

**PERSONAL ACCIDENT INSURANCE**

**CERTIFICATE OF INSURANCE**

<b>Policy no.</b>	P/01/5004/2023/9/02	
<b>Address:</b>	Dubai UAE	
<b>Insured:</b>	Individual Participants / divers (Tandem and Sole / Fun Jumpers) that opt to avail the personal accident benefit offered by means of this scheme	
<b>Insured's Address:</b>	UAE	
<b>Period of Insurance:</b>	From: 19 <sup>th</sup> December 2025 at 00:00 hours Local Standard Time, at the location(s) of the Insured(s). To: 18 <sup>th</sup> December 2026 at 24:00 hours Local Standard Time, at the location(s) of the Insured(s).	
<b>Sum Insured (100%):</b>	AED 500,000 Any One Person	
<b>Cover Details</b>	<b>Benefits:</b>	<b>Accidental bodily injury by violent, external, and visible means resulting in:</b>
	Accidental Death	100% of the Sum Insured
	Total and irrecoverable loss of sight of both eyes	100% of the Sum Insured
	Total and irrecoverable loss of sight of one eye	50% of the Sum Insured
	Loss of two limbs	100% of the Sum Insured
	Loss of one Limb	50% of the Sum Insured
	Total and irrecoverable loss of sight of one eye and loss of one limb	100% of the Sum Insured
	Permanent Total Disablement (other than total and irrecoverable loss of sight of one or both eyes or loss of limb(s))	100% of the Sum Insured
	Permanent Partial Disablement	As per continental Scale of Benefits
	Medical expenses due to accident	Limit of AED 100,000 – AED 400 excess, each and every claim
	Repatriation expenses due to accident	Limit of AED 100,000 – AED 400 excess, each and every claim
<b>Situation / Jurisdiction</b>	UAE	

## CLAIMS CONTACT INFORMATION SECTION

<b>Claims to be notified and submitted to:</b>	<b>Working Hours: 08:00 am to 04:00 pm</b> <ul style="list-style-type: none"> <li>Name: Rubeena Taj (Her/She)</li> <li>Email ID: <a href="mailto:rubeena.taj@alfuttaim.com">rubeena.taj@alfuttaim.com</a></li> <li>Tel No: +971 4 2531599</li> <li>Name: Elizene D'Costa (Her/She)</li> <li>Email ID: <a href="mailto:Elizene.DCosta@alfuttaim.com">Elizene.DCosta@alfuttaim.com</a></li> <li>Tel: +971 4 2531593</li> </ul>
<b>IN THE EVENT OF A SERIOUS MEDICAL EMERGENCY PLEASE CONTACT THE EMERGENCY ASSISTANCE COMPANY</b>	<b>CRISIS24</b> <ul style="list-style-type: none"> <li>Telephone (24/7): 44 (0) 207 902 7405 / +44</li> <li>Email: opsassist@crisis24.com</li> <li>Website: <a href="https://crisis24.garda.com">https://crisis24.garda.com</a></li> <li>Please inform the assistance company your name, policy number and the date of jump.</li> <li>No claim for repatriation expenses shall be paid where the assistance company has not been involved</li> </ul>

   
ORIENT INSURANCE PJSC  
P.O. Box 27966, Dubai - U.A.E.  
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SIGNED AND/ON BEHALF OF ORIENT INSURANCE PJSC ON 16/12/2025