

PART 3 – FLYING COVERAGE

Coverage as respect to flying is limited to loss occurring while the Insured is riding solely as a fare paying passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from a certified passenger aircraft provided by a commercial airline on a regular, scheduled flight and operated by a properly certified pilot flying between duly established and maintained airports.

PART 4 – TERMS AND CONDITIONS

- 1) This Policy shall commence on the Policy Effective Date and shall remain in effect for three (3) years from said date subject to all other terms and conditions of this Policy.
- 2) The Insured is entitled for a full refund of premium paid if this policy is returned to the Company and coverage is cancelled upon written request of the Insured within fourteen (14) days of the Policy Effective Date. Non-cancellation of the Policy within fourteen (14) days from the Policy Effective Date confirms the Insured's acceptance of its Terms and Conditions.
- 3) This Policy shall terminate on the earliest of the following dates:
 - a. The expiration of the three (3) years period from the Policy Effective Date;
 - b. The occurrence of any specific loss for which the full Principal Sum is paid or becomes payable;
 - c. When the Insured attains sixty five (65) years of age.
- 4) Except as stated in Clause 2 above, this Policy may not be cancelled by the Insured or by the Company. However, it shall become null and void from its Effective Date for fraud, willful misrepresentation or non-payment of the Total Premium Due.
- 5) The Total Premium Due for this Policy shall be considered fully earned by the Company when collected.
- 6) As soon as practicable after the happening of any event which could give rise to a claim under this Policy and in any case within one (1) calendar month, written notice thereof must be given to the Company. But notice of death must be given forthwith.
- 7) Completed claim forms and written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim, if it was not possible to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred.
- 8) The Benefits under this Policy shall be non-assignable. No assignment of interest under this Policy shall be binding on the Company.
- 9) The due observance and fulfillment of the Terms, Conditions and Endorsements (if any) to the Policy shall be a condition precedent to any liability of the Company hereunder.
- 10) This Policy, the Policy Schedule of Benefits and the Application constitute the entire contract. No change in this Policy shall be valid until approved by an officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change or to waive any of the provisions of this Policy.
- 11) Indemnity, if any, for Loss of Life of the Insured is payable to the Beneficiary(ies) named in the Application unless later changed and recorded by the Company, provided such Beneficiary survives the Insured by thirty (30) days, otherwise to the estate of the Insured. All other indemnities of this Policy are payable to the Insured. Any Payment made by the Company in good faith pursuant to this condition shall fully discharge the Company to the extent of the payment.
- 12) The Company, at its own expense, shall have the right and opportunity to examine the Insured when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make any autopsy in case of death where it is not forbidden by law.
- 13) No action at law shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years from the date of occurrence of the loss.
- 14) This policy is referable to the Individual Accident & Health Statutory Fund. The Company may at its sole discretion change the Statutory Fund to which the Policy is referable through an endorsement.
- 15) This Policy will not participate in the surplus earnings of the statutory fund to which it is referred and will not have any cash value at any time.
- 16) This Policy becomes effective only if countersigned by an authorized representative of the Company.
- 17) Age of the Insured must be proved to the satisfaction of the Company before payment for any benefits under this policy. If the age of the Insured has been misstated, any amount payable under this policy shall be such as the premium paid would have purchased at the correct age.
- 18) Any provision of this Policy which, on the Policy Effective Date, is in conflict with the statutes of the jurisdiction in which this Policy is issued is hereby amended to conform to the minimum requirements of such statutes.
- 19) This Policy shall be subject to the jurisdiction of Pakistan as indicated in the Policy Schedule of Benefits and governed by the laws and regulations of Pakistan. Any disputes hereunder shall be referred to the Courts in Pakistan.
- 20) In the event of any changes in the law of taxation or imposition of new levies or taxes on the Company, or the change of any law or regulation governing the operation of insurance companies in Pakistan, the Company may vary the benefits and terms and conditions of the Policy, as it deems appropriate.
- 21) Subject to the satisfaction of all the terms and conditions of this Policy, the Company shall make the payment of claim within a period of ninety days from the date on which the payment becomes due or from the date on which the claimant completes all the requirements as specified by the Company, whichever is later. Any delay in payment by the Company to comply with such obligation shall entitle the claimant to compensation in such amount as determined under the sub-section 118(2) of Insurance Ordinance 2000, unless the Company proves that such delay was due to circumstances beyond its control.

In witness whereof IGI Life Insurance Limited has caused this Policy to be executed as of the Policy Effective Date.

HEAD OF BUSINESS & OPERATIONS

About IGI Life

IGI Life Insurance Limited, part of the Packages Group, marked its entry into the Life Insurance business through acquisition of controlling shares in American Life Insurance Company (Pakistan) Limited in April 2014. Acquisition by Packages Group makes IGI Life a one-of-a-kind life insurance provider in Pakistan, as IGI Life's multinational heritage is now coupled with the local experience of the Packages Group, one of the most reputed business conglomerates in the country, having several joint ventures with leading global brands in the FMCG, Pharmaceutical and Packaging sectors. IGI Life's current product suite includes Life Insurance plans, Accident & Health Insurance and Employee Benefit Solutions. IGI Life is also amongst the first few companies to commence the Family Takaful business in 2015 under Window Takaful Operations, thus offering Shari'ah-compliant solutions to our clients.

About Vitality Group

Guided by the core purpose of making people healthier, Vitality is the leader in improving health to unlock outcomes that matter. By blending smart tech, data, incentives, and behavioural science, we inspire healthy changes in individuals and organisations. Vitality brings a global perspective through successful partnerships with the smartest insurers and most forward-thinking employers around the world. More than 10 million people in 22 countries engage in the Vitality programme.

A Packages Group Company

IGI Vitality
Life

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Secure 3

Protect yourself
Protect your loved ones

IGI Vitality
Life

Life, as we know,
is full of uncertainties,
and to keep ahead,
you need to plan ahead



Worldwide Coverage
24 Hours Protection

Secure 3

Protect yourself

Protect your loved ones

ELIGIBILITY

Any employed individual between the age of eighteen (18) years and sixty two (62) years and in good health, is eligible to apply for the Secure -3 Policy.

AMERICAN LIFE INSURANCE COMPANY, (Pakistan) Limited (hereinafter called "the Company"), is registered and supervised by the Securities and Exchange Commission of Pakistan. The Company hereby insures the Insured against loss covered by this policy, subject to and in accordance with the Benefits, Exceptions, Terms and Conditions contained herein.

Policy Schedule of Benefits Per Unit of Coverage (You may select up to a maximum of 3 units)

BENEFITS A	Benefit Amount (in Pak Rupees)
ACCIDENTAL LOSS OF LIFE (Principal Sum)	Rs. 500,000
BENEFIT B	
DISMEMBERMENT, LOSS OF SIGHT, HEARING OR SPEECH DUE TO ACCIDENT (up to 100% of the Principal Sum)	Rs. 500,000
BENEFIT C	
PERMANENT TOTAL DISABILITY DUE TO ACCIDENT (Principal Sum)	Rs. 500,000
BENEFIT D	
IN HOSPITAL DAILY INCOME DUE TO ACCIDENT (up to 365 days per accident)	Rs. 500
Total Three (3) Years Single Premium Due	Rs. 3,600

BENEFIT "A" - ACCIDENTAL LOSS OF LIFE

When accidental injury results in the death of the Insured, the Beneficiary(ies) shall receive the Principal Sum.

BENEFIT "B" - DISMEMBERMENT, LOSS OF SIGHT, HEARING OR SPEECH DUE TO ACCIDENT

When accidental injury results in any of the below mentioned Losses, the Insured shall receive the respective percentage of the Principal Sum as shown below:

Loss of:	% of Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Hearing of Both Ears	100%
Speech	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Thumb and Index Finger	25%

BENEFIT "C" - PERMANENT TOTAL DISABILITY DUE TO ACCIDENT

When as a result of an accidental injury, the insured becomes Totally and Permanently Disabled and such disability has continued for a period of twelve (12) consecutive months, the Company will pay one lump sum payment equal to twenty five percent (25%) of the principal sum and the balance, which is 75% of the principal sum will be paid monthly over a period of three (3) years.

BENEFIT "D" - IN-HOSPITAL DAILY INCOME DUE TO ACCIDENT

When, as a result of accidental injury, the Insured shall be necessarily confined within a Hospital as an In-patient, the Insured shall receive the applicable In Hospital Daily Income.

Maximum Total Benefit: up to 365 days per accident

Elimination Period: - nil -

EXCEPTIONS

This Policy will not cover any loss or expense caused by or resulting from:

1. Intentionally self-inflicted injury, Suicide or any attempt thereof while sane or insane;
2. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections; homicide, murder or assault; Terrorist Acts; shelling, sniping, ambushes, and all acts of similar nature; nuclear reaction or radiation or radioactive contamination; pathogenic or poisonous biological or chemical materials; or any period the Insured is serving in the Armed Forces of any country, whether in peace or war;
3. Any claim caused by an opportunistic infection or malignant neoplasm, or any other sickness, if, at time of claim, the Insured had been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or having an antibody positive blood test to Human Immunodeficiency Virus (HIV);
4. Any loss sustained while flying in any aircraft or device for aerial navigation, except as provided under Part 3 - Flying Coverage;
5. Congenital anomalies and conditions arising out of or resulting therefrom;
6. Pre-existing Conditions;
7. Stay in sanatoriums for whatever reasons and whatever treatment.
8. Pregnancy, childbirth, abortion or miscarriage;
9. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kinds of disease;
10. Any bodily injury which shall result in hernia;
11. Violation or attempted violation of law or resistance to arrest;
12. Alcohol intoxication, willful misuse of drugs;
13. Participating in competition, races, professional or semi-professional sports, contests, matches on land, air or sea; pot-holing, paragliding, bungee jumping, parachuting or scuba diving.

TERMS & CONDITIONS

This Policy is issued on the basis of the declarations made by the Insured in the Application and in consideration of the payment in advance of the applicable Total Premium Due stated in the Application.

This Policy, the Schedule of Benefits and the Application constitute the entire contract. Concealment of facts or false statement made by the Insured which were in the knowledge of the Insured at the time of making declarations and which affect the acceptance of risk by the Company, shall invalidate the policy from its inception.

PART 1 - DEFINITIONS

"Application" or "Policy Application" means the written application signed by the Proposed Insured to purchase benefits under the Policy and indicating the Total Premium Due. The Application is attached to the Policy and made a part hereof.

"Beneficiary" wherever used in this Policy means the person(s) designated as beneficiary(ies) in the Application or in any other amendment endorsed by the Company.

"Elimination Period" wherever used in the policy means the number of consecutive days as stated in the Schedule of Benefits, commencing with the first day the Insured is confined in a Hospital, for which no benefits are payable.

"Hospital" means a hospital (other than an institution for aged, chronically ill on convalescent rest or nursing home or a facility operated as a drug and / or alcohol treatment centre) operated pursuant to law for the care and treatment of sick or injured persons providing organized facilities for diagnosis and surgery and having a 24-hour nursing services and medical supervision.

"Insured" wherever used in this Policy means the Proposed Insured who completes and signs the Application and who is employed, in good health, and who is not less than eighteen (18) years and not more than sixty two (62) years of age at the time of applying for this Policy.

"Injury" wherever used in this Policy means accidental bodily injury occurring while this Policy is in force, caused solely and directly by violent, accidental, external and visible means as to the Insured whose injury is the basis of claim and resulting, directly and independently of all other causes, in a loss covered by the Policy.

"Loss" wherever used in this Policy means the Total and Permanent loss of functional use or complete and permanent severance:

- with reference to hand or foot: at or above the wrist or ankle joint;
- with reference to Thumb and Index finger: at or above the metacarpophalangeal joints;
- with reference to sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed Physician specializing in Ophthalmology or Otolaryngology.

"Permanent" wherever used in this Policy means total irremediable loss of use which has continued uninterruptedly for a period of at least twelve (12) calendar months and at the expiry of this period is beyond hope of improvement. However, loss by severance shall be recognized as Permanent upon occurrence.

"Permanent Total Disability" and "Permanently and Totally Disabled" wherever used in this Policy means a Disability:

- (a) resulting from injury that commences within Three Hundred and Sixty Five (365) days from the date of such injury;
- (b) which wholly prevents the Insured from engaging in any business or occupation for compensation or profit that is reasonable for the Insured to undertake by virtue of training, education or experience; and
- (c) which continues without interruption for a period of at least twelve (12) calendar months from its date of commencement.

If, at the time of loss, the Insured is unemployed, then Permanent Total Disability shall mean the total and Permanent inability of the Insured to perform all the usual and customary duties and activities of a person of like age and sex.

"Physician" wherever used in this Policy means a person legally licensed to practice medicine and/or surgery other than the Insured or a member of the Insured's immediate family or employer/employee of the Insured.

"Policy" means this SECURE 3 insurance policy issued by the Company to the Insured.

"Policy Effective Date" wherever used in this Policy shall mean 12:01 AM on the fifteenth (15th) day following the Application Date.

"Policy Schedule of Benefits" or "Schedule of Benefits" wherever used in the policy shall mean the Schedule issued by the Company stating certain Policy terms and Policy coverage. The Schedule of Benefits is attached to the Policy and made part of it.

"Principal Sum" wherever used in the policy means the amount stated in the Schedule of Benefits multiplied by the number of units selected by the Insured in the Application.

"Pre-existing Conditions" wherever used in this policy means a physical condition that was diagnosed, treated or for which a Physician was consulted, or the existence of any disease, illness or injury at any time prior to the Policy Effective Date; whether declared or not declared on the application.

"Statutory Fund" shall have the same meaning as assigned to it in the Insurance Ordinance 2000.

"Terrorist Act" wherever used in this policy means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator/s and victim/s shall not be considered Terrorist Acts. "Terrorist Act" shall also include any act which is verified or recognized as an act of terrorism by the relevant government of the country where the act occurs.

"Total Premium" wherever used in the policy means the Three (3) Years Single Premium Due Per Unit of Coverage stated in the Schedule of Benefits multiplied by the number of units selected by the Insured in the Application.

PART 2 - BENEFITS

The Company agrees to pay the following benefits for losses occurring on or after the Policy Effective Date and during the period the Policy is in force subject to the Terms, Conditions and Exceptions contained in this Policy:

BENEFIT A - ACCIDENTAL LOSS OF LIFE

When injury results in loss of life of the Insured within three hundred and sixty five (365) days from the date of the accident, the Company will pay the Principal Sum stated under Benefit "A" in the Schedule of Benefits, multiplied by the number of units selected by the Insured in the Application, less any amount paid or payable under Benefit "B" or Benefit "C".

BENEFIT B - DISMEMBERMENT, LOSS OF SIGHT, HEARING OR SPEECH DUE TO ACCIDENT

When, as a result of injury and commencing within three hundred and sixty five (365) days from the date of the accident, the Insured suffers any of the Losses stated under Benefit "B" of the Schedule of Benefits, the Company will pay the respective percentage of the Principal Sum stated therein multiplied by the number of units selected by the Insured in the Application.

In case of occurrence of more than one of the Losses specified under Benefit "B", the total indemnity payable hereunder is established by adding the indemnity corresponding to each single Loss up to a maximum of 100% of the Principal Sum.

BENEFIT C - PERMANENT TOTAL DISABILITY DUE TO ACCIDENT

When, as a result of injury and commencing within three hundred and sixty five (365) days from the date of the accident, the Insured is Permanently and Totally Disabled and such disability has continued for a period of twelve (12) consecutive months and is total, continuous and Permanent at the end of this period, the Company will pay the Principal Sum stated under Benefit "C" in the Schedule of Benefits multiplied by the number of units selected by the Insured in the Application. The payment will be done in one lump sum equal to twenty five percent (25%) of the Principal Sum multiplied by the number of units and the balance, which is 75% of the Principal Sum multiplied by the number of units, will be paid monthly over a period of three (3) years, less any amount paid or payable under benefit "B".

BENEFIT "D" - IN-HOSPITAL DAILY INCOME DUE TO ACCIDENT

When as a result of an injury and commencing within ninety (90) days from the date of the accident, the Insured shall be necessarily confined within a Hospital as an In-patient under the continuous attendance of a Physician, the Company will pay the Daily Benefit stated under Benefit "D" in the Schedule of Benefits multiplied by the number of units selected by the Insured in the Application for each day that the Insured shall be confined therein, up to three hundred sixty five (365) days, commencing immediately following the Elimination Period (if any) stated in the Schedule of Benefits, as a result of any one accident.

"In-patient" as used herein means an Insured who is confined in a Hospital as a registered bed-patient for at least one (1) day.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT

If, within twelve (12) months following a period of Hospital confinement for which indemnity is paid or payable under Benefit "D", the Insured shall be readmitted and confined as an In-Patient, due to the same or related causes, the Company's liability for the entire period shall be subject to the limitations applicable in the part or parts of this benefit under which the original period of confinement was indemnified. If subsequent confinement as an In-Patient is separated by more than twelve (12) months, the confinement will be considered a new period confinement and indemnified in accordance with appropriate provisions of this benefit.

