

# Annexure

## Exclusion terms

Customer is not entitled to avail the benefit, under following scenarios:

Remittance Assurance	Parental Health Cover	Dental Insurance
<ul style="list-style-type: none"><li>• Suicide, attempted suicide, self-destruction or self-inflicted injury, while sane or insane, or any attempt thereat</li><li>• HIV</li><li>• Any deliberate (proven) self-inflicted injury, murder, assault, assassination, injury sustained through rearm injury participation in any criminal act or violation of law</li></ul>	<ul style="list-style-type: none"><li>• Pre-existing medical conditions</li><li>• Cancer</li><li>• Cardiovascular Diseases</li><li>• Renal Diseases/ Dialysis</li><li>• Chronic Liver Disease/ Hepatitis</li><li>• Asthma/ Chronic Obstructive Pulmonary Disease</li><li>• Stroke/ Neurological Diseases</li><li>• Optical/ Dental/ Cosmetic/ Homeopathic Treatments</li><li>• HIV/AIDS</li><li>• Psychotic/ Mental/ Nervous Disorders</li><li>• Arthritis</li><li>• Combination of Diabetes and Hypertension</li><li>• Self-inflicted injury, attempted suicide, abuse of alcohol or drug addiction</li></ul>	<ul style="list-style-type: none"><li>• Pre-existing conditions are not covered</li><li>• Any accidental injury or dental benefits other than covered dental benefits.</li><li>• Dental implants and cosmetic procedures</li><li>• Any Covered Dental benefit that is not diagnosed by a Medical Practitioner who is duly registered by the Pakistan Medical and Dental Council</li><li>• Any Covered Dental expense that the Takaful Membership Holder has been diagnosed with within the Waiting Period.</li></ul>

## Claim Process

To process the claims, beneficiary is required to immediately notify TPL Life within 48 hours on the contact details given below:

TPL Life Insurance Limited

19-B SMCHS, Karachi 74900, Pakistan

UAN #: 021 – 111 – 000 – 330

Email: [info@tpllife.com](mailto:info@tpllife.com) or [claims@tpllife.com](mailto:claims@tpllife.com)

## For Remittance Assurance reimbursement

Beneficiary needs to make a claim under this feature on the demise of remitter due to Natural &/or Accidental which falls under the scope of offered financial assistance.

### Documents:

- Claim form duly filled and signed by the Beneficiary/ Nominee
- Death certificate by hospital and NADRA
- FIR (Police report) for all Accidental death claim cases
- Any other documents as required by the company

## For Parental Health & Dental Insurance reimbursement

For reimbursement of utilized medical facility, beneficiary need to submit following documents at provided contact details

### Documents:

- Claim form
- Discharge summary
- Medical bills for In-patient and Dental Treatments