

**Takaful benefit:**

The Takaful benefit provided by the Policy is: AED 50,000

**Female Cancers**

In the event of the Covered Person being diagnosed with one or more of the Female Cancer illness covered hereunder and arising out of a cause not specifically excluded under this Policy, after the Commencement Date and during the policy period, the Company shall indemnify the Covered Person AED 50,000/-in accordance with the terms and conditions.

**Female Cancer covering major 7 cancers specific to females as follows:**

- a. Breasts Cancer (one or both)
- b. Ovaries Cancer (one or both)
- c. Cancer in fallopian tubes (one or both)
- d. Cancer of Uterus
- e. Cervix Cancer
- f. Vagina Cancer
- g. Vulva Cancer

**CONDITIONS**

**1. ADHERENCE**

All existing female customers who are enrolled to this Takaful scheme are automatically covered.

**2. CONTRACT**

This Policy, including the attached terms and conditions and any endorsements, if any, shall constitute the entire Contract between the parties. All statements made in the absence of fraud, be deemed representations and not warranties. No such statement shall void this Policy or be used in defence of a claim hereunder.

No agent but only a duly authorised officer of the Company has the power on behalf of the Company to extend the time for the payment of Takaful Contribution or in any way to modify this Contract.

All benefits under this Policy are payable at the Head office of the Company situated at Dubai, United Arab Emirates.

**3. ELIGIBILITY**

The Covered Person is eligible for the benefits under the Policy if she meets the following criteria:

- Eligibility conditions as stipulated by the Covered Bank.
- Covered Person shall be within the age criteria mentioned herein.

**4. AGE LIMITS**

- Minimum age at entry – 18 completed years
- Maximum issue age – 64 completed years
- Maximum coverage age – 65 completed years

**5. FRAUDULENT CLAIMS**

If the claim is in any respect fraudulent or if any fraudulent means or devices are used by the Covered Person or his representatives or by anyone acting on his or their behalf to obtain any benefit under this Policy, all benefits hereunder shall be forfeited.

**6. CANCELLATION**

It is hereby noted and agreed that either party may cancel this Policy by giving 3 months written notice to that effect. In the event of cancellation of the Policy by the Policyholder or Company the Takaful Contribution adjustment shall be made on the basis of the monthly adjustments up to the month of cancellation for the policy period.

**7. ARBITRATION**

If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to an arbitrator to be appointed by the parties in accordance with the relevant statutory provisions in force at the time. Where any difference is by this condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Company.

**8. JURISDICTION**

This Agreement is governed by UAE Law & all claims and/or disputes shall be subject to the Jurisdiction of the competent courts of United Arab Emirates.

**9. COMPLIANCE WITH POLICY PROVISIONS**

Failure to comply with any of the provisions contained in the Policy shall invalidate all claims hereunder. If in any event, incorrect information is provided by the Covered Person, the claim under the Policy will be void.

**10. OBSERVANCE OF CONDITIONS**

The due observance and fulfillment of the terms conditions and endorsements of this Policy by the Bank in so far as they relate to anything to be done or complied with by them shall be conditions precedent to any liability of the Company to make payment under this Policy.

**11. DECLARATION**

Declaration containing the following information would be provided by the Bank within 10 working days from end of each month.

1. Account Number
2. Account Opening Date
3. Customer Reference Number (unique number)
4. Covered Person Name
5. Date of birth
6. Nationality

**12. TAKAFUL CONTRIBUTION**

Based on the declaration, the agreed Takaful Contribution rate will be applied based on the number of Covered Person. The Takaful Contribution is paid by the Covered Bank on a monthly basis on or before they become due.

**13. MEDICAL EXAMINATION**

The Company, at its own expense, shall have the right and opportunity to examine the Covered Person when and as often as the Company may reasonably require during the pendency of a claim hereunder.

**14. TERMINATION OF COVER**

The benefits under this Policy in respect of the Covered Person shall terminate upon the happening of any one or more of the following:

1. Cancellation of this Policy by the Bank at any time in accordance with the terms and conditions of this Policy;
2. The Covered Person attains maximum Coverage Age specified herein;
3. the date the Covered Person is no longer eligible within the definition of Covered Person(s);
4. Closure of Bank Account by the Covered Person.
5. the date the benefits are paid to the extent of the principal sum in respect of any Covered Person;
6. The Covered Person is no longer resident in UAE;
7. The Policy end date if subsequently not renewed by the Bank;

Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

**15. TERRITORIAL LIMITS**

24 hours Worldwide

**16. AGE CORRECTION**

If only the year of birth of a Covered Person is provided to the Company then the date of birth for this Policy shall be December 31<sup>st</sup> of such Covered Person's year of birth unless it is mentioned & confirmed by passport or national ID.

**17. CUMULATIVE BENEFITS**

The maximum cumulative amount of benefits payable under this Policy for any one Covered Person shall not exceed the amount stated in the Takaful Benefit. In case the Covered Person has been covered for more than one time under this Policy issued by the Company then the Takaful Contribution collected under other Policies will be refunded to the Bank and the claim will be paid only once, subject otherwise to the terms and conditions. However the claim under this Policy will not be affected by any other Policy taken in the name of the Covered Person from other insurance provider.

**18. CHANGE IN TAKAFUL CONTRIBUTION RATES AT POLICY ANNIVERSARY DATE**

The Company may, at any time, change the Contribution rates at each anniversary of the Policy (monthly in case of monthly payment Takaful Contribution policies, and annual in case of annual Takaful Contribution payment policies), by advance written notice delivered to the Policy Holder or mailed to his last address as shown on the records of the Company, no later than thirty (30) days prior to such anniversary of the Policy.

**19. CONFORMITY WITH STATUTES**

Any provision of the Policy which, on the Policy Commencement Date, is in conflict with statutes of the jurisdiction in which the Policy is issued, is hereby amended to conform to the minimum requirements of such statutes.

**20. RESIDENCY STATUS**

The customer should have valid UAE residence visa to avail the benefits under the Policy.

## 21. CLAIMS PROCEDURE

Upon happening of an event giving rise to a claim under this Policy, the Covered Person /Covered Person's Legal Representatives or Bank shall follow the following procedure:

1. Give immediate notice but not later than 30 days from the date of diagnosis of Female Cancer.
2. Claim documents shall be submitted as soon as possible but not later than 90 days from the date of diagnosis of Female cancer.
3. Documents to support the claim in respect of the benefit, required by the Company, include but are not limited to the following:
  - Medical report from an authorised medical practitioner diagnosing female cancer
  - Police Report (where legally required)
  - Copy of Passport (with residence visa page for expatriates) or National Identity Certificate (Nationals only)
  - Any other documents as may be required to substantiate the claim.
4. The Covered Person or the Covered Person's legal personal representative shall complete the standard claim form issued by the Company and produce at no cost to the Company with such evidence to substantiate the claim to the satisfaction of the Company as the Company may reasonably require.
5. All documents as indicated above may be required to be produced in original (other than those surrendered to the authorities) for verification before the final settlement of claim.
6. The Company, at its own expense, shall have the right and opportunity to examine the Covered Person when and as often as the Company may reasonably require during the pendency of a claim hereunder.
7. TIME LIMITATION  
If a claim be made and rejected and an action or suit is not commenced within six months after such rejection or (in case of an arbitration taking place as per provisions of this Policy) within six months after the Arbitrator shall have made his award all benefit under this Policy shall be forfeited in respect of the particular account holder.

## EXCLUSIONS

No benefits under this Policy shall be payable where the event-giving rise to a claim under this Policy occurs as a result of:

- a. Pre-existing conditions excluded during the first 12 months and exclusion of all cases where cancer has been diagnosed before the enrollment date
- b. Aids exclusion
  - i. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) as defined by the World Health Organization from time to time; or
  - ii. The presence of the Human Immunodeficiency Virus (HIV) as revealed by the positive HIV anti-body or HIV test.