

## Travel Insurance

This policy is for residents of the United Arab Emirates for travel outside of the United Arab Emirates.  
**This policy does not cover claims relating to pre-existing medical conditions.**

### Important Telephone Numbers

Customer Services:	UAE +971 4270 8705
24hr emergency medical assistance (for medical emergencies or curtailment requests):	UAE +971 4270 8702
Claims:	UAE +971 4270 8705

#### Note

Contact should always be made with the 24-hr emergency medical assistance line if **you** are hospitalised or where medical costs are likely to exceed **US\$ 250**. Failure to do so may mean that **you** will not receive the correct level of treatment or **your** claim may not be paid.

### Health declaration and health exclusions

#### Exclusions relating to your health

- You** will not be covered for any directly or indirectly related claims (see note on page 9) arising from the following if at the time of taking out this policy or booking **your journey** (whichever is later), **you**:
  - are being prescribed regular medication;
  - have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
  - are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  - are awaiting treatment or the results of any tests or investigations;If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.
- You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
- You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
- You** will not be covered if **you** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

#### Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your journey

**You** will not be covered for any directly or indirectly related claims (see note on page 9) arising from the health of a **travelling companion**, someone **you** were going to stay with, a **close relative** or a **business associate** if at the time your policy was issued: **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;  
**you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;  
**you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

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## Summary of Travel Extra & Travel Gold

The following is only a summary of the Travel Extra and Travel Gold cover limits. **You** should read the rest of this policy for the full terms and conditions.

Benefits	Limit (up to)	Excess	Limit (up to)	Excess
<b>Trip Cancellation / Curtailment</b>	\$5,000		\$2,500	
<i>Family Limit</i>	\$10,000	\$50	\$5,000	\$50
<b>Emergency Medical Expenses</b>	\$1,000,000		\$250,000	
- Emergency Medical Evacuation / Repatriation	Inc. Above		Inc. Above	
- Repatriation of Remains	\$10,000		\$5,000	
- Dental	\$1,000 Max (\$200 per tooth)	\$30	\$500 Max (\$100 per tooth)	\$30
- Hospital Cash	\$500 Max (\$50 per day)		\$250 Max (\$25 per day)	
- Emergency Family Travel / Visit of close relative	1x Economy Ticket		1x Economy Ticket	
<i>Family Limit</i>	\$2,000,000		\$500,000	
<b>Loss of travel documents</b>	\$500	\$30	\$300	\$30
<b>Delayed Personal Possessions</b>	\$ 1,000 (\$ 50 per 4 hours)	4 hours	\$500 (\$ 50 per 4 hours)	4 hours
<b>Personal Possessions</b>	\$5,000		\$2,500	
- Valuables (including Laptop)	\$1,000		\$500	
- Single item, pair or set limit	\$250	\$30	\$125	\$30
- Alcohol, fragrances and tobacco	\$50		\$50	
<i>Family Limit</i>	\$10,000		\$5,000	
<b>Personal Accident</b>				
- Death (including common carrier)	\$30,000		\$20,000	
- Loss of sight or limb	\$15,000	Nil	\$10,000	Nil
- Permanent total disablement	\$30,000		\$20,000	
<i>Family Limit</i>	\$60,000		\$40,000	
<b>Missed Departure</b>	\$500	\$30	\$250	\$30
<b>Delayed Departure</b>	\$ 1,000 (\$ 50 per 6 hours)	6 hours	\$500 (\$ 50 per 6 hours)	6 hours
<b>Personal Liability</b>	\$1,000,000		\$250,000	
<i>Family Limit</i>	\$2,000,000	Nil	\$500,000	Nil
<b>Mugging</b>	\$100	Nil	n/a	n/a
<b>Credit Card Fraud</b>	\$1,000	\$30	n/a	n/a
<b>Flight Overbooking</b>	\$250	Nil	\$100	Nil

### Note

#### Child Personal accident limits

Children aged 16 years and under are only covered for 50% of benefits above except Personal Accident benefits which is limited to 10%.

#### Inner limits

Some sections of cover also have extra sub limits, for example the **personal possessions** section has a limit on the amount **we** will pay for tobacco, alcohol, fragrances and perfumes.

#### Journey Limits (annual multi-trip cover only)

Annual multi-trip cover is for short trips of 90 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which last longer than 90 days per trip. This will include not insuring **you** for any part of a trip that is longer than 90 days in duration.

## Summary of Travel Schengen

The following is only a summary of the Travel Schengen cover limits. **You** should read the rest of this policy for the full terms and conditions.

Benefits	Limit (up to)	Excess
<b>Emergency Medical Expenses</b>	\$50,000	\$30
- Emergency Medical Evacuation / Repatriation	Inc. Above	
- Repatriation of Remains	\$2,500	
- Dental	\$200 Max (\$50 per tooth)	
- Hospital Cash	\$100 Max (\$10 per day)	
- Emergency Family Travel / Visit of close relative	1x Economy Ticket	
<b>Loss of travel documents</b>	\$300	\$30
<b>Personal Accident</b>		
- Death (including common carrier)	\$5,000	Nil

### Note

#### Child Personal accident limits

Children aged 16 years and under are only covered for 50% of benefits above except Personal Accident benefits which is limited to 10%.

#### Inner limits

Some sections of cover also have extra sub limits, for example the **personal possessions** section has a limit on the amount **we** will pay for tobacco, alcohol, fragrances and perfumes.

#### Journey Limits (annual multi-trip cover only)

Annual multi-trip cover is for short trips of 90 days or less per trip only. There is absolutely no covered offered by this policy whatsoever for trips which last longer than 90 days per trip. This will include not insuring **you** for any part of a trip that is longer than 90 days in duration.

## Summary of Optional Extensions

The following is only a summary of the 'Optional Extensions'. **You** should read the rest of this policy for the full terms and conditions.

Winter Sports Cover (optional)		
Benefit	Limit (up to)	Excess
Ski Pack	\$500	Nil
Delayed Ski Equipment	\$300	Nil
Ski Equipment	\$300	\$50
Piste Closure	\$300	Nil
Avalanche Closure	\$150	Nil

Terrorism Cover (optional)		
Benefit	Limit (up to)	Excess
Terrorism Extension	\$100,000	Excess applicable to benefit claimed for

## Important information

Thank **you** for taking out travel insurance with Alliance Insurance Company P.S.C.

**Your certificate of insurance** shows the sections of the policy cover available, the people who are covered and any special terms or conditions that may apply.

**Your** policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover you need. If there is anything you do not understand you should call us on telephone **UAE +971 4270 8705** or write to Allianz Travel – NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor , Umm Al Sheif, Sheikh Zayed Road PO80864 Dubai UAE or email: [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com)

### The insurer

**Your** travel insurance is underwritten by Alliance Insurance Company P.S.C.

### How your policy works

**Your** policy and **certificate of insurance** is an agreement between **you**, Alliance and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured** or family in case of a family plan. **Your** policy does not cover all possible events and expenses.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

### Telling us about relevant facts

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, for example:

the health of a **close relative** who is not travelling with **you**, but whose health may affect **your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or

### **your redundancy.**

If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

### Cancellation rights

#### Travel Extra & Gold Policies

Once the premium has been paid, **your** policy cannot be cancelled, since the cancellation cover under Section 1 begins immediately after purchase. However, the cancellation is subject to sole discretion of the insurance company.

#### Travel Schengen cover

Premium refunds are only considered for single trip cover, when **you** are unable to obtain the necessary visas. Please notify the issuing agent within 48 hours of receiving **your certificate of insurance** or start date of the policy whichever is the earlier and return all **your** documents to them for a refund of **your** premium.

**You** should call **us** on telephone **UAE +971 4270 8705** or write to Allianz Travel– NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor , Umm Al Sheif, Sheikh Zayed Road PO80864 Dubai UAE e-mail [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com)

No premium refund will be given if

- **You** or any other **person insured** have travelled during this 48 hour period;
- **You** have made a claim or intend to make a claim;
- **You** have annual multi-trip cover. However, the cancellation is subject to sole discretion of the insurance company

#### Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **insured person**, for each section, for each claim incident. The amount **you** have to pay is the **excess**.

#### Data protection

Information about **your** policy may be shared between **us**, Alliance the reinsurers or members of Allianz Travel for underwriting purposes.

**You** should understand that the sensitive health and other information **you** provide will be used by Alliance, **us**, **our** representatives (if appropriate), our reinsurers, other insurers and industry governing bodies and regulators to process **your** policy, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **your** information is held securely.

**Your** information will not be shared with third parties for marketing purposes. **You** have the right to access **your** personal records.

#### Governing law

This policy will be in English. The policy will be governed by the law of the country of issuance as stated in the **certificate of insurance**.

#### Third party rights

This policy is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this policy shall be construed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this policy.

## Definition of words

When the following words and phrases appear in the policy document or **certificate of insurance** they have the meanings given below. These words are highlighted by the use of **bold** print.

### Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

### Area of cover

**Worldwide including** - United States of America, Canada and the Caribbean

**Worldwide excluding** - United States of America, Canada and the Caribbean

**Schengen countries** (including Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.)

### Beneficiary

Beneficiary will be the legal heirs of the **person insured**.

### Business associate

Any person in **your home** country that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your journey**.

### Certificate of insurance

The document issued by the **insurer** that is used to verify the existence of **your** Travel Insurance.

### Departure point

The airport where **your journey** from **your home** country to **your** destination begins and where the final part of **your journey** back to **your home** country begins.

### Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **close relative**.

### Emergency

Medical condition resulting from sickness or **accident** and requiring **emergency** hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the **person insured**.

### Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **insured person**, for each section, for each claim incident.

### Family

Two adults aged 65 and under and up to 8 of their children (including step children and foster children) aged 16 and under (21 and under if they are in full time education) when the appropriate premium has been paid. All persons must live at the same address and be travelling together. All ages referred to are at the date of travel. For annual multi-trip policies only the policyholder or their spouse shall be covered under the policy when travelling alone. **Single parent families** are also covered under family plans.

### Hazardous activity

The following activities are automatically covered:

Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, bungee jumping, canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, deep sea fishing, football or soccer (children's club in resort only), glacier walking, golf, high rope activities, hiking (trekking and walking), hockey (under 16's using plastic sticks), horse riding (not competitions, racing, jumping, hunting, eventing, polo or rodeo), hot air ballooning (organised pleasure rides only), ice skating or blade skating (not speed skating), kayaking (up to grade 2 rivers only, not white water), mountain biking, parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, sail boarding or windsurfing, safari trekking in a vehicle (organised tour), safari trekking on foot (organised tour), scuba diving to 30m, sledging (pulled by dogs or horses or reindeer as a passenger), snorkelling, surfing, tug of war, volley ball, wake-boarding, water polo, water-skiing, white water rafting (up to grade 3 river), windsurfing or sail boarding, zip-trekking (including over snow), zorbing.

There is no cover for:

any professional sporting activity; or

any kind of racing except racing on foot; or

any kind of manual work.

**We** may be able to cover **you** for other activities that are not listed. Please contact **us** on telephone **UAE +971 4270 8705** or email: [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com)

### Home

**Your** usual place of residence in the United Arab Emirates where you live.

### Insurer

Alliance Insurance PSC, P O Box 5501, Dubai, U.A.E.

### Journey

A trip that takes place during the **period of insurance** which begins when **you** leave **home** or place of work (whichever is later) and ends when **you** get back **home**, to a hospital or nursing home or place of work in **your home** country, whichever is earlier.

For single trip cover

**You** will only be covered if **you** are aged 75 or under at the date **your** policy was issued.

Trips within **your home** country are not covered.

Any other trip which begins after **you** get back is not covered.

A trip which is booked to last longer than 90 days is not covered.

For annual multi-trip cover

**You** will only be covered if **you** are aged 75 or under at the start date of **your** policy.

Cover is for short trips of 90 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 90 days per trip. This would include not insuring **you** for any part of a trip that is booked to last longer than 90 days in duration, unless **we** agree otherwise in writing.

Trips within **your home** country are not covered.

**you** will be covered for taking part in **winter sports** activities for up to 17 days in total during the **period of insurance** when the appropriate extra premium has been paid and you are under the age of 65 years old.

### Medically Necessary

A service or treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the **person insured's** condition or the quality of medical care rendered.

### Pair or set

A number of items of **personal possessions** (not including **Ski Equipment**) that belong together or can be used together.

### Period of insurance

For single trip cover

Cancellation cover begins from the issue date shown on **your certificate of insurance** and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey** or at the expiry of your policy, whichever is earlier.

For annual multi-trip cover

Cancellation cover begins on the start date shown on **your certificate of insurance** or the date **you** booked **your journey**, whichever is the later and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey** or at the expiry of your policy, whichever is earlier.

For single trip and annual multi-trip cover

All cover ends on the expiry date shown on **your certificate of insurance**, unless **you** cannot finish **your journey** as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

### Personal possessions

Each of **your** suitcases, trunks and similar containers (including their contents) and articles worn or carried by hand (including **your valuables**).

### Pre- Existing medical condition

A pre-existing condition means:

An ongoing medical or dental treatment or dental condition which you are aware or related complication you have, or the symptoms of which you are aware

A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to policy issuance.

Any condition for which you take prescribed medicine or see a medical specialist.

Any condition for which you have had surgery.

### Close relative or family member

**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, fiancé, partner, son (in-law), daughter (in-law), step child, foster child, grandparent or grandchild, uncle, aunt, step brother, step sister.

### Resident

A person who is a Citizen or who has Resident Status in the United Arab Emirates and are travelling from and returning to the United Arab Emirates.

### Single parent families

One adult aged 69 and under and **your** children (including step children and foster children) aged 16 and under when the appropriate premium has been paid. All persons must live at the same address and be travelling together. All ages referred to are at the date of travel.

### Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

### Ski pack

Hired **ski equipment**, ski school fees and lift passes.

**Travelling companion**

Any person that has booked to travel with **you** on **your journey**.

**Terrorism / Act of Terrorism**

**Terrorism** is a loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any **act of terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An **act of terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear.

**Valuables**

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, laptop, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

**We, our, us**

NEXtCARE, and Allianz Travel which administers the insurance on behalf of the **insurer**.

**You, your, insured person**

Each person shown on the **certificate of insurance**, for whom the appropriate premium has been paid.



## 24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or **accident** abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **US\$250**. If **you** are claiming for a minor illness or **accident** **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

Phone **UAE +971 4270 8702**  
email [international\\_dept@nextcarehealth.com](mailto:international_dept@nextcarehealth.com)

Please give **us** **your** name, age and **your** policy number. Say that **you** are insured with Alliance. Below are some of the ways the 24-hour emergency medical assistance service can help.

### Confirmation of payment

**We** will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

### Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

**You** can contact **us** at any time day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

## Health declaration and health exclusions

### Exclusions relating to your health

- You** will not be covered for any directly or indirectly related claims (see note below) arising from the following if at the time of taking out this policy or booking **your journey** (whichever is later), **you**:
  - are being prescribed regular medication;
  - have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
  - are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  - are awaiting treatment or the results of any tests or investigations;

If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.
- You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
- You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
- You** will not be covered if **you** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

### Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your journey

**You** will not be covered for any directly or indirectly related claims (see note below) arising from the health of a **travelling companion**, someone **you** were going to stay with, a **close relative** or a **business associate** if at the time your policy was issued: **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months; **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition; **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

### Note

#### Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**: suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection. have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke. have osteoporosis, **you** are more likely to break or fracture a bone. have or have had cancer, **you** are more likely to suffer with a secondary cancer.

#### Level of medical cover provided

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of **accident** or unexpected illness occurring during **your journey**.

## General exclusions

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or consisting of, the following:

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, **terrorism**, weapons of mass destruction.
3. **Terrorism** as defined in "Definition of Words", unless **Terrorism** Extension has been purchased and stated in your **certificate of insurance**.
4. Any epidemic or pandemic.
5. **You** not following any suggestions or recommendations made by any government or other official authority including the Foreign commonwealth Office (FCO) during the **period of insurance**.
6. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
7. Ionizing, radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
8. Any currency exchange rate changes.
9. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
10. **You** acting in an illegal or malicious way.
11. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
12. **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
13. **You** not enjoying **your journey** or not wanting to travel.
14. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
15. **You** taking part in a sports or leisure activity that is not listed or confirmed in writing as covered (see page 11).
16. **You** taking part in a winter sport unless **you** have paid the extra premium to include this cover and the activity is listed or confirmed in writing as covered (see page 11)
17. Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.

## Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

1. **You** are a **resident** of the United Arab Emirates.
2. **You** have paid the appropriate premium for the **area of cover you** are intending to travel.
3. **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not covered by this policy and to minimise any potential claim.
4. **You** have a valid **certificate of insurance**.
5. **You** accept that **we** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 90 days, or **you** know **you** will be making a claim.
6. **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, with full details of anything that may result in a claim and give **us** all the information **we** ask for. **Your** claim will be considered declined if **you** do not notify **us** of **your** intention to claim within 30 days of **your** return **home**. Please see section 'Making a claim' for more information.
7. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
8. **You** are not aged 75 or over at the date **your** policy was issued.

**We have the right to do the following**

1. Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the police.
2. Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
3. Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
4. Take over and deal with, in **your** name, any claim **you** make under this policy.
5. Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this policy.
6. With **your** permission, get information from your medical records to help **us** or **our** representatives deal with any claims. This could include a request for **you** to be medical examined for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organization without **your** specific agreement.
7. Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
9. Not refund or transfer **your** premium if **you** decide to cancel the policy.
10. Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal

health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.

11. If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
12. Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## Sports and leisure activities

### Standard sports and leisure activities

The following activities are covered at no extra premium.

Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, baseball, basketball, bungee jumping (once only), canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, cycling (nonprofessional and not main mode of transport), cycle touring (no more than 16 days), deep sea fishing, football or soccer (children's club in resort only), Frisbee, golf, high rope activities, high diving (platform only and up to 10 meters), hiking or trekking or walking (up to 15 miles a day and up to 4,000m), hockey (under 16's using plastic sticks), hot air ballooning (organised pleasure rides only), kayaking (up to grade 3 rivers only, not white water), marathon running or triathlon (nonprofessional), mountain biking (on road), parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, safari trekking in a vehicle (organised tour up to 16 days), safari trekking on foot (organised tour up to 16 days), sand dune boarding or surfing or skiing, scuba diving to 30m, sea canoeing or kayaking (close to shoreline only), skateboarding, sledging or sleighing (pulled by dogs or horses or reindeer as a passenger), snorkeling, surfing, tug of war, volley ball, wake-boarding (no cover for ramps, kickers and sliders), water-skiing (no cover for jumping), white water rafting (up to grade 3 river), zip-trekking (including over snow) and zorbing.

The following activities are also covered however, cover under 'Section 9 - Personal liability' does not apply.

Camel riding, catamaran sailing (if qualified), clay pigeon shooting, dinghy sailing, elephant riding or trekking, go karting, horse riding or trekking (not competitions, racing, show-jumping, jumping, hunting, eventing, polo or rodeo), jet boating or shotover jetting, jet skiing, motor cycling (up to 125cc and not main mode of transport), paint balling (wearing eye protection), quad biking (off road only), rifle range shooting, sailing or sail boarding or windsurfing (if qualified and in territorial waters only), shooting and yachting (if qualified in inland territorial waters within 12 mile limit).

The following activities are only covered when the additional premium has been paid and you are under the age of 65 years old.

Bamboo rafting or boating, boogie boarding, caving or pot holing (with qualified or experienced guide) dry slope skiing, hiking or trekking or walking (over 15 miles a day and between <4,000m and >5,450m), hockey, kite surfing, kite skiing and street hockey (wearing pads and helmets) lacrosse, mountain biking (off road), parachuting, paragliding, shark diving (inside cage), water polo, weightlifting and white water rafting (grade 4 - 5 river).

The following activities are also covered provided the additional premium has been paid and you are under the age of 65 years old however, cover under 'Section 9 - Personal liability' does not apply;

Kite buggying (no personal accident cover) and martial arts training (no competition).

### 'Category X' sports and leisure activities

Your policy does not provide any cover for the following activities.

Base jumping, black water rafting, bouldering, boxing, bungee jumping (more than once), canyoning, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), free mountaineering, gliding (no cover for crewing or piloting), high diving (platform only and over 10 meters), hiking or trekking or walking (above 5,450m), hunting (fox or drag), hydrospeeding, kayaking (above grade 3 rivers), micro lighting, motor rallying or motor sport (all types on land or water), motorbike scrambling or dirt biking (and any other off road motorbiking), mountaineering (using ropes or guides), overland expeditions, parapenting, parascending or parasailing (over land), riding on a luge, river bugging or tubing or boarding, rodeo, rugby, scuba diving deeper than 30m, shark diving (without cage), sky diving or sky surfing, white water canoeing, white water sledging or hydrospeeding and white water rafting (above grade 5 river),

There is also no cover for:

- taking part in a sporting activity where the organisers guidelines have not been followed;
- any professional sporting activity;
- any kind of racing, except racing on foot; or
- any kind of manual work.

**We** may be able to cover **you** for other activities that are not listed. Please contact **us** on telephone **UAE +971 4270 8705** or email [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com). **You** may need to pay an extra premium.

**If you have chosen to include winter sports cover and this is shown on your certificate of insurance, the following activities are automatically covered provided you are under the age of 65 years old.**

Big-foot skiing, cross-country skiing (on recognised tracks only), bobsleigh or luge, ice skating or blade skating (not speed skating), glacier skiing or hiking or trekking or walking, heli skiing or boarding, monoskiing, off-piste skiing or snowboarding (as long as you are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines), skiing (including on dry slopes and indoor ski centers), sledging, snow blading, snowboarding, snow mobiles or skidoos, snow shoeing, snow tubing, and tobogganing.

**Your policy does not provide any cover for the following activities.**

Cat-skiing, ice climbing, skeleton sledding, ski acrobatics, ski-flying, ski jumping, ski mountaineering (using ropes or guides), ski racing, ski stunting or snowcat skiing, snow kiting.

There is also no cover for:

- taking part in a winter sports activity where the organisers guidelines have not been followed;
- Any professional winter sports activity; or
- Any kind of racing.

**We** may be able to cover **you** for other activities that are not listed. Please contact **us** on telephone **UAE +971 4270 8705** or email [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com). **You** may need to pay an extra premium.

## Making a claim

To claim:

**Submit your claim online** on our [dedicated online claim portal](#).

Phone **UAE +971 4270 8705** and ask for a claim form or

Write to Allianz Travel – NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. 80864 Dubai UAE or Email [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com)

**You** should fill in the form and send it to **us** within 30 days of **your** return **home** with all the information and documents **we** ask for. Failure to provide the required information within 30 days of **your** return **home** will result in a claim denial. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

### For all claims

**Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel. Original receipts and accounts for all out-of-pocket expenses **you** have to pay.

Original bills or invoices **you** are asked to pay.

Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.

As much evidence as possible to support **your** claim.

### Cancellation or curtailment

If **you** need to curtail **your** **journey** call **UAE +971 4270 8702** or

email [international\\_dept@nextcarehealth.com](mailto:international_dept@nextcarehealth.com) immediately to get **our** prior agreement. Original cancellation invoice(s) detailing all cancellation charges incurred.

For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.

If **your** claim results from any other circumstances, please provide evidence of these circumstances.

### Medical expenses

Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **US\$ 250**.

Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.

If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

### Loss of Travel Documents

Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.

### For loss or damage in transit claims, including delayed personal possessions

Please obtain a Property Irregularity Report (PIR) from the airline or the carrier. This carrier's should be done here within 7 days of the delay / loss / damage.

**You** have 21 days to write to the airline

confirming details of essential replacement items purchased.

### Personal possessions

Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.

If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.

Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal** possessions.

Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then

belong to **us**.

Obtain an estimate for repair for all damaged items.

### Personal accident

Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).



Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given, including hospital admission / discharge.

Full details of any witnesses, providing written statements where available.

A certified copy of the death certificate if this applies.

#### Missed departure

Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

#### Delayed Departure

Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

#### Personal liability

A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).

Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without our written consent.

Full details of any witnesses, providing written statements where available.

#### Mugging

Original copy of the police report, stating among others the location, date and precise time of the assault

Any other document the Insurer considers necessary for the validation of the claim and indemnity assessment.

#### Loss of credit / debit card

Report the theft or loss to the police within 24 hours of discovery and ask them for a written police report.

Written confirmation from **your** card issuer showing that **you** had cancelled the card as soon as the loss or theft was discovered.

Original card statement showing the fraudulent transactions made.

#### Winter sports

##### Ski pack

Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.

If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

##### Ski equipment and delayed ski equipment

All appropriate evidence requested under the heading 'Personal possessions' in this section. All hire receipts and luggage labels / tags.

A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

##### Piste / avalanche closure

Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

#### Terrorism Extension

The following triggers need to occur, before an **insured person** can file a claim:

An actual terrorist incident had to happen

This terrorist incident poses a threat to the life of the **insured person**

## Making a complaint

**We** aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please contact:

Customer Services Manager  
Allianz Travel - (NEXtCARE)  
Eiffel Boulevard Limited Building (Eiffel 2)  
1st floor, Umm Al Sheif,  
Sheikh Zayed Road, P.O.  
80864 Dubai, UAE  
Telephone: **+971 4270 8705**  
Email: [Travel-mea@allianz.com](mailto:Travel-mea@allianz.com)

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

## Cancellation or curtailment charges - Section 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** summary of cover for **your** part of unused personal accommodation, transport charges and other travel expenses which there is a contract to pay that cannot be recovered from anywhere else.

**We** will provide this cover in the following necessary and unavoidable circumstances:

#### Cancellation

If **you** cancel **your journey** before it begins because one of the following happens:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **close relative** or **business associate** of **you**.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.

#### Curtailment

**You** cut **your journey** short (curtail) after it has begun because of one of the following:

- Anything mentioned in cancellation.
- **You** are injured or ill and are in hospital for the rest of **your journey**.

#### Note

**We** will calculate interruption claims from the date it is necessary for **you** to return to **your home** country or the date **you** are hospitalized as an in-patient, for the rest of **your journey**. **We** will pay unused personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

### WHAT YOU ARE NOT COVERED FOR

#### Under Cancellation and Curtailment

An **excess** of the amount shown in **your** summary of cover.

Any condition stated under Health declaration and health exclusions.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- the death of any pet or animal;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.
- Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.
- Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

#### Under Curtailment

- Cutting short **your journey** unless **we** have agreed.
- Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.
- The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

- **You** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets.
- Anything caused by **you** taking part in a **hazardous activity** unless mentioned under the sports and leisure activities on page 11.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness or **accident**, or if **your** medical expenses are over **US\$ 250** **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an **accident** or are taken ill during **your journey**.

Up to the amount shown in **your** summary of cover for reasonable fees or charges **you** incur for:

#### Treatment

Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your home** country.

#### Repatriation of remains

Up to the amount shown in **your** summary of cover for the cost of transporting the body of the **person insured** to their **home**.

#### Dental

Up to the amount shown in **your** summary of cover for emergency dental treatment to relieve sudden pain. The dental cover is also applicable if treatment is required due to **accident**, illness or injury within the scope of this section.

#### Hospital Cash

**We** will pay **you**, up to the amount shown in **your** summary of cover, for each day **you** are hospitalized for over a continuous 48 hour period while **you** are overseas.

#### Emergency family travel

Up to the amount shown in **your** summary of cover for one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.

### WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **your** summary of cover.
- The cost of replacing any medication **you** were using when **you** began **your journey**.
- Any condition stated under Health declaration and health exclusions.
- Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.
- Anything caused by:
  - you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
  - your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
  - you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
  - you** taking part in any **hazardous activity** unless mentioned under the sports and leisure activities on page 11.
- Any costs incurred 12 months after the date of **your** death, injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments **you** receive within **your home** country.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.
- Medical costs over **US\$ 250**, in-patient treatment or repatriation costs which **we** have not authorised.
- The extra costs of having a single or private room in a hospital or nursing home.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **your home** country.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- Dental work involving the use of precious metals.
- **We** will not pay for the first 48 hours of your hospitalization
- If you cannot claim for emergency medical expenses in Section 2

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.



## Loss of Travel Documents – Section 3

### WHAT YOU ARE COVERED FOR

We will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

#### Passport

- **Costs for issuing a temporary passport**

Up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

#### Visas

- **Costs for issuing a temporary visa**

Up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your home** country.

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Delayed Personal Possessions – Section 4

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your outward journey** for more than 4 hours from when **you** arrived at **your** destination.

#### Note

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the **Personal Possessions** - section 5.

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Personal possessions - Section 5

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover if **your personal possessions** are damaged, stolen, lost or destroyed on **your journey**.

**We** will pay for your single, paired or set of **valuables** whether jointly owned or not, as defined in the definition and specified in the summary of the cover,

We will pay for Tobacco, alcohol and fragrances up to the policy limit as specified in the summary of cover.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

### WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **your** summary of cover.
- More than the part of the **pair or set** that is stolen, lost or destroyed.
- More than **US\$ 50** for tobacco, alcohol, fragrances and perfumes.
- Breakage of or damage to sports equipment while it is being used, fragile articles, audio, video, computer, laptop, television, fax and phone equipment.
- Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.
- The cost of replacing or repairing false teeth.
- A claim for more than one mobile phone per **insured person**.

- Loss or theft of, or damage to, the following:
  - Items for which **you** are unable to provide a receipt or other proof of purchase.
  - Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
  - Valuables** left in a motor vehicle.
  - Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person or carried by **you**.
  - Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
  - Contact or corneal lenses, unless following fire or theft.
  - Bonds, share certificates, guarantees or documents of any kind.
  - Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
  - Passport.
  - Personal money.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Personal Accident - Section 6

### WHAT YOU ARE COVERED FOR

We will pay **you** or **your beneficiary** one of the following amounts for an **accident** during **your journey**.

#### Death (including Common Carrier)

The amount shown in **your** summary of cover for death. (**We** will not pay more than 10% of the benefits shown in **your certificate of insurance** if **you** are aged 16 or under at the time of the **accident**.)

#### Permanent loss of sight or limb

The amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

#### Permanent total disablement

The amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 16 or under or aged 65 or over at the time of the **accident**.)

#### Note

Death benefit payments will be made to **your** Personal Representative.

### WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions.

Any claim arising more than one year after the original **accident**.

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your certificate of insurance**;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **insured persons** are wearing crash helmets;
- **you** taking part in any **hazardous activity** unless mentioned under the sports and leisure activities on page 11.

**We** will not pay more than one of the benefits resulting from the same injury.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Delayed Departure - Section 7

### WHAT YOU ARE COVERED FOR

Compensation of the amount shown in **your** summary of cover if the flight, train or sea going vessel **you** are booked on is delayed at its **departure point** by more than 6 hours from the time shown in **your** travel itinerary (plans) because of:

- a serious fire, storm or flood damage to the **departure point**;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel or
- the grounding of the aircraft due to a mechanical or a structural defect.

#### WHAT YOU ARE NOT COVERED FOR

- Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.
- Missed connections.
- Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Missed departure - Section 8

#### WHAT YOU ARE COVERED FOR

**We** will pay **you** up to the amount shown in **your** summary of cover for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** are delayed by more than 4 hours in getting to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- public transport (including scheduled flights) does not run to its timetable; or
- the vehicle **you** are travelling in has an accident or breaks down.

#### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

- get a letter from the public transport provider (if this applies) confirming that the service did not run on time
- get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in
- have allowed time in **your** travel plans for delays which are expected.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Personal liability - Section 9

If **you** are hiring a motorised or mechanical vehicle while on **your journey** **you** must make sure that **you** get the necessary insurance from the hire company. **We** do not cover this under **our** policy.

#### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a **close relative** have not hired, loaned or borrowed.
- Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **close relative**.

#### Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

#### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories.

- Something which is suffered by anyone employed by **you** or a **close relative** and is caused by the work they are employed to do.
- Something which is caused by something **you** deliberately did or did not do.
- Something which is caused by **your** employment or employment of a **close relative**.

- Something which is caused by **you** using any firearm or weapon.
- Something which is caused by any animal **you** own, look after or control.
- Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.
- Any claim incident occurring in **your home** country.
- Any contractual liabilities.
- Any liability for bodily injury suffered by **you**, a **close relative** or **travelling companion**.
- Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following:  
The use of any land or building except for the accommodation **you** are using on **your journey**.  
Motorised or mechanical vehicles and any trailers attached to them. Aircraft, motorised watercraft or sailing vessels.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Mugging – Section 10

### WHAT YOU ARE COVERED FOR

In the event an **Insured Person** is violently assaulted or attacked while withdrawing funds from an automatic teller machine (ATM) or within two (2) hours thereafter, the Company will reimburse, up to the amount shown in **your** summary of cover, the amount of cash withdrawn and stolen.

#### Note

To be eligible to claim under this cover you must file a complaint with the competent police authorities within 48 hours of the mugging.

### WHAT YOU ARE NOT COVERED FOR

An intentional act on the part of the **insured person** or a **close relative**;

Loss occurring during time of War, civil commotion, insurrection, rebellion, revolution or **terrorism** or Acts of God, nuclear reaction or radiation; or

Loss occurring as a consequence of any riot or confiscation by the authorities.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Credit card fraud – Section 11

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** summary of cover for the transactions that are made fraudulently by a third party using **your** credit or debit card after it has been stolen during **your journey**.

### WHAT YOU ARE NOT COVERED FOR

For an amount that can be recovered by someone or somewhere else;

Where **you** did not report the card as lost or stolen to the police and **your** credit / debit card company as soon as **you** discovered it or within 24 hours, whichever is sooner.

For cash contained in the lost or stolen wallet;

For cards that have expired, been cancelled or withdrawn;

For any transaction made by another **person insured, close relative** or **travelling companion**.

Stolen cards which have been left unattended in a public place or in an unlocked vehicle.

For any person insured under the age of 18 years.

Theft by deception

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Winter sports cover – Section 12

This section is only in force if the appropriate premium has been paid and shown on **your certificate of insurance** and **you** are under the age of 65 year old.

### WHAT YOU ARE COVERED FOR

#### Ski pack

**We** will pay up to the amount shown in **your** summary of cover in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

**You** have to cancel or curtail **your journey**.

**You** cannot ski because of an injury or illness during **your journey**.

#### Delayed ski equipment

We will pay up to the amount shown in **your** summary of cover in total for the hire of alternative **ski equipment** if **yours** is temporarily lost or stolen on **your** outward **journey** for more than 6 hours from when **you** arrived at **your** destination.

#### Ski equipment

We will pay up to the amount shown in **your** summary of cover in total for **your ski equipment** (including **ski equipment** you are legally liable for) and ski pass that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of the amount shown in **your** summary of cover, whether jointly owned or not.

#### Note

It will be **our** decision to pay either:

- The cost of repairing **your** items;
- To replace **your** belongings with equivalent items; or
- The cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

#### Piste & Avalanche closure

We will pay for the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

\$15 for each full day of Total closure for the transfer to alternative ski area plus \$8 per day for purchase of lift pass if no alternate ski area is available and

\$35 for each full day of total closure of such facility during **your journey**.

#### WHAT YOU ARE NOT COVERED FOR

##### Under Ski pack

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or Interruption charges - section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - section 2.

##### Under Ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within **Personal Possessions** - section 5.

##### Under Piste & Avalanche closure

Any compensation for the first full 24 hours at **your** booked ski resort. Any **journey** in **your home** country.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and

showing the number of days the piste was closed during **your journey**. Compensation which you can get from **your** ski operator or anywhere else. Costs of the ski-lifts/ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey**

were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** that takes place outside a recognised ski resort or the official resort opening dates.

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Terrorism Extension – Section 13

This section is only in force if the appropriate premium has been paid and shown on **your certificate of insurance**.

#### WHAT YOU ARE COVERED FOR

With the exception of Section 9 (Personal Liability), the cover provided by this Policy extends to include injury, loss or damage to an **insured person** during **your journey** as an innocent bystander by an **Act of Terrorism**.

For the purpose of this Policy, "Innocent Bystander" means, someone who is in a particular place by chance when an **act of Terrorism** happens, but is not involved in it.

We will pay the maximum limit applicable to the Section you are claiming under but not exceeding US \$ 100,000 per **insured person**.

#### WHAT YOU ARE NOT COVERED FOR

The cover by this Section:

If the **Terrorism** Extension option was not selected and stated in your **certificate of insurance**.

If this policy was purchased and travel booked after the onset of **Terrorism** within your travel destination. Unless the **Terrorism** attack occurs within the city of destination and/or departure.

Unless the **Terrorism** attack occurs within 30 days prior to your departure date

If it is any consequence of any **act of Terrorism** involving the release of germ disease or other chemical or biological contagions or contaminants, the use or threat of use of any nuclear device or radioactive substance.

If there was no valid claim under the Terms and Conditions applicable to the relevant **certificate of insurance**.

If the aggregate liability under this Policy exceeds \$100,000 for any **insured person** during the **Period of Insurance**. Does not extend to include Section 9 (Personal Liability).

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

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