costs prior to **Your** actual departure if:
 - a) Missed departure: **You** miss **Your** flight, train or ship due to an accident or breakdown of **Your** vehicle, or an accident, breakdown or cancellation of public transport and no alternative is made available within 4 hours of the published departure time;
 - b) Delay, cancellation or overbooking: **Your** flight, train or ship is delayed, cancelled, or overbooked and no alternative is made available within 4 hours of the published departure time;
 - c) Missed connection: **You** miss **Your** connecting flight, train or ship and no alternative is made available within 4 hours of the published departure time.
- 2) **You** will be reimbursed for the purchase or hire of essential items up to:

- d) Baggage delay: \$300 per person if **Your** checked in baggage has not arrived at **Your** destination airport within 4 hours of **Your** arrival;
- e) Extended baggage delay: An additional \$350 per person if **Your** checked in baggage has still not arrived at **Your** destination airport within 8 hours of **Your** arrival.

EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see Page 10. Specific Travel Inconvenience Exclusions are as follows:

- 1) Additional costs where the airline, train or ship operator has offered alternative travel arrangements and these have been refused.
- 2) Baggage delay or extended baggage delay on the final leg of **Your** return flight.
- 3) Under baggage delay and extended baggage delay, items that are not immediately necessary for **Your Trip**.
- 4) Failure to obtain a Property Irregularity Report from the relevant airline authorities of missing baggage at **Your** destination.
- 5) Where **You** voluntarily accept compensation from the airline in exchange for not travelling on an overbooked flight.

TRAVEL ACCIDENT

YOUR BENEFITS

This benefit applies to accidents caused by a sudden identifiable violent external event that happens by chance.

- 1) **You** will be paid \$1,000,000 if **You** have an accident on a **Public Vehicle** while on **Your Trip** which within 365 days causes:
 - a) Death;
 - b) The complete and permanent loss of use of any limb;
 - c) The entire and irrecoverable loss of **Your** sight, speech or hearing;
 - d) Permanent disablement confirmed by the **Insurer's** Senior Medical Officer that has lasted for at least 12 months preventing **You** from continuing any occupation and where there is no reasonable chance of recovery.
- 2) The maximum amount that **You** will be paid is \$1,000,000 per **Trip**.
- 3) The benefit amount for death is reduced to \$15,000 for children under 16.

EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see Page 10. Specific Personal Accident Exclusions are as follows:

- 1) No benefits will apply for accidents on or involving vehicles chartered or hired privately.

LEGAL ASSISTANCE AND COMPENSATION

YOUR BENEFITS

- 1) Legal defence costs and compensation You are liable for: Following an accident on **Your Trip**, if a claim is made against **You** and **You** are found legally liable for injuring another person or damaging their property and possessions, the **Insurer** will pay:
 - a) Legal defence costs up to \$7,000;
 - b) Compensation up to \$5,000 arising directly or indirectly from one cause;
 - c) An economy flight or standard rail ticket if **You** have to attend a court.
- 2) Legal costs in pursuit of compensation: If **You** have an accident or **You** are ill during **Your Trip**, and decide to seek compensation, the **Insurer** will pay:
 - a) Legal costs up to \$7,000;
 - b) An economy flight or standard rail ticket if **You** have to attend a court.
- 3) Legal Proceedings: The **Insurer** will appoint a lawyer to control and be responsible for all legal proceedings.
- 4) Interpreter Fees: The **Insurer** will arrange and pay for an interpreter to assist in legal cases.
- 5) If legal proceedings are successful any legal costs and expenses are to be reimbursed as part of any financial awards received.

EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see Page 10. Specific Legal Assistance and Compensation Exclusions are as follows:

- 1) Any costs where **You** admit liability, negotiate, make any promise or agree any settlement.
- 2) Legal costs in pursuit of compensation where the **Insurer** thinks there is not a reasonable chance of **You** winning the case or achieving a reasonable settlement.
- 3) Claims made against **You**, by **Your Family**, or any Cardmembers on **Your** Platinum Card Account and their **Families**, or anyone who works for **You**.
- 4) Claims made by **You**, against **Your Family**, or any Cardmembers on **Your** Platinum Card Account and their **Families**, or anyone who works for **You**.
- 5) Claims made by **You** against **Us**, the **Insurer**, a travel agent, tour operator or carrier.
- 6) Liability as a result of damage to property and possessions which are under **Your** care or responsibility during **Your Trip**.
- 7) Liability **You** incur solely as a result of a contract **You** have entered into.
- 8) Claims caused directly or indirectly by ownership, possession or use of motorised vehicles, aircraft, watercraft or firearms, or animals.
- 9) Claims caused directly or indirectly in connection with land or buildings which **You** own or are using except as temporary holiday accommodation.
- 10) Claims arising directly or indirectly in connection with any business, profession or trade activity.
- 11) Any fines and punitive damages.
- 12) Costs relating to inquests, application for review of a judgment or legally binding decision.

GENERAL DEFINITIONS

“**Cardmember**” means the main card holder and the supplementary card holder(s) of a valid American Express (Middle East) B.S.C. (C) Platinum Card.

“**Close Relative**” means partner/spouse, married or unmarried, living at the same address; mother; mother-in-law; father; father-in-law; daughter; daughter-in-law; son; son-in-law; sister; sister-in-law; brother; brother-in-law; grandparent; grandchild; step-mother; step-father; step-sister; step-brother; aunt; uncle; niece; nephew.

“**Country of Residence**” means **Your** country of official residence to be substantiated by an official document.

“**Family**” means a **Cardmember’s** legally married spouse(s), living at the same address as the **Cardmember**, and children under 19 who are entirely financially and/or legally dependent on the **Cardmember** including step-children, fostered or adopted children.

“**Insurer**” means AXA INSURANCE (GULF) B.S.C.(c), P.O. BOX 32505, Dubai, UAE, telephone

+971 4 429 4094.

“**Our/Us/We**” means American Express (Middle East) B.S.C. (c).

“**Public Vehicle**” means any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

“**Trip**” means a journey outside **Your Country of Residence**; or a journey within **Your Country of Residence** which must include a flight, or at least one night pre-booked accommodation away from home. **Trips** can be up to 91 consecutive days or up to 183 days during each 12 month period, but must commence and end in **Your Country of Residence**.

“**Valuables**” means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes, binoculars, portable DVD players, ipods, MP3 players.

“**You/Your**” means the main Platinum **Cardmember** and their **Family**, and their Supplementary Platinum **Cardmembers** and their **Family**.

GENERAL EXCLUSIONS - WHAT IS NOT INCLUDED (ALL TRAVEL INSURANCE BENEFITS)

These Travel Insurance Benefits provide all the protection **You** could reasonably need when travelling. However, there are some exclusions. **You** will not be paid for claims directly or indirectly as a result of:

- 1) Not following the advice or instructions of the **Insurer** or their Senior Medical Officer.
- 2) Participating in special sports and activities. Please refer to Important Things to Know on Page 4.
- 3) Participating in or training for any professional sports.
- 4) Work-related accidents or accidents covered under any employment insurance policy.
- 5) Not taking reasonable care of **Yourself** and **Your** personal belongings.
- 6) **Your** self inflicted injuries except when trying to save human life.

- 7) **Your** injuries caused by **Your** negligence or failure to follow the laws and regulations of the country where **You** are travelling.
- 8) **Your** phobias, emotional, mental or depressive illnesses of any type.
- 9) **Your** suicide or attempted suicide.
- 10) **Your** injuries or accidents which occur while under the influence of alcohol (above the local legal driving limit) or drugs unless prescribed by a registered medical practitioner.
- 11) Pre-existing medical conditions known to **You**, when **You** apply for **Your** American Express Platinum Card and any Cards on **Your** Account, or prior to booking **Your Trip**, whichever is the most recent, for which **You**:
 - a) Have attended a hospital as an in-patient during the last 12 months;
 - b) Are awaiting test results or on a waiting list for an operation, consultation or investigation;
 - c) Have commenced or changed medication or treatment within the last three months;
 - d) Require a medical, surgical or psychiatric check up every twelve months or more frequently;
 - e) Have been given a terminal prognosis;
 - f) Know of any reason, which may necessitate any **Trip** to be cancelled or cut short.
- 12) Pregnancy within eight weeks of the estimated date of delivery.
- 13) Travelling against the advice of a registered medical practitioner.
- 14) Industrial action which has commenced or has been announced prior to booking **Your Trip**.
- 15) **Trips** in, or booked to, countries where a government agency has advised against travelling or which are officially under embargo by the United Nations.
- 16) Any fraudulent, dishonest or criminal act committed by **You**, or anyone with whom **You** are in collusion.
- 17) Confiscation or destruction of **Your** personal belongings by any Government, customs or public authority.
- 18) Terrorist activities except while on a public vehicle.
- 19) Declared or undeclared war or hostilities.
- 20) Actual or alleged exposure to biological, chemical, nuclear or radioactive material or substance.

2. PLATINUM CARD RETAIL INSURANCE BENEFITS

PURCHASE PROTECTION

YOUR BENEFITS

This benefit applies to items purchased on the American Express Platinum Card Account for personal use that have had no previous owner and were not purchased privately.

- 1) If the item is stolen or damaged within 90 days of purchase, **You** will be paid:
 - a) The costs of repair or replacement of an item up to a maximum of the purchase price or \$2,000 whichever is the lower. The purchase price will be the cost of a pair or set of items if they are used together and cannot be replaced individually;
 - b) Up to a maximum of \$2,000 for any one incident;

c) Up to a maximum of \$50,000 in any 12 month period.

EXCLUSIONS

Specific Purchase Protection Exclusions are as follows:

- 1) The first \$90 of any claim.
- 2) Normal wear and tear.
- 3) Damage caused intentionally by **You**.
- 4) Damage to items caused by product defects.
- 5) Theft of or damage to items where **You** have failed to take sufficient care of them or have left them unsecured or outside **Your** reach.
- 6) Theft not reported to the police within 48 hours of discovery and a written report obtained.
- 7) Not taking reasonable care of items or leaving them unattended in a public place.
- 8) Theft of or damage to vehicles, their parts, or items in a vehicle.
- 9) Theft of or damage to money, or other cash equivalents, travellers cheques or tickets.
- 10) Theft of or damage to animals, plants and perishable goods.
- 11) Theft of electronic items and equipment.
- 12) Any fraudulent, dishonest or criminal act committed by **You** or anyone with whom **You** are in collusion.
- 13) Confiscation or destruction of purchases by any Government, customs or public authority.

3. ASSISTANCE AND CLAIMS REQUIREMENTS

In order to report a claim or make a query, please contact our claims representative on **+971 4 429 4094**.

. In case of a medical emergency while abroad, please call the medical assistance contact number on **+ 49 89 50070 4998**. Please be ready to provide your Platinum Card number which should be used as your reference number.

- 1) All claims and potential claims must be reported within 30 days.
- 2) All Medical Assistance and Expenses costs must be approved in advance by the **Insurer**.
- 3) The **Insurer** will only pay amounts if they are not covered by other insurance, state benefits or other agreements. **You** must inform the **Insurer** of these and assist them in seeking reimbursement where appropriate.
- 4) Interest will only be paid on claims if payment has been unreasonably delayed following the **Insurer's** receipt of all the required information.
- 5) **You** must provide all the following items, information and documentation at **Your** own expense.

PLATINUM CARD TRAVEL INSURANCE BENEFITS

Benefit	Information required
General	<ul style="list-style-type: none"> • Your American Express Platinum Card Number • Proof that You were on a Trip • All documents must be original • Completed claim form when needed • The name of Your treating registered medical practitioner
Medical Assistance and Expenses	<ul style="list-style-type: none"> • Invoices and medical report detailing medical treatment and costs You have paid • Any unused tickets
Personal Belongings, Money and Travel Documents	<ul style="list-style-type: none"> • Report from police or provider of accommodation or transport • Proof of ownership • Damaged personal belongings
Travel Inconvenience	<ul style="list-style-type: none"> • Travel ticket • Public transport operator's confirmation of delay, cancellation, missed connection or overbooking • Airline confirmation (Property Irregularity Report) including details of baggage return date • Proof of purchases made using Your American Express Card. If You are not a Cardmember or not travelling with a Cardmember, and an alternative payment method has been used, You will still need to provide proof of purchase • Evidence from the appropriate organisation detailing the cause of the delay if You miss Your departure
Personal Accident	<ul style="list-style-type: none"> • Evidence from the appropriate organisation detailing the accident • Approved medical reports
Legal Assistance and Compensation	<ul style="list-style-type: none"> • Relevant legal documents • Evidence of incident as appropriate

PLATINUM CARD RETAIL INSURANCE BENEFITS

General	<ul style="list-style-type: none"> • Your American Express Platinum Card Number • Proof that You purchased the item on Your Platinum Card • All documents must be original • Completed claim form when needed
Purchase Protection	<ul style="list-style-type: none"> • Report from police detailing theft • Proof of purchase • Damaged items

4. COMPLAINTS PROCEDURE

We aim to provide you with the highest level of service. However, if for some reason you are unhappy, please let us know by calling a claims representative on **+971 4 429 4094**. If you are still not satisfied, or would prefer to put your concerns in writing, you can contact us by writing to:

AXA INSURANCE (GULF) B.S.C.(c), P.O. BOX 32505, Dubai, UAE