

# VOUCHER 18257781

## TRAVEL ASSISTANCE

Senha de veracidade PCDAVDCXAAD

### HOW TO ACTIVATE ASSISTANCE SERVICES

**E-mail:** assistencia@vitalcard.com.br

**Whatsapp:** +54 9 11 3137 2382

**No Brasil ou no Exterior, ligue a cobrar para** +1 786 233 7254

**Ou escolha o toll free conforme a pais onde você estiver:**

**Brasil:** 0800 5915071      **Argentina:** +54 (11) 39899547

**EUA:** +1 (888) 2152641

**Espanha:** +34 (91) 0605956

**Reino Unido:** +44 (20) 37691990



Read the QR Code on the side to record Vital Card emergency contacts on your mobile phone. Before any service, call our Service Center for better guidance.

**IMPORTANT:** Some medical centers and hospitals in the United States and other countries may eventually send multiple billing invoices to the patient, even though they are under the responsibility of the Vital Card. If you have called the Call Center at the time of the emergency and you have still been charged, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take appropriate action.

You can request the cancellation of travel insurance **only before the effective date**, by requesting it by e-mail (suporte@vitalcard.com.br), by telephone (0800 600-5058) or directly at website (vitalcard.com.br).

### TOTAL VALUE OF ASSISTANCE SERVICES

**Total value in US\$** 14,87  
**Change** 5,26  
**Total value in R\$** 78,24

### ASSISTANCE SERVICES

19. Assistance in hiring a lawyer	04. Luggage location assistance	07. Access to the worldwide accredited network
20. Assistance in the payment of judicial bail	05. Aid in the document loss	08. Insurance Police in English - Spanish - French- Italian- German
03. support in fund transfer	06. Emergency aid 24 h	09. Free app for travel insurance use

### CONTRACTED INSURANCE COVERAGE

#### ACCESS TO GENERAL CONDITIONS: [www.vitalcard.com.br/condicoes-gerais](http://www.vitalcard.com.br/condicoes-gerais)

01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event	até US\$ 30.000
02. Cancellation of Trip	até US\$ 1.500
03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event	Incluído**
04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até US\$ 15.000**
05. Pharmaceutical Expenses for Accident or Disease	até US\$ 1.000
06. Dental Expenses	até US\$ 2.000
07. Extension of Stay	até US\$ 3.000*
08. Medical Transfer	até US\$ 5.000
09. Medical Repatriation	até US\$ 50.000
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000
11. Accidental Death on Travel (MA)	total de R\$ 50.000
12. Repatriation os Remains	até US\$ 25.000
13. Baggage Loss (supplementary to airline)	até US\$ 1.000 (US\$ 25/Kg)
14 Baggage Delay	até US\$ 300
15 Flight Delay	até US\$ 300
16. Sending of companion	até US\$ 3.000
17. Submission of substitute executive	até US\$ 3.000
18. Interruption of Travel by Death - Accident or illness	até US\$ 750
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US\$ 7.000
21 - Damaged Luggage	US\$ 50.00

(\*\*) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN)

This plan does not have Extended Stay due to COVID19 and Return due to COVID19 coverage

A cobertura DMH valerá para paradas de cruzeiros em solo brasileiro

o destino Mundial se aplica.

**Serviços Prestados por:** WMC - World Medical Care

Para dúvidas, sugestões ou reclamações: 0800 600-5058 ou +55 41 2109-6777

Diretor Operacional: +55 41 98808-4646 — rafael@vitalcard.com.br | Diretor Comercial: +55 41 98818-7105 — [luciano@vitalcard.com.br](mailto:luciano@vitalcard.com.br)

**DONG NAM**

### DATA FROM THE INSURED

<b>Name:</b>	Ghiovanna Cristina Viana Chaves		
<b>Date of birth:</b>	11/11/1999	<b>Genre:</b> F	<b>Social Security ID:</b> 48889402822
<b>Adress:</b>	Avenida Henriqueta Mendes Guerra	<b>Number:</b>	1330
<b>Compl.:</b>	apto 201 torre 13	<b>Neighborhood:</b>	Barueri
<b>City:</b>	Barueri	<b>UF:</b> SP	<b>Zip Code:</b> 06401160
<b>Phone:</b>	(11)94355-3540		
<b>E-mail:</b>	ghiovannachaves@outlook.com		

#### Travel Assistance Voucher - Nº 18257781

**Plan:** Max Plus Argentina US\$ 30.000  
**Date of Issue:** 03/02/2026

**Permanence:** 5 dia(s)

**Vigency:** 16/02/2026 à 20/02/2026

**Verification Password:** PCDAVDCXAAD

Use this password to check your ticket on the vitalcard.com.br website or to download it on the Vital Card application.

**O SEGURO VIAGEM DO CORAÇÃO**

# Ticket 18257781

## TRAVEL INSURANCE

Senha de veracidade PCDAVDCXAAD



SUSEP Process 15414.901206 / 2016-30 - (Branch 1369 - Travel)

Access to general conditions:

<https://www.vitalcard.com.br/condicoes-gerais>

**There is only automatic extension of validity** for all coverages if the client is hospitalized on the end date of his trip on the contracted ticket. It is not possible to hire travel insurance after starting the trip. For other coverages, the effective period will be according to the effective start and end date, as described in the ticket. You can request cancellation of travel insurance only before the start of the term, by request by e-mail (suporte@vitalcard.com.Br), by phone (0800 600-5058) or directly on the website (vitalcard.com.br).

### DATA FROM THE INSURED

Name:	Ghiovanna Cristina Viana Chaves		
Date of birth::	11/11/1999	Genre: F	Social Security ID: 48889402822
Adress:	Avenida Henrique Mendes Guerra Number: 1330		
Compl.:	apto 201 torre 13	Neighborhood:	Barueri
City:	Barueri	UF:	SP
Phone:	(11)94355-3540	Zip Code:	06401160
E-mail:	ghiovannachaves@outlook.com		

PREMIO			
Gross Prize in US\$:	5,57	Change:	5,26
Net Premium in R\$:	29,19	IOF:	0,11
Gross Premium in R\$:	29,30	Payment Method:	in cash
Frequency:	Only		

If the payment of the premium for any installment is not made by the due date indicated in the billing document, the insurance will be automatically and automatically canceled and the coverage cannot be rehabilitated

### INSURANCE TICKET - Nº 18257781

Plan: Max Plus Argentina US\$ 30.000

Date of Issue: 03/02/2026

Permanence: 5 dia(s)

Vigency: 16/02/2026 à 20/02/2026

Verification Password: PCDAVDCXAAD

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### CONTRACTED INSURANCE COVERAGE

ACCESS TO GENERAL CONDITIONS: [www.vitalcard.com.br/condicoes-gerais](https://www.vitalcard.com.br/condicoes-gerais)

	Insured Sum	Premium By Coverage
01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event	até US\$ 30.000	7,56
02. Cancellation of Trip	até US\$ 1.500	0,55
03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event	Incluído**	0,00
04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até US\$ 15.000**	0,00
05. Pharmaceutical Expenses for Accident or Disease	até US\$ 1.000	0,18
06. Dental Expenses	até US\$ 2.000	0,55
07. Extension of Stay	até US\$ 3.000*	0,74
08. Medical Transfer	até US\$ 5.000	0,74
09. Medical Repatriation	até US\$ 50.000	8,11
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000	0,18
11. Accidental Death on Travel (MA)	total de R\$ 50.000	0,18
12. Repatriation os Remains	até US\$ 25.000	0,18
13. Baggage Loss (supplementary to airline)	até US\$ 1.000 (US\$ 25/Kg)	0,18
14 Baggage Delay	até US\$ 300	0,18
15 Flight Delay	até US\$ 300	0,18
16. Sending of companion	até US\$ 3.000	0,18
17. Submission of substitute executive	até US\$ 3.000	0,18
18. Interruption of Travel by Death - Accident or illness	até US\$ 750	1,11
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**	8,11
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US\$ 7.000	0,18
21 - Damaged Luggage	US\$ 50.00	0,00

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This plan does not have Extended Stay due to COVID19 and Return due to COVID19 coverage 0,00

A cobertura DMH valerá para paradas de cruzeiros em solo brasileiro 0,00

o destino Mundial se aplica. 0,00

### LACK OF INSURANCE

**Before the trip** : no need. If it is identified that the insurance issue occurred while traveling, it will be canceled, automatically losing its validity.

**Flight delay** : 4 hours.

**Baggage delay** : 6 hours.

### DEDUCTIBLE

If the insured does not indicate the beneficiary, the indemnity for the Death coverage will be paid to the legal heirs in accordance with the Civil Code. The indication and change of beneficiaries may be made at any time by the insured, by filling in the beneficiary designation form available with the representative. For the other coverage of this insurance, see the one described in the Insured's Manual.

### BENEFICIARIES

Check the risks excluded from coverage in the "General Conditions", attached to this Insurance ticket.

### EXCLUDED RISKS

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**O SEGURO VIAGEM DO CORAÇÃO**



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## TRAVEL INSURANCE

Senha de veracidade PCDAVDCXAAD

### POLICY CANCELLATION

Within 7 days of purchase of your policy or effective premium payment, what happens later, and as long as its validity has not started, the insured person can:  
- Perform the right of cancellation by the same way of purchase, without disadvantage of the other ways available.  
- The premiums that has been paid until the 7 days of purchase date will be returned to insured person, immediately, on the same way that it has been paid. he insured person can give up from the policy purchase and the sums paid will be returned, respecting the following rules:  
- Cancellation before trip starts: The insured person will have premiums paid fully back, except the value of the Cancellation Trip Coverage.  
- Cancellation after trip starts: The insured person will have no right of any value paid.  
This plan does not cover: Mianmar, Iran, North Korea, Sudan, Syria, Kriméa and other regions under war

### WHAT TO DO IN CASE OF DISCRIMINATION

**Before any assistance, call our Service Center for better guidance.**

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Telefones: **Estando no Brasil ou no Exterior, ligue a cobrar para: +1 (786) 233 7254**

### IMPORTANTE

Some medical centers and hospitals in the United States and other countries may eventually send multiple billing invoices to the patient, even though they are under the responsibility of the Vital Card. If you have called the Call Center at the time of the emergency and still received a charge, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take the necessary measures

Travel Insurance marketed by SCHULTZ INGÁ TURISMO LTDA - CNPJ: 04.628.135 / 0001-57, and guaranteed by American Life Insurance Company - CNPJ: 67.865.360 / 0001-27, through SUSEP Process 15414.901206 / 2016-30 - Brokerage Insurance: STZ Corretora de Seguros Ltda - CNPJ: 12.353.171 / 0001-83 - SUSEP Registry: 10.0688185.

The contractual conditions of the Insurance Plan to which this ticket is linked, are registered with SUSEP, according to the SUSEP Process number and can be consulted at [www.susep.gov.br](http://www.susep.gov.br) or [www.vitalcard.com.br/condicoes-gerais](http://www.vitalcard.com.br/condicoes-gerais). The registration of this plan with SUSEP does not imply, on the part of the Autarchy, an incentive or recommendation for its sale. Public Attendance Service SUSEP: 0800 021-8484. The insured can consult the registration status of his insurance broker, on the website [www.susep.gov.br](http://www.susep.gov.br), through the number of his registration with SUSEP, full name, CNPJ or CPF.

All of the information we provide on travel insurance in this document is only a brief summary. This document does not include all the terms, conditions, limitations, exclusions and conditions for terminating the travel insurance plans described. Coverage may not be available to residents of all countries, states or provinces. Please read the General Conditions carefully for a complete description of the coverage.

**Warning: Travel insurance is not health insurance! Read the Contract Conditions carefully, observing your rights and obligations, as well as the limit of the Insured Capital contracted for each coverage**

### INSURANCE PREMIUM COLLECTION AUTHORIZATION TERM

I, Giovanna Cristina Viana Chaves, registered at social security number 48889402822, insured person by Vital Card , underwritten by policy number: 18257781 , authorize to charge the insurance premium with other services and products bought by me.

\_\_\_\_\_  
Signature of the insured

### Notes:

- The insured power & aacute; withdraw from the insurance contracted within 7 (seven) calendar days from the signature of the proposal, in the case of individual contracting, or from the issuance of the ticket, in the case of contracting; per ticket, or the actual payment of the premium, whichever is the last.
- In the case of payment of a split premium, the payment of the first installment is considered to be the actual payment.

**THE SAFE JOURNEY OF THE HEART**

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**Total value in US\$** 14,87  
**Change** 5,26  
**Total value in R\$** 78,24

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04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até US\$ 15.000**
05. Pharmaceutical Expenses for Accident or Disease	até US\$ 1.000
06. Dental Expenses	até US\$ 2.000
07. Extension of Stay	até US\$ 3.000*
08. Medical Transfer	até US\$ 5.000
09. Medical Repatriation	até US\$ 50.000
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000
11. Accidental Death on Travel (MA)	total de R\$ 50.000
12. Repatriation os Remains	até US\$ 25.000
13. Baggage Loss (supplementary to airline)	até US\$ 1.000 (US\$ 25/Kg)
14 Baggage Delay	até US\$ 300
15 Flight Delay	até US\$ 300
16. Sending of companion	até US\$ 3.000
17. Submission of substitute executive	até US\$ 3.000
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**
18. Interruption of Travel by Death - Accident or illness	até US\$ 750
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US\$ 7.000
21 - Damaged Luggage	US\$ 50.00

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o destino Mundial se aplica.

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**DONG NAM**

### DATA FROM THE INSURED

<b>Name:</b>	NATALY CAROLINY VIEIRA RIBEIRO		
<b>Date of birth::</b>	26/11/1990	<b>Genre:</b> F	<b>Social Security ID:</b> 37141721819
<b>Adress:</b>	Rua Lincoln Albuquerque		
<b>Compl.:</b>	APTO 221	<b>Neighborhood:</b>	PERDIZES
<b>City:</b>	São Paulo	<b>UF:</b> SP	<b>Zip Code:</b> 05004010
<b>Phone:</b>	(11)95559-7959		
<b>E-mail:</b>	ribeirovcarol@gmail.com		

#### Travel Assistance Voucher - Nº 18257782

**Plan:** Max Plus Argentina US\$ 30.000

**Date of Issue:** 03/02/2026

**Permanence:** 5 dia(s)

**Vigency:** 16/02/2026 à 20/02/2026

**Verification Password:** PCDAVDCXAAD

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**O SEGURO VIAGEM DO CORAÇÃO**

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Senha de veracidade PCDAVDCXAAD



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### DATA FROM THE INSURED

Name:	NATALY CAROLINY VIEIRA RIBEIRO		
Date of birth::	26/11/1990	Genre: F	Social Security ID: 37141721819
Address:	Rua Lincoln Albuquerque Number: 299		
Compl.:	APTO 221	Neighborhood:	PERDIZES
City:	São Paulo	UF:	SP
Phone:	(11)95559-7959	Zip Code:	05004010
E-mail:	ribeirovcarol@gmail.com		

PREMIO			
Gross Prize in US\$:	5,57	Change:	5,26
Net Premium in R\$:	29,19	IOF:	0,11
Gross Premium in R\$:	29,30	Payment Method:	in cash
Frequency:	Only		

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### DEDUCTIBLE

If the insured does not indicate the beneficiary, the indemnity for the Death coverage will be paid to the legal heirs in accordance with the Civil Code. The indication and change of beneficiaries may be made at any time by the insured, by filling in the beneficiary designation form available with the representative. For the other coverage of this insurance, see the one described in the Insured's Manual.

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Travel Insurance marketed by SCHULTZ INGÁ TURISMO LTDA - CNPJ: 04.628.135 / 0001-57, and guaranteed by American Life Insurance Company - CNPJ: 67.865.360 / 0001-27, through SUSEP Process 15414.901206 / 2016-30 - Brokerage Insurance: STZ Corretora de Seguros Ltda - CNPJ: 12.353.171 / 0001-83 - SUSEP Registry: 10.0688185.

The contractual conditions of the Insurance Plan to which this ticket is linked, are registered with SUSEP, according to the SUSEP Process number and can be consulted at [www.susep.gov.br](http://www.susep.gov.br) or [www.vitalcard.com.br](http://www.vitalcard.com.br)/condicoes-gerais. The registration of this plan with SUSEP does not imply, on the part of the Autarchy, an incentive or recommendation for its sale. Public Attendance Service SUSEP: 0800 021-8484. The insured can consult the registration status of his insurance broker, on the website [www.susep.gov.br](http://www.susep.gov.br), through the number of his registration with SUSEP, full name, CNPJ or CPF.

All of the information we provide on travel insurance in this document is only a brief summary. This document does not include all the terms, conditions, limitations, exclusions and conditions for terminating the travel insurance plans described. Coverage may not be available to residents of all countries, states or provinces. Please read the General Conditions carefully for a complete description of the coverage.

**Warning: Travel insurance is not health insurance! Read the Contract Conditions carefully, observing your rights and obligations, as well as the limit of the Insured Capital contracted for each coverage**

### INSURANCE PREMIUM COLLECTION AUTHORIZATION TERM

I, NATALY CAROLINY VIEIRA RIBEIRO, registered at social security number 37141721819, insured person by Vital Card , underwritten by policy number: 18257782 , authorize to charge the insurance premium with other services and products bought by me.

\_\_\_\_\_  
Signature of the insured

### Notes:

- The insured power & aacute; withdraw from the insurance contracted within 7 (seven) calendar days from the signature of the proposal, in the case of individual contracting, or from the issuance of the ticket, in the case of contracting; per ticket, or the actual payment of the premium, whichever is the last.
- In the case of payment of a split premium, the payment of the first installment is considered to be the actual payment.

**THE SAFE JOURNEY OF THE HEART**

# VOUCHER 18257783

## TRAVEL ASSISTANCE

Senha de veracidade PCDAVDCXAAD

### HOW TO ACTIVATE ASSISTANCE SERVICES

**E-mail:** assistencia@vitalcard.com.br

**Whatsapp:** +54 9 11 3137 2382

**No Brasil ou no Exterior, ligue a cobrar para** +1 786 233 7254

**Ou escolha o toll free conforme a pais onde você estiver:**

**Brasil:** 0800 5915071

**Argentina:** +54 (11) 39899547

**EUA:** +1 (888) 2152641

**Espanha:** +34 (91) 0605956

**Reino Unido:** +44 (20) 37691990



Read the QR Code on the side to record Vital Card emergency contacts on your mobile phone. Before any service, call our Service Center for better guidance.

**IMPORTANT:** Some medical centers and hospitals in the United States and other countries may eventually send multiple billing invoices to the patient, even though they are under the responsibility of the Vital Card. If you have called the Call Center at the time of the emergency and you have still been charged, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take appropriate action.

You can request the cancellation of travel insurance **only before the effective date**, by requesting it by e-mail (suporte@vitalcard.com.br), by telephone (0800 600-5058) or directly at website (vitalcard.com.br).

### TOTAL VALUE OF ASSISTANCE SERVICES

<b>Total value in US\$</b>	14,87
<b>Change</b>	5,26
<b>Total value in R\$</b>	78,24

### ASSISTANCE SERVICES

19. Assistance in hiring a lawyer	04. Luggage location assistance	07. Access to the worldwide accredited network
20. Assistance in the payment of judicial bail	05. Aid in the document loss	08. Insurance Police in English - Spanish - French- Italian- German
03. support in fund transfer	06. Emergency aid 24 h	09. Free app for travel insurance use

### CONTRACTED INSURANCE COVERAGE

#### ACCESS TO GENERAL CONDITIONS: [www.vitalcard.com.br/condicoes-gerais](http://www.vitalcard.com.br/condicoes-gerais)

01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event	até US\$ 30.000
02. Cancellation of Trip	até US\$ 1.500
03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event	Incluído**
04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até US\$ 15.000**
05. Pharmaceutical Expenses for Accident or Disease	até US\$ 1.000
06. Dental Expenses	até US\$ 2.000
07. Extension of Stay	até US\$ 3.000*
08. Medical Transfer	até US\$ 5.000
09. Medical Repatriation	até US\$ 50.000
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000
11. Accidental Death on Travel (MA)	total de R\$ 50.000
12. Repatriation os Remains	até US\$ 25.000
13. Baggage Loss (supplementary to airline)	até US\$ 1.000 (US\$ 25/Kg)
14 Baggage Delay	até US\$ 300
15 Flight Delay	até US\$ 300
16. Sending of companion	até US\$ 3.000
17. Submission of substitute executive	até US\$ 3.000
18. Interruption of Travel by Death - Accident or illness	até US\$ 750
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US\$ 7.000
21 - Damaged Luggage	US\$ 50.00

(\*\*) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN)

This plan does not have Extended Stay due to COVID19 and Return due to COVID19 coverage

A cobertura DMH valerá para paradas de cruzeiros em solo brasileiro

o destino Mundial se aplica.

**Serviços Prestados por:** WMC - World Medical Care

Para dúvidas, sugestões ou reclamações: 0800 600-5058 ou +55 41 2109-6777

Diretor Operacional: +55 41 98808-4646 — rafael@vitalcard.com.br | Diretor Comercial: +55 41 98818-7105 — [luciano@vitalcard.com.br](mailto:luciano@vitalcard.com.br)

**DONG NAM**

### DATA FROM THE INSURED

<b>Name:</b>	Pedro Gualberto da Silva Filho		
<b>Date of birth::</b>	11/02/1998	<b>Genre:</b> M	<b>Social Security ID:</b> 16958418751
<b>Adress:</b>	Rua Doutor Fausto Ferraz		<b>Number:</b> 227
<b>Compl.:</b>	apto 602	<b>Neighborhood:</b>	Bela Vista
<b>City:</b>	São Paulo	<b>UF:</b> SP	<b>Zip Code:</b> 01333030
<b>Phone:</b>	(11)97874-5300		
<b>E-mail:</b>	pedrogualberto@gmail.com		

#### Travel Assistance Voucher - Nº 18257783

**Plan:** Max Plus Argentina US\$ 30.000

**Date of Issue:** 03/02/2026

**Permanence:** 5 dia(s)

**Vigency:** 16/02/2026 à 20/02/2026

**Verification Password:** PCDAVDCXAAD

Use this password to check your ticket on the [vitalcard.com.br](http://vitalcard.com.br) website or to download it on the Vital Card application.

**O SEGURO VIAGEM DO CORAÇÃO**

# Ticket 18257783

## TRAVEL INSURANCE

Senha de veracidade PCDAVDCXAAD



SUSEP Process 15414.901206 / 2016-30 - (Branch 1369 - Travel)

Access to general conditions:

<https://www.vitalcard.com.br/condicoes-gerais>

**There is only automatic extension of validity** for all coverages if the client is hospitalized on the end date of his trip on the contracted ticket. It is not possible to hire travel insurance after starting the trip. For other coverages, the effective period will be according to the effective start and end date, as described in the ticket. You can request cancellation of travel insurance only before the start of the term, by request by e-mail (suporte@vitalcard.com.Br), by phone (0800 600-5058) or directly on the website (vitalcard.com.br).

### DATA FROM THE INSURED

Name:	Pedro Gualberto da Silva Filho		
Date of birth::	11/02/1998	Genre: M	Social Security ID: 16958418751
Adress:	Rua Doutor Fausto Ferraz	Number:	227
Compl.:	apto 602	Neighborhood:	Bela Vista
City:	São Paulo	UF:	SP
Phone:	(11)97874-5300	Zip Code:	01333030
E-mail:	pedrogualberto@gmail.com		

PREMIO			
<b>Gross Prize in US\$:</b>	5,57	<b>Change:</b>	5,26
<b>Net Premium in R\$:</b>	29,19	<b>IOF:</b>	0,11
<b>Gross Premium in R\$:</b>	29,30	<b>Payment Method:</b>	in cash
<b>Frequency:</b>	Only		

If the payment of the premium for any installment is not made by the due date indicated in the billing document, the insurance will be automatically and automatically canceled and the coverage cannot be rehabilitated

### INSURANCE TICKET - Nº 18257783

Plan: Max Plus Argentina US\$ 30.000

Date of Issue: 03/02/2026

Permanence: 5 dia(s)

Vigency: 16/02/2026 à 20/02/2026

Verification Password: PCDAVDCXAAD

Use this password to check your ticket on the vitalcard.com.br website or to download it on the Vital Card application.

### CONTRACTED INSURANCE COVERAGE

ACCESS TO GENERAL CONDITIONS: [www.vitalcard.com.br/condicoes-gerais](https://www.vitalcard.com.br/condicoes-gerais)

	Insured Sum	Premium By Coverage
01. Medical and Hospital Expenses Traveling Abroad (DMH-VE) By Event	até US\$ 30.000	7,56
02. Cancellation of Trip	até US\$ 1.500	0,55
03. Medical Expenses; Hospitals on Travel Abroad - Extension of Coverage for Pregnant Women (DMH-G-VE) By Event	Incluído**	0,00
04. Medical Expenses; Hospitals and Overseas Travel - Extension of Coverage for Sports (DMHO-E-VE) By Event	até US\$ 15.000**	0,00
05. Pharmaceutical Expenses for Accident or Disease	até US\$ 1.000	0,18
06. Dental Expenses	até US\$ 2.000	0,55
07. Extension of Stay	até US\$ 3.000*	0,74
08. Medical Transfer	até US\$ 5.000	0,74
09. Medical Repatriation	até US\$ 50.000	8,11
10. Total Permanent Travel Accident Invalidity (IPA)	até R\$ 50.000	0,18
11. Accidental Death on Travel (MA)	total de R\$ 50.000	0,18
12. Repatriation os Remains	até US\$ 25.000	0,18
13. Baggage Loss (supplementary to airline)	até US\$ 1.000 (US\$ 25/Kg)	0,18
14 Baggage Delay	até US\$ 300	0,18
15 Flight Delay	até US\$ 300	0,18
16. Sending of companion	até US\$ 3.000	0,18
17. Submission of substitute executive	até US\$ 3.000	0,18
18. Interruption of Travel by Death - Accident or illness	até US\$ 750	1,11
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**	8,11
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US\$ 7.000	0,18
21 - Damaged Luggage	US\$ 50.00	0,00

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This plan does not have Extended Stay due to COVID19 and Return due to COVID19 coverage 0,00

A cobertura DMH valerá para paradas de cruzeiros em solo brasileiro 0,00

o destino Mundial se aplica. 0,00

### LACK OF INSURANCE

**Before the trip** : no need. If it is identified that the insurance issue occurred while traveling, it will be canceled, automatically losing its validity.

**Flight delay** : 4 hours.

**Baggage delay** : 6 hours.

### DEDUCTIBLE

If the insured does not indicate the beneficiary, the indemnity for the Death coverage will be paid to the legal heirs in accordance with the Civil Code. The indication and change of beneficiaries may be made at any time by the insured, by filling in the beneficiary designation form available with the representative. For the other coverage of this insurance, see the one described in the Insured's Manual.

### BENEFICIARIES

Check the risks excluded from coverage in the "General Conditions", attached to this Insurance ticket.

### EXCLUDED RISKS

**Serviços Prestados por:** WMC - World Medical Care

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**O SEGURO VIAGEM DO CORAÇÃO**



# Ticket18257783

## TRAVEL INSURANCE

Senha de veracidade PCDAVDCXAAD

### POLICY CANCELLATION

Within 7 days of purchase of your policy or effective premium payment, what happens later, and as long as its validity has not started, the insured person can:  
- Perform the right of cancellation by the same way of purchase, without disadvantage of the other ways available.  
- The premiums that has been paid until the 7 days of purchase date will be returned to insured person, immediately, on the same way that it has been paid. he insured person can give up from the policy purchase and the sums paid will be returned, respecting the following rules:  
- Cancellation before trip starts: The insured person will have premiums paid fully back, except the value of the Cancellation Trip Coverage.  
- Cancellation after trip starts: The insured person will have no right of any value paid.  
This plan does not cover: Mianmar, Iran, North Korea, Sudan, Syria, Kriméa and other regions under war

### WHAT TO DO IN CASE OF DISCRIMINATION

**Before any assistance, call our Service Center for better guidance.**

E-mail: [assistencia@vitalcard.com.br](mailto:assistencia@vitalcard.com.br) WhatsApp: +54 9 11 31372382

Telefones: **Estando no Brasil ou no Exterior, ligue a cobrar para: +1 (786) 233 7254**

### IMPORTANTE

Some medical centers and hospitals in the United States and other countries may eventually send multiple billing invoices to the patient, even though they are under the responsibility of the Vital Card. If you have called the Call Center at the time of the emergency and still received a charge, we ask that you forward a copy of the document received to cobranca@vitalcard.com.br, so that the Vital Card can take the necessary measures

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I, Pedro Gualberto da Silva Filho, registered at social security number 16958418751, insured person by Vital Card, underwritten by policy number: 18257783, authorize to charge the insurance premium with other services and products bought by me.

\_\_\_\_\_  
Signature of the insured

### Notes:

- The insured power & acute; withdraw from the insurance contracted within 7 (seven) calendar days from the signature of the proposal, in the case of individual contracting, or from the issuance of the ticket, in the case of contracting; per ticket, or the actual payment of the premium, whichever is the last.
- In the case of payment of a split premium, the payment of the first installment is considered to be the actual payment.

**THE SAFE JOURNEY OF THE HEART**