



**Etihad**  
**Travel Insurance**  
Inter Partner Assistance S.A.

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## Emergency Assistance

24/7, 365 days a year

+353906406002

## Claims Team

09:00-17:00 Monday - Friday

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# BENEFIT TABLE

## FLYSAFE COVER

Cover	Maximum Limit (EUR)		Excess (EUR)
	Under 65 years old	From 65 to 79 years old	
<b>Baggage Delay</b>			
Baggage Delay, maximum after 6 hours delay	100 EUR	100 EUR	-
<b>Baggage, Personal Money and Travel Documents</b>			
Baggage, maximum	840 EUR	840 EUR	30 EUR
- Single Article Limit	210 EUR	210 EUR	-
- Valuables Limit	420 EUR	420 EUR	-
Personal Money, maximum	-	-	-
Travel Documents	-	-	-
<b>Cancellation</b>			
Cancellation, maximum	850 EUR	250 EUR	-
<b>Curtailement</b>			
Curtailement, maximum	850 EUR	250 EUR	-
<b>Delayed Departure</b>			
Delayed Departure, maximum	420 EUR	420 EUR	-
Delayed Departure, for the first 4 hours	170 EUR	170 EUR	-
Delayed Departure, for each additional 4 hours up to the maximum	40 EUR	40 EUR	-
<b>Emergency Medical and Repatriation Expenses</b>			
Emergency Medical and Repatriation Expenses, maximum	42200 EUR	29600 EUR	50 EUR
Emergency Dental Expenses	-	-	-
Close relative to travel out if hospitalised	-	-	-
Funeral expenses and Repatriation of Mortal Remains	6300 EUR	6300 EUR	-
<b>Medical Teleconsultation</b>			
Medical Teleconsultation	-	-	-
<b>Missed Departure</b>			
Missed departure, maximum	130 EUR	130 EUR	-
<b>Overseas Legal Expenses</b>			
Overseas Legal Expenses	1700 EUR	1700 EUR	-
<b>Personal Liability</b>			
Personal Liability, maximum	42200 EUR	42200 EUR	250 EUR
<b>Personal Accident</b>			
Personal Accident, maximum	-	-	-

# BENEFIT TABLE

## FLYSAFE PLUS COVER

Cover	Maximum Limit (EUR)		Excess (EUR)
	Under 65 years old	From 65 to 79 years old	
<b>Baggage Delay</b>			
Baggage Delay, maximum after 6 hours delay	210 EUR	210 EUR	-
<b>Baggage, Personal Money and Travel Documents</b>			
Baggage, maximum	4200 EUR	4200 EUR	30 EUR
- Single Article Limit	340 EUR	340 EUR	-
- Valuables Limit	1300 EUR	1300 EUR	-
Personal Money, maximum	340 EUR	340 EUR	30 EUR
Travel Documents	420 EUR	420 EUR	30 EUR
<b>Cancellation</b>			
Cancellation, maximum	4 200 EUR	1 300 EUR	-
<b>Curtailement</b>			
Curtailement, maximum	4 200 EUR	1 300 EUR	-
<b>Delayed Departure</b>			
Delayed Departure, maximum	420 EUR	420 EUR	-
Delayed Departure, for the first 4 hours	170 EUR	170 EUR	-
Delayed Departure, for each additional 4 hours up to the maximum	40 EUR	40 EUR	-
<b>Emergency Medical and Repatriation Expenses</b>			
Emergency Medical and Repatriation Expenses, maximum	844 300 EUR	63 300 EUR	30 EUR
Emergency Dental Expenses	340 EUR	340 EUR	30 EUR
Close relative to travel out if hospitalised	Economy Ticket	Economy Ticket	-
Funeral expenses and Repatriation of Mortal Remains	8 400 EUR	8 400 EUR	-
<b>Medical Teleconsultation</b>			
Medical Teleconsultation	Included	Included	-
<b>Missed Departure</b>			
Missed departure, maximum	130 EUR	130 EUR	-
<b>Overseas Legal Expenses</b>			
Overseas Legal Expenses	3 400 EUR	1 700 EUR	-
<b>Personal Liability</b>			
Personal Liability, maximum	844 300 EUR	844 300 EUR	250 EUR
<b>Personal Accident</b>			
Personal Accident, maximum	23 200 EUR	-	-
- Death (under 17 years or over 71 years old)	2 000 EUR	-	-

## INTRODUCTION

Thank **you** for choosing this cover.

This is **your** travel insurance policy wording. It contains details of cover, conditions and exclusions relating to each person named on the policy certificate and is the basis on which all claims will be settled. The travel insurance certificate will be attached to the policy. **You** will need to take the travel insurance certificate on holiday with **you** as proof of **your** holding a valid policy with **us**.

The travel insurance certificate and any endorsements are all part of the policy.

## INSURER

Inter Partner Assistance S.A., directly and through its branches (and any AXA group companies IPA appoint), will provide and administer the Benefits and Services available under this policy. Inter Partner Assistance S.A. an insurance company regulated and authorised by the National Bank of Belgium, under number 0487, with registered office at 7 Boulevard du Régent, 1000 Brussels, and Company number 0415.591.055. Inter Partner Assistance S.A. is authorised by the National Bank of Belgium in Belgium and is regulated by the Central Bank of Ireland for conduct of business rules.

## DUAL INSURANCE

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to PERSONAL ACCIDENT).

## AGE LIMITATIONS

The maximum age limit for benefits in EMERGENCY MEDICAL AND REPATRIATION EXPENSES and benefits related to a **medical condition** in CANCELLATION or CURTAILMENT is 79 years inclusive. If **you** reach the age of 80 during a **trip** cover will continue under those sections until the end of that **trip** but not thereafter.

## IMPORTANT INFORMATION

1. Claims arising from any **pre-existing medical conditions** are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. In case of any **medical emergency you** or the treating facility should contact **us** on 353906406002 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
6. If **you** need to **curtail your trip you** must contact **us** on 353906406002.
7. This policy will be governed by the laws of Ireland.
8. **We** will only pay up to the single article limit for any **baggage** or **valuables**.
9. The duration of any **trip** may not exceed 90 consecutive days. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**. **Trips** must begin and end in the **country of residence**. **Trips** using one way or open tickets are only covered for the benefits in this policy for 24 hours following **your** arrival at **your** final destination. Any claims after this time will not be covered. If **you** have purchased outbound and inbound travel tickets before the **trip** begins then **you** are covered for the benefits for the duration of **your trip**. Any **trip** solely within the **country of residence** is not covered.
10. An **excess** applies to benefits under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS,

# ABOUT YOUR COVER

CANCELLATION, CURTAILMENT, EMERGENCY MEDICAL AND REPATRIATION EXPENSES.

## IMPORTANT LIMITATIONS UNDER CANCELLATION OR CURTAILMENT

This policy will not cover any claims under CANCELLATION or CURTAILMENT arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been received from a **medical practitioner**; or if
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic; or if
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

## EMERGENCY ASSISTANCE

Contact **us** on Telephone: 353906406002.

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip** **you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorized by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us** when **you** are **home**.

## MEDICAL ASSISTANCE ABROAD

**We** will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative** at **home**.

## PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **we** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. **We** will also arrange transport **home** when this is considered **medically necessary**, or when **you** have news of serious illness, injury, or death of a **close relative** at **home**. Please contact **us** on 353906406002 as soon as possible. For simple out-patient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to the **country of residence**. Please be careful not to sign anything confirming **you** will pay for excessive treatment or charges. If in doubt regarding any requests, please call **us** for guidance.

## RECIPROCAL HEALTH AGREEMENTS

### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

### AUSTRALIA

When **you** are travelling to Australia **you** must register for treatment under the national healthcare scheme, This provides free treatment at a public hospital, subsidised medicines and benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

**You** must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of Belgium/ Finland/ Italy/ Malta/New Zealand/ the Netherlands/ Norway/the Republic of Ireland/ Slovenia/Sweden/ or the United Kingdom and will need to show **your** passport with an appropriate visa. If **you** do not enrol at

# ABOUT YOUR COVER

Medicare offices **we** may reject **your** claim or limit the amount **we** pay to **you**. If **you** need treatment which cannot be carried out under Medicare **you** must contact **us** before seeking private treatment. If **you** do not do so, **we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: <http://www.humanservices.gov.au>

## IMPORTANT HEALTH REQUIREMENTS

**You** must comply with the following conditions in order to have full cover under these benefits. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, or for CANCELLATION or CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);
- are not a permanent resident of, and (where applicable) registered with a General Practitioner in the **country of residence**.

**Please note:** No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered.

## INDIRECTLY RELATED CONDITIONS

For **your** information, examples of conditions that can be indirectly linked to any **medical condition you** have, or have had include:

- someone with breathing difficulties who then suffers a chest infection of any kind;
- someone with high blood pressure or diabetes who then has a heart attack, stroke or mini-stroke;
- someone who has or has had cancer who suffers with a secondary cancer;
- someone with osteoporosis who then suffers with a broken or fractured bone.

## DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in **bold**. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section.

ADVERSE WEATHER CONDITIONS	Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.
BAGGAGE	Clothing, personal effects, luggage and other articles which belong to <b>you</b> (excluding <b>valuables</b> , ski equipment, <b>golf equipment</b> , <b>personal money</b> and documents of any kind) and are worn, used or carried by <b>you</b> during any <b>trip</b> .
BENEFIT TABLE	The table listing the benefit amounts on page 2.
BODILY INJURY	An identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of <b>your</b> unavoidable exposure to the elements shall be deemed to be a <b>bodily injury</b> .

# ABOUT YOUR COVER

CANCELLATION PERIOD	The 14 days following purchase of the insurance policy.
CLOSE RELATIVE	Mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.
COMPLICATIONS OF PREGNANCY	The following unforeseen <b>complications of pregnancy</b> as certified by a <b>medical practitioner</b> : toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; <b>medically necessary</b> emergency Caesarean sections/ <b>medically necessary</b> termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
COUNTRY OF RESIDENCE	Ireland. <b>You</b> must have a residential address that <b>you</b> can refer to within that country and should be registered with a doctor there.
CURTAILMENT/ CURTAIL	Cutting short <b>your trip</b> by returning <b>home</b> due to an emergency authorised by <b>us</b> .
EXCESS	The first amount, as shown in the <b>benefit table</b> , which <b>you</b> will be responsible for, per <b>covered person</b> , for each and every event.
GOLF EQUIPMENT	Golf clubs, golf balls, golf bag, golf trolley and golf shoes.
HOME	<b>Your</b> normal place of residence in <b>your country of residence</b> .
HOMEWARD JOURNEY	Travelling to <b>your home</b> address in the <b>country of residence</b> from <b>your trip</b> destination.
LOSS OF LIMB	Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.
LOSS OF SIGHT	Total and irrecoverable <b>loss of sight</b> in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what <b>you</b> should see at 60 feet.)
MANUAL WORK	Any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light <b>manual work</b> at ground level including retail work and fruit picking.
MEDICAL CONDITION(S)	Any medical or psychological disease, sickness, condition, illness or injury that has affected <b>you</b> or any <b>close relative</b> , travelling companion or person with whom <b>you</b> intend to stay whilst on <b>your trip</b> .
MEDICAL EMERGENCY	A <b>bodily injury</b> or sudden and unforeseen illness suffered by <b>you</b> while <b>you</b> are on a <b>trip</b> outside the <b>country of residence</b> and a registered <b>medical practitioner</b> tells <b>you</b> that <b>you</b> need immediate medical treatment or medical attention.
MEDICALLY NECESSARY	Reasonable and essential medical services and supplies, ordered by a <b>medical practitioner</b> exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, <b>medical condition</b> , disease or its symptoms, and that meet generally accepted standards of medical practice.



# ABOUT YOUR COVER

MEDICAL PRACTITIONER	A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to <b>you</b> , any <b>travelling companion</b> , or any person with whom <b>you</b> have arranged to stay.
OUTWARD JOURNEY	Travelling from <b>your home</b> or business address in the <b>country of residence</b> to <b>your trip</b> destination including international flights, sea crossings or rail journeys which are booked prior to <b>you</b> leaving <b>your country of residence</b> which is directly related to the outbound journey.
PAIR OR SET	Items forming part of a set or which are normally used together.
PERIOD OF COVER	<p>The period of the <b>trip</b>, not exceeding the period shown on the travel insurance certificate. Cover for cancellation of <b>your trip</b> begins when <b>you</b> purchase the policy and ends at the start of <b>your trip</b>. The duration of any <b>trip</b> may not exceed 90 consecutive days.</p> <p><u>Extension to the period of insurance</u></p> <p>The <b>period of cover</b> is automatically extended for the period of the delay in the event that <b>your</b> return to <b>your country of residence</b> is unavoidably delayed due to covered event.</p> <p><b>Please note:</b> Any <b>trip</b> that had already begun when <b>you</b> purchased this insurance will not be covered.</p>
PERMANENT TOTAL DISABILITY	Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent <b>you</b> from engaging in, or giving any attention to, any business or occupation for the remainder of <b>your</b> life.
PERSONAL MONEY	Bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.
POLICYHOLDER	The lead traveller who purchases the insurance policy for all <b>covered person(s)</b> .
PRE-EXISTING MEDICAL CONDITION(S)	<ul style="list-style-type: none"><li>Any past or current <b>medical condition</b> that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to <b>you</b> purchasing or renewing this policy to the booking or commencement of any <b>trip</b>: and</li><li>any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to <b>you</b> purchasing or renewing this policy to the booking or commencement of any <b>trip</b>.</li></ul>
PUBLIC TRANSPORT	Any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which <b>you</b> are booked to travel.
SPORTS AND ACTIVITIES	The activities listed under SPORTS AND ACTIVITIES on page 12.
STRIKE OR INDUSTRIAL ACTION	Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.
TERRITORIAL LIMITS	<p><b>Trips</b> to all countries worldwide are covered.</p> <p><b>Please note:</b> Any <b>trips</b> to a country, specific area or event when the Department of Foreign Affairs (DFA) or a regulatory authority in a country to/from which <b>you</b> are travelling has advised against all travel are not covered.</p>

# ABOUT YOUR COVER

TERRORISM	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 of or in connection with any organisation(s) or governments, 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.
THEFT	Any <b>theft</b> committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, <b>close relative</b> or travel companion).
TRIP	<p>Any holiday or journey for business or pleasure made by <b>you</b>, within the <b>territorial limits</b>, which begins and ends in <b>your country of residence</b>, during the <b>period of cover</b>. <b>Trips</b> using one way or open tickets are only covered for the benefits in this policy for 24 hours following <b>your</b> arrival at <b>your</b> final destination. Any claims after this time will not be covered.</p> <p>In order to be eligible for cover under this Benefit Schedule, <b>you</b> must book 100% of <b>your trip</b> flights through Etihad.</p> <p><b>Please note:</b> Any <b>trip</b> solely within the <b>country of residence</b> is not covered.</p> <p><b>Please note:</b> Any <b>trips</b> to a country, specific area or event when the Department of Foreign Affairs (DFA) or a regulatory authority in a country to/from which <b>you</b> are travelling has advised against all travel are not covered.</p>
UNATTENDED	When <b>you</b> are not in full view of and not in a position to prevent unauthorised interference with <b>your</b> property or vehicle.
UNDER THE INFLUENCE	If a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of <b>your</b> consumption/use of drugs or alcohol.
VALUABLES	Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television- games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, MP3/4 players.
WE/US/OUR	The service provider, arranged by Inter Partner Assistance S.A.
YOU/YOUR/COVERED PERSON(S)	Each person travelling on a <b>trip</b> whose name appears in the travel insurance certificate.

# CONDITIONS APPLICABLE TO ALL BENEFITS

**You** must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must comply with **our** Important Health Requirements.
2. The maximum age limit for benefits in EMERGENCY MEDICAL AND REPATRIATION EXPENSES and HOSPITAL BENEFIT and benefits related to a **medical condition** in CANCELLATION or CURTAILMENT is 79 years inclusive.
3. Cover is excluded in **your country of residence**.
4. **You** must take all reasonable care and precautions prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
5. If **you** need to **curtail your trip you** must contact **us** on 353906406002. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
6. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury (excluding fractures) costs must be paid for by **you** and reclaimed).
7. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**.
8. **We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
9. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
10. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
11. **You** must provide all necessary documentation requested by **us** on page 29 at **your** expense. **We** may also request more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.
12. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
13. The policy **excess**, as and when applicable, will be deducted in respect of each **covered person** and each and every incident.
14. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
15. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
16. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
17. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
18. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - take over the settlement of any claim;
  - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
  - take any action to get back any lost property or property believed to be lost.

## CONDITIONS APPLICABLE TO ALL BENEFITS

19. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
20. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
21. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
22. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any expenses.

# SPORTS & ACTIVITIES

**You** are covered when participating in the following activities. Any **sports and activities** marked with \* is excluded under PERSONAL LIABILITY and PERSONAL ACCIDENT.

**Sports and activities** are excluded if **your** participation in them is the sole or main reason for **your trip** (excluding golf and Winter Sports **trips**).

- \*Abseiling
- \*Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- \*Canoeing (up to grade/class 3)
- \*Clay pigeon shooting
- Cricket
- \*Cross country skiing
- \*Elephant Riding
- \*Fell running
- \*Fencing
- Fishing
- Football
- \*Glacier Skiing
- \*Go- Karting
- Golf
- Hockey
- \*Horse Riding
- \*Horse Trekking
- \*Hot air ballooning
- Ice Skating (on recognised ski rinks)
- \*Jet Biking
- \*Jet Skiing
- Kitesurfing
- Monoskiing
- \*Mountain bicycling on tarmac
- Netball
- Orienteering
- \*Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- \*Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- \*Ski touring
- \*Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- \*Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- \*Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- \*War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- \*Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – **you** are only covered for scuba diving up to the depth of **your** qualification. **You** must hold the relevant qualification for **your** dive and be diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation.

**Please note:** **You** are not covered when participating in any training or qualification course.

# BENEFIT SECTIONS

## BAGGAGE DELAY

### WHAT IS COVERED

Up to the amount shown in the **benefit table** in total for all **covered persons** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 6 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS.

### IMPORTANT CLAIM CONDITIONS

1. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
  - obtain a Property Irregularity Report from the airline or their handling agents.
  - give written notice of the claim within the time limitations of the carrier and retain a copy.
  - retain all travel tickets and tags to submit with a claim.
2. All amounts are only for actual receipted expenses in **excess** of any compensation paid by the carrier.
3. The amounts shown in the **benefit table** are the total for each delay irrespective of the number of **covered persons** travelling together.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### WHAT IS NOT COVERED

1. Claims which do not relate to **your outward journey** on a **trip** outside of **your country of residence**.
2. Claims due to delay, confiscation or detention by customs or other authority.
3. Claims arising from **baggage** shipped as freight or under a bill of lading.
4. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
5. Reimbursement for items purchased after **your baggage** was returned.
6. Reimbursement where itemised receipts are not provided.
7. Claims where **you** do not obtain written confirmation from the carrier (or their handling agents), confirming the number of hours the **baggage** was delayed and when the **baggage** was returned to **you**.
8. Any purchases made outside of 4 days of the actual arrival at the destination.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

### DEFINITIONS - APPLICABLE TO THIS SECTION

#### TRAVEL DOCUMENTS

Any valid identity document issued by a government or international treaty organization to facilitate the movement of individuals or small groups of people across international boundaries, following international agreements.

### WHAT IS COVERED

#### BAGGAGE

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together, for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the full replacement cost of **your** items, with no depreciation or deductions for wear and tear, or **we** may replace, reinstate or repair the lost or damaged **baggage** or **valuables**.

The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the

# BENEFIT SECTIONS

## benefit table.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **benefit table**.

## PERSONAL MONEY

Up to the amounts shown in the **benefit table** per **trip** for all **covered persons** travelling together for the accidental loss of, **theft** of or damage to **personal money**.

## TRAVEL DOCUMENTS

Up to the amount shown in the **benefit table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **your** lost or stolen **travel documents** as well as the pro-rata cost of the lost or stolen document.

## IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
  - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
  - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.
4. Any amounts paid under BAGGAGE DELAY will be deducted from the final amount to be paid under this section.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
3. Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
4. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed the issuer's instructions.
7. Claims relating to currency when **you** do not produce evidence of the withdrawal.
8. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage). Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Any amounts already paid under BAGGAGE DELAY.

# BENEFIT SECTIONS

11. All items used in connection with **your** business, trade, profession or occupation.
12. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
13. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
14. Claims arising from loss or **theft** from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
15. **Valuables, personal money** or **travel documents** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
16. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
17. Claims arising from **baggage** shipped as freight.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## CANCELLATION

### DEFINITIONS - APPLICABLE TO THIS SECTION

#### REGIONAL QUARANTINE

Any period of restricted movement or isolation, including national lockdowns, within **your country of residence** or destination country imposed on a community or geographic location, such as a county or region, by a government or public authority.

#### PERSONAL QUARANTINE

A period of time where **you** are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

## WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together for irrecoverable unused outbound and inbound flight tickets if cancellation or rebooking of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.
- b. Compulsory **personal quarantine**, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s).
- c. The Department of Foreign Affairs (DFA) or other regulatory authority in a country in which **you** are travelling advising against all travel or all but essential travel to the area **you** are travelling to/in, but not including where advice is issued due to a pandemic or **regional quarantine**, providing the advice came into force after **you** purchased this insurance or booked the **trip** (whichever is the later) and was within 21 days of **your** departure date.
- d. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **policyholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- e. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.
- f. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of



# BENEFIT SECTIONS

booking any **trip** (whichever is the later).

- g. If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to **strike or industrial action**; or **adverse weather conditions**; or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.
- h. If the car which **you** intended to use for **your trip** is stolen, or damaged and is unroadworthy, within seven days of the original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. Any claim where **you** cannot travel or choose not to travel because the Department of Foreign Affairs (DFA) (or any other equivalent government body in another country) advises against travel due to a pandemic.
2. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
3. Any **pre-existing medical conditions**.
4. Any claim relating to IVF treatment.
5. Any unused or additional costs incurred by **you** which are recoverable from:
  - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - The providers of the transportation, their booking agents, travel agent, compensation scheme.
  - **Your** credit or debit card provider or Paypal.
6. Claims where **you** have not provided the necessary documentation requested by **us**.
7. Any claim due to a **regional quarantine**.
8. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
9. Any costs for cancellation or **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
10. Claims for travelling companions if they are not **covered persons**.
11. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
12. Any costs or charges for which the **public transport** provider will compensate **you**.
13. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
14. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
15. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
16. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
17. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.

# BENEFIT SECTIONS

18. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.
19. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **trip**. **Our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
20. Claims for unused travel tickets to a destination where **we** have already paid for **your** alternative travel arrangements.
21. Claims for abandonment where **you** have not obtained confirmation from the carriers (or their handling agents) of the length and reason for the delay.
22. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later.
23. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more.
24. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
25. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
26. Claims where **you** have not checked in according to the itinerary supplied to **you**.
27. Abandonment after the first leg of a **trip**.
28. Any expenses when reasonable alternative travel arrangements have been made available within 24 hours of the scheduled departure time.
29. Any claims for abandonment under this section if **you** have claimed under MISSED DEPARTURE or under DELAYED DEPARTURE.
30. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations.
31. Any amount for which **you** have claimed under CURTAILMENT.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## CURTAILMENT

**YOU MUST ALWAYS CONTACT US BEFORE CURTAILING YOUR TRIP**

Telephone Number: 353906406002.

## WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together for irrecoverable unused inbound flight tickets if the **trip** is **curtailed** before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.
- b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **policyholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- c. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

# BENEFIT SECTIONS

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

**Please note:** Reimbursement will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

## WHAT IS NOT COVERED

1. Any claim where **you** do not get pre-authorisation from **us** before returning to **your country of residence**. **We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.
2. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
3. Any **pre-existing medical conditions**.
4. Any claim relating to IVF treatment.
5. Claims where **you** have not provided the necessary documentation requested by **us**.
6. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
7. Any costs for cancellation or **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
8. Claims for travelling companions if they are not **covered persons**.
9. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
10. Any costs or charges for which the **public transport** provider will compensate **you**.
11. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
12. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
13. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
14. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
15. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
16. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.
17. Any unused or additional costs incurred by **you** which are recoverable from:
  - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - The providers of the transportation, their booking agents, travel agent, compensation scheme.
  - **Your** credit or debit card provider or Paypal.
18. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
19. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**.
20. Any amount for which **you** have claimed under CANCELLATION.

# BENEFIT SECTIONS

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## DELAYED DEPARTURE

### WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for more than 4 hours from the scheduled departure time due to:

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

**we** will pay **you**:

- a. €170 for the first full 4 hours that **your** departure is delayed, and
- b. €40 for each additional full 4 hour period of delay.

The maximum **we** will pay **you** per **trip** is €420.

**Please note:** If after a minimum of 24 hours delay on **your outward journey** and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under CANCELLATION AND CURTAILMENT. A refund or alternative compensation must initially be sought from the travel provider.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.
3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 4 hours of the scheduled departure time.
8. Any claims for delayed departure under this section if **you** have claimed under MISSED DEPARTURE or CANCELLATION or CURTAILMENT.
9. Privately chartered flights.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## EMERGENCY MEDICAL AND REPATRIATION EXPENSES

### THIS IS NOT PRIVATE MEDICAL INSURANCE

If **you** become unexpectedly ill, injured or have a complication of pregnancy and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €500 then **you** must contact **us** on: 353906406002.

# BENEFIT SECTIONS

**We may:**

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **us** and the treating **medical practitioner** believes that it is **medically necessary** and safe to do so. If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

## WHAT IS COVERED

Up to the amount shown in the **benefit table** for costs incurred outside **your country of residence** for:

- a. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes medical practitioners' fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
- b. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
- c. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- d. With **our** prior authorisation, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the **outward journey** unless **we** agrees otherwise.
- e. With **our** prior authorisation of and if deemed **medically necessary** by **our** Chief Medical Officer:
  - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you** cannot use **your** original ticket.
  - all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home to your country of residence**.
  - all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **covered persons** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.
- f. If **you** die abroad:
  - cremation or burial charges in the country in which **you** die; or
  - transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim except where **you** have used the European Health Insurance Card and it has been accepted by the treating facility.
2. Any claim arising directly or indirectly from any **pre-existing medical condition**.
3. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
4. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for

# BENEFIT SECTIONS

under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and it will be at **your** own risk and own cost.

5. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).
6. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
7. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
8. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
9. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
10. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
11. Additional costs arising from single or private room accommodation.
12. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing **home** or any rehabilitation centre unless agreed by **us**.
13. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
14. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
15. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
16. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
18. Any costs incurred in Australia where **you** would have been eligible and had the opportunity to enrol in the Medicare scheme and **you** have failed to do so.
19. Costs of telephone calls, other than calls to **us** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
20. Air-sea rescue costs.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## MEDICAL TELECONSULTATION

This cover will be applicable for FlySafe Plus insurance plan as well as any other insured person who book and travel on their **trip** together.

### WHAT IS COVERED

If **you** feel unwell during **your trip** and are unsure whether **you** can continue to travel, the insurer provides the opportunity for **you** to discuss **your** symptoms with a general practitioner. The doctor may deliver medical advice, perform a diagnosis or make recommendations for further steps to take, provided the symptoms allow it and it is medically justifiable. The online consultation should give **you** and **your** minor children peace of mind for the remaining duration of **your** travel time.

Teleconsultations are proposed in English, German, Spanish, French and Italian via call back request or video call via the app.

# BENEFIT SECTIONS

**You** can take advantage of the telemedical assistance via the app. For telemedical assistance via the “Doctor Please!” app, **you** can schedule an appointment yourself. The “Doctor Please!” app is available as a free download from the Google Play Store and the Apple App Store. **You** will need an access code for the app, this will be sent to **you** by **us**. Please note that insured dependent children over the age of 18 must set up their own account in this app. The consulting physician may also issue private prescriptions, if local regulation allows, via the app or to a pharmacy of **your** choice. **You** will be responsible for the costs of the prescription.

If, during the telemedical assistance, the doctor determines that **your** situation requires an in-person visit with a doctor to clarify **your** health condition and, if necessary, provide further treatment, the telemedical assistance ends. In this case, the doctor arranged by the insurer will recommend that **you** contact a local medical service provider (doctor, hospital or pharmacy) in order to coordinate any required further treatment with them. **You** can then contact our support teams, in order to be referred to a local healthcare professional, approved by the AXA network.

**Please note:** that the insurer does not provide a **medical emergency** service with this benefit. No immediate treatment is offered. If **you** have acute symptoms, please always seek local emergency care.

Telemedical assistance is provided directly by the doctor arranged by the insurer. The insurer does not take any responsibility for the advice given and the doctor is solely responsible for his medical advice provided.

The insurer will not provide any services beyond those described above. Should a medical treatment or any further medical measures required after a telemedical consultation, kindly refer to EMERGENCY MEDICAL EXPENSES.

## HOW MUCH WILL WE PAY

The costs of the telemedical assistance are covered in full by the insurer.

## WHAT IS NOT COVERED

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## MISSED DEPARTURE

### WHAT IS COVERED

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of:

- a. The failure of other scheduled **public transport**; or
- b. An accident to or breakdown of the vehicle in which **you** are travelling or a major event causing serious delay on the roads on which **you** are travelling;
- c. unexpected adverse weather

**we** will reimburse **you** up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

**Please note:** Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### WHAT IS NOT COVERED

1. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. Claims where **you** have not provided a written report from the carrier confirming the length and reason for

# BENEFIT SECTIONS

the delay.

3. Costs in excess of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
4. All amounts paid in compensation by the carrier.
5. Claims where **you** have not retained and provided original receipts for costs above €5.
6. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
7. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
8. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
9. Any claims for missed departure or missed connection under this section if **you** have claimed under CANCELLATION or DELAYED DEPARTURE.
10. Any expenses when reasonable alternative travel arrangements have been made available by the **public transport** operator within 12 hours of the actual departure time or actual connecting flight time.
11. Privately chartered flights.
12. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchasing the policy.
13. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements within 12 hours of the scheduled departure time or within 12 hours of an actual connecting flight arrival time.
14. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## OVERSEAS LEGAL EXPENSES

### DEFINITIONS - APPLICABLE TO THIS SECTION

ADVISER	Specialist solicitors or their agents.
ADVISER'S COST	Reasonable fees and disbursements incurred by the adviser with <b>our</b> prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against <b>you</b> and paid on the standard basis of assessment.
PANEL	<b>Our</b> panel of advisers who may be appointed by <b>us</b> to act for <b>you</b> .

### WHAT IS COVERED

Up to the amount shown in the **benefit table** for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury**, illness or death during **your trip**. **We** will also pay reasonable costs for an interpreter **we** have selected for court proceedings.

### HOW WE SETTLE LEGAL EXPENSES CLAIMS

**We** will appoint a member of **our** panel to handle **your** case. However, should **you** choose to appoint an **adviser** to act on your behalf, **you** must notify **us** immediately to that effect. **We** will, upon receipt of **your** notice, advise **you** of any conditions concerning such appointment.

Please refer to MAKING A CLAIM for the documents you would need to provide.



# BENEFIT SECTIONS

## SPECIAL CONDITIONS

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 90 days of you becoming aware of an incident which may generate a claim.
2. **We** will provide **you** with a claim form which must be returned promptly with all information **we** require. **You** must supply at **your** own expense all of the information which **we** require to decide whether a claim may be accepted.
3. **We** will only authorise a legal **adviser** if there is a reasonable prospect of success.
4. **We** will only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken where there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** choice instead of the panel **adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our** standard panel **adviser's costs**.
5. **We** will not initiate legal proceedings in more than one country for the same occurrence.
6. **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

## WHAT IS NOT COVERED

1. Any claim where **we** think there is not more than a 51% chance of **you** winning the case or achieving a reasonable settlement.
2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **us** within 90 days of the incident or as soon as reasonably possible.
4. Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip, us**, Inter Partner Assistance S.A, **your** employer, **us** or **our** agents.
5. Claims against someone **you** were travelling with or another **covered person** or any other person covered under any Etihad policy.
6. Legal action where in **our** opinion the estimated amount of compensation is less than € 750 or where **you** do not have a reasonable chance of success.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred on the condition that **your** action is successful.
9. Penalties or fines which a Court awards against **you**.
10. Claims by **you** other than in **your** private capacity.
11. Any claims occurring when travelling in **your country of residence**.
12. Claims arising from when **you** are travelling in **your country of residence**.
13. Anything listed in EXCLUSIONS APPLICABLE TO ALL BENEFITS.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## PERSONAL ACCIDENT

### WHAT IS COVERED

Up to the amount shown in the **benefit table**, if **you** suffer a **bodily injury** caused by an accident during a **trip**, which within 12 months directly results in **you**:

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- **Permanent total disablement**

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for **permanent total disablement**.

# BENEFIT SECTIONS

Loss of:	Benefit Amount
Both hands	100% of the <b>Permanent total disablement</b> Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the <b>Permanent total disablement</b> Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than;
  - one benefit for the same **bodily injury**.
  - €2,000 if **you** are under 17 years of age or over 71 years old at the time of the **bodily injury**.

## WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Payment under **permanent total disablement** one year before the date **you** sustain **bodily injury**.
4. Normal and habitual travel between **you home** and place of employment or second residence will not be considered as a covered **trip**.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

## PERSONAL LIABILITY

### WHAT IS COVERED

Up to the amount shown in the **benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

## IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.

# BENEFIT SECTIONS

3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your** death, **your** legal representative(s) will have the protection of the **benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

## WHAT IS NOT COVERED

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first €250 of each and every claim arising from the same incident).
- f. **Your** criminal, malicious or deliberate acts.
- g. Punitive or exemplary damages.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

# EXCLUSIONS APPLICABLE TO ALL BENEFITS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim arising from a reason not listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** on page 29 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. Any claim after 24 hours from the arrival at **your** final destination if an open ticket or one way ticket was purchased.
5. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles in **your country of residence** and **your trip** destination and a crash helmet is worn (see the SPORTS AND ACTIVITIES Section on page 12) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
6. **Your** participation in or practice of any other sport or activity unless shown as covered in the **Sports and activities** on list page 12. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
7. **You** skiing against local authoritative warning or advice, off piste skiing or snowboarding where an avalanche warning of more than 2 is in place, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
8. Any claim resulting from **you** attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
9. Self-exposure to needless peril (except in an attempt to save human life).
10. Any claim resulting from **your** involvement in a fight except in self-defence.
11. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
12. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
13. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
14. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under CANCELLATION or CURTAILMENT.
15. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any **excess** beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
16. **Your** travel to a country, specific area or event when the Department of Foreign Affairs (DFA) or a regulatory authority in a country to/from which **you** are travelling has advised against all travel.
17. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
18. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
19. Any circumstances known to **you** before **you** purchased **your** policy or at the time of booking any **trip** which

# EXCLUSIONS APPLICABLE TO ALL BENEFITS

could reasonably have been expected to lead to a claim under this policy.

20. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
21. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
22. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under EMERGENCY MEDICAL AND REPATRIATION EXPENSES unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
23. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
24. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
25. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.
26. Any claim within the **country of residence**.
27. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.

## HOW TO MAKE A CLAIM

In the event of an emergency **you** should call **us** on 353906406002.

For all other claims please call **our** claims helpline on 353906406002 (Monday - Friday 09:00 – 17:00) to obtain a claim form or **you** can use **our** online claims form through <http://etihad-claims.axa.travel/>. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

**We** ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

**You** will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

## FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documentation showing the dates of travel and booking date.
- 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 that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s).

## BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

## BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

- If your **baggage** or **personal money** is lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of **you** noticing the item(s) missing.
- If your **travel documents** is lost or stolen a police or embassy report confirming **you** reported to the local authorities within 24 hours of **you** noticing the documents missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If **personal money** was lost or stolen a police report confirming what happened and what was lost, and any bank statements/bureau de change receipt as proof of ownership.
- A damage report and repair estimate for damaged item(s).
- Keep any damaged items beyond repair as **we** may need to inspect them.
- Original receipts for any additional accommodation or travel expenses incurred.

## CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide in the claim forms.

## CURTAILMENT

- Original receipt or booking invoice for new flight
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are curtailing due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

## DELAYED DEPARTURE

- Written confirmation from carrier (or their handling agents) confirming length and reason for delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.
- If after 24 hours delay on **your** initial outbound journey **you** choose to cancel, a cancellation invoice and letter from carrier confirming length and reason for delay.

## EMERGENCY MEDICAL EXPENSES

- In case of any **medical emergency you** must contact **us** on 353906406002 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after **our** prior authorisation, please provide these receipts.

## MISSED DEPARTURE

- Proof of reason for missed departure:
  - Failure of **public transport** – letter confirming length and reason of delay.
  - Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
  - Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

## OVERSEAS LEGAL EXPENSES

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Any writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

## PERSONAL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies).
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable).
- Full details of any witnesses, providing written statements where possible.

## PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

## COMPLAINTS PROCEDURE

**We** make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls

# GETTING IN CONTACT

below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

**You** can contact the Complaints Team, who will arrange an investigation on **your** behalf, on: 353906406002.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the by writing to:

The Financial Services and Pensions Ombudsman  
Lincoln House,  
Lincoln Place,  
Dublin 2,  
D02 VH29

Phone: +353 1 567 7000

Email: [info@fspo.ie](mailto:info@fspo.ie)

These procedures do not affect **your** right to take legal action.

## COMPENSATION SCHEME

Inter Partner Assistance S.A. is covered by the Insurance Compensation Fund. **You** may be entitled to compensation from the fund if Inter Partner Assistance S.A. cannot meet its obligations. The Insurance Compensation Fund may provide funds for liquidators so that they may pay the valid claims of insolvent Insurers. **You** can get more information about compensation fund arrangements from the Central Bank of Ireland.

## CANCELLATION OF YOUR POLICY

### STATUTORY CANCELLATION RIGHTS

**You** may cancel this policy within 14 days of receipt of the policy documents (new business) by contacting Etihad through [www.etihad.com/en-us/help/contact-us](http://www.etihad.com/en-us/help/contact-us) during the **Cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any Cancellations after this 14 day period will not be refunded.

### CANCELLATION OUTSIDE THE STATUTORY PERIOD

**You** may cancel this policy at any time after the **Cancellation period** by contacting Etihad through [www.etihad.com/en-us/help/contact-us](http://www.etihad.com/en-us/help/contact-us) during the Cancellation period. If **you** cancel after the **Cancellation period** no premium refund will be made.

**We** reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. No refund of premium will be made.

### NON PAYMENT OF PREMIUMS

**We** reserve the right to cancel this policy immediately in the event of non payment of the premium.

## USE OF YOUR PERSONAL DATA

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at [www.axapartners.com/en/page/en.privacy-policy](http://www.axapartners.com/en/page/en.privacy-policy).

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.



# GETTING IN CONTACT

**We** use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

**We** keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

**You** are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to **your** data protection authority or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer  
AXA  
106-108 Station Road  
Redhill  
RH1 1PR

Email: [dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)