VOUCHER 18886831
TRAVEL ASSISTANCE

Senha de veracidade DMCMVDDDPDR

Monza Corretora

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.

DATA FROM THE INSURED

Name:	VINICIUS CABRAL LAMARCA		
Date of birth::	22/08/1997	**Genre:** M	**Social Security ID:** 08439093900
Adress:	Rua Professor Arthur Loyola		**Number:** 85
Compl.:	apto 64	**Neighborhood:**	Cabral
City:	Curitiba	**UF:** PR	**Zip Code:** 80035100
Phone:	(41)99238-0540		
E-mail:	vinicius.lamarca@uol.com.br		

Travel Assistance Voucher - Nº 18886831

Plan: América Latina US$ 30.000
Date of Issue: 03/11/2026
Permanence: 16 dia(s)
Vigency: 20/11/2026 à 05/12/2026
Verification Password: DMCMVDDDPDR

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

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$	47,98
Change	5,42
Total value in R$	260,05

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	Insured Sum
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. Trip Extension and Return Trip Guarantee (PE–VR)	até US$ 3.000*
08. Medical Transfer	até US$ 5.000
09. Medical Repatriation	até US$ 50.000
9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)	até R$ 10.000
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)	
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

O SEGURO VIAGEM DO CORAÇÃO

Ticket 18886831
TRAVEL INSURANCE

Senha de veracidade DMCMVDDDPDR

Monza Corretora

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).

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City:	Curitiba	**UF:** PR	**Zip Code:** 80035100
Phone:	(41)99238-0540		
E-mail:	vinicius.lamarca@uol.com.br		

PREMIO

Gross Prize in US$:	17,44	**Change:**	5,42
Net Premium in R$:	94,17	**IOF:**	0,36
Gross Premium in R$:	94,52	**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 18886831

Plan: América Latina US$ 30.000
Date of Issue: 03/11/2026
Permanence: 16 dia(s)
Vigency: 20/11/2026 à 05/12/2026
Verification Password: DMCMVDDDPDR
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CONTRACTED INSURANCE COVERAGE

ACCESS TO GENERAL CONDITIONS: 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	48,72
02. Cancellation of Trip	até US$ 1.500	1,73
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	0,86
06. Dental Expenses	até US$ 2.000	1,73
07. Trip Extension and Return Trip Guarantee (PE–VR)	até US$ 3.000*	2,59
08. Medical Transfer	até US$ 5.000	5,19
09. Medical Repatriation	até US$ 50.000	25,93
9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)	até R$ 10.000	0,00
10. Total Permanent Travel Accident Invalidity (IPA)	até R$ 50.000	0,86
11. Accidental Death on Travel (MA)	total de R$ 50.000	0,86
12. Repatriation os Remains	até US$ 25.000	0,86
13. Baggage Loss (supplementary to airline)	até US$ 1.000 (US$ 25/Kg)	0,86
14 Baggage Delay	até US$ 300	0,86
15 Flight Delay	até US$ 300	0,86
16. Sending of companion	até US$ 3.000	0,86
17. Submission of substitute executive	até US$ 3.000	0,86
18. Interruption of Travel by Death - Accident or illness	até US$ 750	0,86
19. Medical and Hospital Expenses Traveling Abroad due to Covid-19 (DMH-COVID-19)	Incluído**	0,00
20. Repatriation of Remains due to Covid 19 (TC-COVID 19)	até US$ 7.000	0,00
21 - Damaged Luggage	US$ 50.00	0,00
(**) Coberturas são dedutíveis de Despesas Médico-Hospitalares de (DMH-VE) e (DMH-VN)		
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.
DEDUCTIBLE	**Flight delay** : 4 hours. **Baggage delay** : 6 hours.
BENEFICIARIES	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.
EXCLUDED RISKS	Check the risks excluded from coverage in the “General Conditions”, attached to this Insurance ticket.

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O SEGURO VIAGEM DO CORAÇÃO

Ticket18886831
TRAVEL INSURANCE

Senha de veracidade DMCMVDDDPDR

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, Krimea and other regions under war

WHAT TO DO IN CASE OF DISCRIMINATION

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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 or 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, 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, VINICIUS CABRAL LAMARCA, registred at social security number 08439093900, insured person by Vital Card , underwritten by policy number: 18886831 , 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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Name:	Maria Júlia Franco Piasera		
Date of birth::	09/05/1998	**Genre:** F	**Social Security ID:** 11412854954
Adress:	Rua Professor Arthur Loyola		**Number:** 85
Compl.:	apto 64	**Neighborhood:**	Cabral
City:	Curitiba	**UF:** PR	**Zip Code:** 80035100
Phone:	(41)99238-0540		
E-mail:	juliafpiasera@gmail.com		

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Total value in US$	47,98
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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. Trip Extension and Return Trip Guarantee (PE–VR)	até US$ 3.000*
08. Medical Transfer	até US$ 5.000
09. Medical Repatriation	até US$ 50.000
9.1 Medical Repatriation for Motorcycle Accident (RS-Moto)	até R$ 10.000
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
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Gross Premium in R$:	94,52	**Payment Method:**	in cash
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EXCLUDED RISKS	Check the risks excluded from coverage in the “General Conditions”, attached to this Insurance ticket.

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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 or 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, through the number of his registration with SUSEP, full name, CNPJ or CPF.

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INSURANCE PREMIUM COLLECTION AUTHORIZATION TERM

I, Maria Júlia Franco Piasera, registred at social security number 11412854954, insured person by Vital Card , underwritten by policy number: 18886832 , 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.

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