



ALLIANZ PARTNERS TRAVEL INSURANCE POLICY

SINGLE TRIP & ANNUAL MULTI-TRIP

Cover is for residents of the Republic of Ireland only.

This *policy* does not cover claims relating to *pre-existing medical conditions*.

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COVER SUMMARY

COVER SECTION	GOLD		SILVER		BRONZE	
	LIMIT	EXCESS	LIMIT	EXCESS	LIMIT	EXCESS
A - Trip Cancellation	€ 6,500	€ 50	€ 3,000	€ 75	€ 1,000	€ 100
B - Trip Interruption Trip curtailment Early / Delayed Return Trip Continuation Extended stay - Accommodation daily limit	€ 6,500 Total costs are capped at the trip interruption limit. € 150	€ 50	€ 3,000 Total costs are capped at the trip interruption limit. € 100	€ 75	€ 1,000 Total costs are capped at the trip interruption limit. € 75	€ 100
C - Travel Delay The following apply under section benefit 1: i. a minimum delay of 4 complete hours; and ii. a daily limit: - With receipts - No receipts	€ 1,000 € 150 € 75	Nil	€ 600 € 100 € 50	Nil	€ 300 € 50 € 25	Nil
D - Baggage - High value items limit	€ 3,000 € 1,000 total	€ 50	€ 2,000 € 500 total	€ 75	€ 1,000 € 200 total	€ 100
E - Baggage Delay (after a minimum delay of 12 complete hours) - No receipts limit	€ 500 € 50	Nil	€ 300 € 50	Nil	€ 150 € 50	Nil
F - Emergency Medical/Dental Cover Abroad - Dental cover	€ 10 million € 500	€ 50	€ 5 million € 350	€ 75	€ 1 million € 250	€ 100
G - Emergency Transport - Search and rescue	No limit € 10,000	€ 50	No limit € 5,000	€ 75	No limit € 1,000	€ 100
H - Personal Liability	€ 1 million	€ 50	€ 1 million	€ 75	€ 1 million	€ 100
I - Travel Accident - Permanent disability - Death	€ 50,000	Nil	€ 25,000	Nil	€ 10,000	Nil
J - Travel Services During Your Trip	Included	Nil	Included	Nil	Included	Nil
K - Travel Documents	€ 500	Nil	€ 250	Nil	Not included	
L - Personal Money - Cash limit	€ 750 € 300	€ 50	€ 500 € 250	€ 75	Not included	
OPTIONAL COVER SECTIONS (ONLY COVERED IF SHOWN AS BEING INCLUDED ON <i>YOUR</i> POLICY SCHEDULE)						
M - Sports Cover - Missed activity - Sporting equipment - Sporting equipment rental - Search and rescue	€ 500 € 1,000 € 500 € 2,000	€ 50 € 50 Nil Nil	€ 500 € 1,000 € 500 € 2,000	€ 75 € 75 Nil Nil	Not available	

N - Cruise Cover			Not available	Not available
- Missed port of call	€ 50 per port (€200 max)	Nil		
- Cabin Confinement	€ 200	Nil		
- Low/High Water	€ 50 per occurrence (€200 max)	Nil		
- Shore Excursions	€ 200	Nil		
- Denied Boarding	€ 200	Nil		

The above is only a brief description of the cover available under *your policy*. Terms, conditions, and exclusions apply to all covers. Please carefully review *your policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to those terms when used in this 'Cover Summary'.

IMPORTANT NOTICES:

- **Insurer:** AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.
- **Mode of travel:** valid for all modes of travel.
- **Insured duration of travel:** The insurance *policy* is valid for the duration shown on *your policy* schedule:
 - for single trip policies, a maximum *trip* duration of 90 days is possible.
 - for annual multi-trip policies, a maximum duration of 30 days per *trip* is possible.
- **Cover limits:** The cover limits shown in the 'Cover Summary' above are per named insured person.
- **Notes on the conclusion of insurance:** The cover for an insured *trip* under the Trip Cancellation coverage concludes upon commencement of the *trip*. For the other coverages, the insurance cover ends at the agreed point in time, as shown on *your policy* schedule. The cover for each *trip* will end at the very latest with the completion of the *trip*. In the following case, the insurance cover will be extended beyond the agreed point in time: if the end of the *trip* is delayed for reasons outside of *your* control and which are covered under this *policy*.

Note:

If the insured event occurs, *we* will only be obliged to provide indemnity if the premium has been paid, or if *you*, as the policyholder, are not at fault for the non-payment of the premium.

IMPORTANT CONTACT DETAILS

Customer Service: Phone: +353 1 619 3681

Claims and related enquiries: Phone: +353 1 619 3682
 E-mail: claims.awpeurope@allianz.com
 visit: www.allianz-protection.com

24-hr Emergency Medical Assistance: Phone: +353 1 637 3686

Note:

All calls may be monitored or recorded.

GENERAL INFORMATION

WHO WE ARE

We are a Dutch branch of AWP P&C S.A., which has its registered office in Saint-Ouen-sur-Seine, France. *We* also operate under the trading name Allianz Partners.

Our business address is:
Poeldijkstraat 4
1059 VM Amsterdam
The Netherlands

Our postal address is:
PO Box 9444
1006 AK Amsterdam
The Netherlands

AWP P&C S.A. – Dutch Branch, trading as Allianz Partners, is an insurer licensed to act in all EEA countries and located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands operating in freedom of services, with corporate identification No 33094603, and registered at the Dutch Authority for the Financial Markets (AFM) No 12000535.

AWP P&C S.A. – Dutch Branch is regulated by the Central Bank of Ireland for conduct of business rules.

AWP P&C S.A., which has its registered office in 7 rue Dora Maar, Saint-Ouen-sur-Seine, France, is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09.

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* cover. If *you* have any questions, *we* are available during *our* working hours listed in the Cover Summary. Just visit *us* online or give *us* a call using the contact information listed in the Cover Summary. If *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are in bold italics. These words are defined in the 'Definitions' section. Words that are capitalised refer to the document and cover names found in this *policy*. Headings are provided for convenience only and do not affect *your* cover in any way.

ELIGIBILITY

This *policy* is only available to *you* if:

- *you* have *your primary residence* in the Republic of Ireland and *you* are registered with a *doctor* in *your* country of residence;
- *you* must have been physically present in *your* country of residence for at least 183 days within the last 12 months before this *policy* was issued;
- *you* are in *your* country of residence at the time of purchasing this *policy*;
- the person buying this insurance is 18 years of age or over at the date of purchase;
- *you* must not be older than 65 years of age on the date *your policy* was issued for annual multi-trip policies (there is no age limit on the single trip policy);
- *your trip* starts and ends in *your* country of residence, within the period of cover shown on *your policy* schedule;
- *you* are not travelling with the intention of receiving medical treatment;
- *you* are fit to travel on *your trip* and are not travelling against the advice of a *doctor* or where *you* would have been if *you* had sought their advice before commencing *your trip*.

We will only cover *you* for the whole *trip*. Any *trip* that has begun when *you* purchase this insurance will not be covered.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of two parts:

1. The *policy* schedule,
2. This *policy* document, which describes the covers (including the 'Cover Summary', which provides the particular list of covers and benefits covered), main provisions, and conditions that govern this *policy*.

Note:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *policy* document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all covers under *your policy*.

CANCELLATION RIGHTS

If *your* cover does not meet *your* requirements and *you* decide to cancel *your policy*, please notify *us* within 14 days of receiving *your policy* schedule for a refund of *your* premium.

You can contact *us* by calling +353 1 619 3681 or emailing contract.awpeurope@allianz.com

If during this 14 day period *you* have travelled, made a claim or intend to make a claim then no refund will be made.

Please note that *your* cancellation rights are no longer valid after this initial 14 day period.

COMPLAINTS

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

Step 1

In the first instance, please contact *us* as follows:

Phone: +353 1 619 3681

Email: claims.awpeurope@allianz.com

Step 2

If *you* are not satisfied with *our* final response *you* can refer the matter to the Financial Services and Pensions Ombudsman for independent arbitration.

Visit: www.fspo.ie

Write to: Financial Services and Pensions Ombudsman,
3rd Floor Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29

Phone: +353 1 567 7000

Email: info@fspo.ie

POLICY EXCESS

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

INSURANCE COMPENSATION FUND

The Insurer is a member of the Insurance Compensation Fund, which was formed under the Insurance Act 1964 (as amended). *You* may be entitled to compensation from this scheme, if the Insurer cannot provide the services *you* have paid for.

GOVERNING LAW

Unless agreed otherwise, Irish law will apply and all communications and documentation in relation to this *policy* will be in English. In the event of a dispute concerning this *policy* the Irish courts shall have exclusive jurisdiction.

THIRD PARTY RIGHTS

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

STAMP DUTY

The insurer has paid or will pay the appropriate Stamp Duty in accordance with the provisions of Section 5 Stamp Duties Consolidation Act 1999.

INSURANCE ACT 1936

All monies which may become due or payable by *us* shall be payable in Ireland.

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in bold italics are defined in this section.

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Act of war</i>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<i>Adoption proceeding</i>	A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Civil disorder</i>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, <i>vandalism</i> , lawlessness, disobedience, or obstruction of free access or movement in public areas. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , or <i>war</i> .
<i>Climbing sports</i>	An activity using harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer system</i>	Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Cyber risk</i>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorised, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
<i>Departure date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Doctor</i>	Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>travelling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .

<i>Epidemic</i>	A contagious disease recognised or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<i>Family member</i>	<p><i>Your</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers;
<i>First responder</i>	Emergency personnel (such as a police officer, paramedic, or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
<i>High-altitude activity</i>	An activity that includes, or is intended to include, going above 4,500 meters above sea level, other than as a passenger in a commercial aircraft.
<i>High value items</i>	Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
<i>Hospital</i>	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organised departments of medicine and major surgery; and 3. Be licensed where required.
<i>Identification document</i>	A national identity card, residence permit, driving license, registration certificate, passport, boat license, fishing and hunting license. For natural persons acting as individual entrepreneurs and in the context of their professional activity, registration certificates for vehicles for professional use.
<i>Illegal act</i>	An act that violates law where it is committed.
<i>Injury / Injured</i>	Physical bodily harm.
<i>Key</i>	<p><i>Keys</i>, including remote controls, to <i>your</i> primary and secondary home(s), vehicles, and bank safety deposit boxes.</p> <p><i>Keys</i> to <i>your</i> business premises, business vehicles, and business safes, when <i>you</i> are acting in <i>your</i> professional capacity.</p>
<i>Local public transportation</i>	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>travelling companion</i> less than 150 kilometres.

<i>Mechanical breakdown</i>	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre, or running out of fluids (except fuel).
<i>Medical escort</i>	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>travelling companion</i> , or <i>family member</i> .
<i>Medically necessary</i>	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
<i>Natural disaster</i>	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<i>Pandemic</i>	An <i>epidemic</i> that is recognised or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
<i>Personal Money</i>	Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.
<i>Policy</i>	This travel insurance contract. The <i>policy</i> includes this policy document and the policy schedule.
<i>Political risk</i>	Any one or more of the following: <ul style="list-style-type: none"> • Any event, organised resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or organised political or ruling group; • Nationalisation; • Confiscation; • Expropriation; • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Uprising; • Military and usurped power.
<i>Primary residence</i>	<i>Your</i> permanent, fixed home address for legal and tax purposes.

<i>Pre-existing medical condition</i>	<p>An <i>injury</i>, illness, or medical condition that, within the 180 days prior to and including the purchase date of this <i>policy</i> or the booking date of <i>your trip</i> (whichever is later):</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 180 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<i>Quarantine</i>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>travelling companion</i> has been exposed.
<i>Reasonable and customary costs</i>	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
<i>Refund</i>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<i>Return date</i>	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Service animal</i>	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered <i>service animals</i> . The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
<i>Severe weather</i>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<i>Sporting equipment</i>	Equipment or goods used to participate in a sport.

Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), which constitutes terrorism as recognised by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic, ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include political risk .
Traffic Accident	An unexpected and unintended traffic-related event, other than mechanical breakdown , that causes injury , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by your tour operator; or 4. Local public transportation.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.
Travelling companion	A person or service animal travelling with you or travelling to accompany you on your trip . A group or tour leader is not considered a travelling companion unless you are sharing the same room with the group or tour leader.
Trip	Your travel to, within, and/or from a location away from your primary residence , which is originally scheduled to begin on your departure date and end on your return date . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work. The maximum trip durations that can be covered are: <p style="text-align: center;">For single trip policies: 90 days</p> <p style="text-align: center;">For annual multi-trip policies: 30 days per trip</p> For annual multi-trip policies, cover includes travel within your country of residence as long as your trip includes at least two nights pre-booked accommodation .
Uninhabitable	A natural disaster , fire, flood, burglary, or vandalism (except where vandalism is a part or a result of a cause of loss excluded under this policy) has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their primary residence or accommodation inaccessible or unfit for use.
Vandalism	Any illegal act that intentionally causes damage to or destruction of public or private tangible property.
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organised political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
We, Us, or Our	AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.

Work strike

An organised and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region or nation. This also does not include any strike that rises to the level of or is connected with any ***civil disorder*** or ***political risk***.

You or Your

All named persons listed as being insured on the ***policy*** schedule.

WHEN YOUR COVER BEGINS AND ENDS

You are only eligible for cover if *we* accept *your* request for insurance. *Your policy's* cover effective date and cover end date are indicated in *your* policy schedule. The *policy* is effective on the day *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date*.

Cover is only provided for losses that occur while *your policy* is in effect.

SINGLE TRIP POLICIES

Except for same-day return *trips*, the *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your policy ends on the cover end date listed in *your* policy schedule. However, there are situations where *your policy* may end on a different date.

Additionally, *your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*;
2. At 23:59 on the day *you* file a *trip* cancellation claim with *us*;
3. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. At 23:59 on the 90th day of the *trip*

Note:

Please note that the single trip *policy* applies for a specific *trip* and cannot be renewed.

However, if *your* return travel is delayed due to a reason covered under this *policy*, *we* will extend *your* cover period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility in *your* country of residence for further care following a medical repatriation or *trip* interruption.

ANNUAL MULTI-TRIP POLICIES

Your policy will start and end according to the dates shown on the *policy* schedule.

The cover for each *trip* during the *policy* year begins and ends as follows:

Cover under Section A - Trip Cancellation begins from the start date shown on the *policy* schedule or the date *you* booked *your trip* (whichever is later) and ends when *you* start *your trip*.

The cover on all other sections begins when *you* start that *trip* and ends on the earliest of the below events:

1. At 23:59 on the day *you* cancel *your policy*;
2. At 23:59 on the day *you* cancel that *trip* or file a *trip* cancellation claim with *us* (whichever is earlier);
3. At 23:59 on the day *you* end that *trip*, even if *you* end that *trip* early;
4. At 23:59 on the day *you* arrive at a medical facility in *your* country of residence for further care if *you* end that *trip* due to a medical reason; or
5. At 23:59 on the 30th day of the *trip*.

Note:

If *your* return travel is delayed due to a covered reason, *we* will extend *your* cover period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility in *your* country of residence for further care following a medical repatriation or *trip* interruption.

AREA OF VALIDITY

Provided *you* follow any travel advice issued by the government in *your country of residence* and in any country *you* are travelling from, to or through, *you* will be covered in the country, countries or area that *you* have selected cover for, as shown on *your policy* schedule.

Important:

Section F – Emergency Medical/Dental Cover Abroad does not apply to *your trip* while *you* are in *your country of residence*.

Note:

You will not be covered if *you* do not follow any advice or recommendation made by any of the following: the Department of Foreign Affairs (DFA), World Health Organization (WHO) or any government or other official authority at any destination *you* are travelling from, through or to. For further details of the DFA travel advice, visit www.dfa.ie/travel/travel-advice/

DESCRIPTION OF COVERS

In this section, **we** will describe the many different types of insurance covers which are included in **your policy**. **We** explain each type of cover and the specific conditions that must be met for the cover to apply.

Note:

Exclusions may apply.

A. TRIP CANCELLATION COVER

If **your trip** is cancelled or rescheduled for a **covered reason** listed below, **we** will reimburse **you** for **your** non-refundable **trip** payments, deposits, cancellation fees, and change fees (less available **refunds**), up to the maximum benefit for 'Trip Cancellation' cover listed in **your** 'Cover Summary'. Please note that this cover only applies before **you** have left for **your trip**.

Also, if **you** prepaid for shared **accommodation** and **your travelling companion** cancels their **trip** due to one or more of the **covered reasons** listed below, **we** will reimburse any additional **accommodation** fees **you** are required to pay.

Important:

You must notify all of **your travel suppliers** within 72 hours of discovering that **you** will need to cancel **your trip** (this includes being advised to cancel **your trip** by a **doctor**). If **you** notify any **travel suppliers** later than that and get a smaller **refund** as a result, **we** will not cover the difference. If a serious illness, **injury**, or medical condition prevents **you** from being able to notify **your travel suppliers** within that 72-hour period, **you** must notify them as soon as **you** are able.

COVERED REASONS:

1. **You** or a **travelling companion** becomes ill or **injured**, or develops a medical condition disabling enough to make **you** cancel **your trip** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19).

The following condition applies:

- a. A **doctor** advises **you** or a **travelling companion** to cancel **your trip** before **you** cancel it.

2. A **family member** who is not travelling with **you** becomes ill or **injured**, or develops a medical condition (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19).

The following condition applies:

- a. The illness, **injury**, or medical condition must be considered life threatening by a **doctor**, or require hospitalisation.

3. **You**, a **travelling companion**, **family member**, or **your service animal** dies on or after **your policy's** cover effective date and before **your trip**.

4. *You* or a *travelling companion* is *quarantined* before *your trip* due to having been exposed to:
- a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly:
 - to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or
 - based on to, from, or through where the person is travelling.This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.

5. *You* or a *travelling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

- a. *You* or a *travelling companion* need medical attention; or
- b. *Your* or a *travelling companion's* vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *You* or a *travelling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your travelling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least 12 continuous months.

9. *You* or a *travelling companion* secures new permanent, paid employment, after *your policy's* purchase date, that requires presence at work during the originally scheduled *trip* dates.

10. *You* or a *travelling companion's primary residence* is permanently relocated by at least 150 kilometres due to a transfer by *your* or a *travelling companion's* current employer. This cover includes relocation due to transfer by *your* spouse's current employer.

11. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

12. *You* or a *travelling companion* receive a legal notice to attend an *adoption proceeding* during *your trip*.

13. *You*, a *travelling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of *war* or disciplinary action.

14. *You* or a *travelling companion* is medically unable to receive an immunisation required for entry into a destination.

15. *Your* or *travelling companion's* travel documents required for the *trip* are stolen

The following condition applies:

- a.** *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities that would allow *you* to keep the originally scheduled *trip* dates

Important:

The following covered event is only applicable if *you* have paid the appropriate premium and Sports cover is shown as being included on *your* policy schedule.

16. *You* or a *travelling companion* become ill or *injured*, or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) disabling enough to prevent *you* or the *travelling companion* from participating in the activity that is the main purpose of *your trip*.

The following condition applies:

- a.** A *doctor* advises *you* or the *travelling companion* not to participate in the activity before *your departure date*.

B. TRIP INTERRUPTION COVER

TRIP CURTAILMENT

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available refunds, up to the maximum benefit for 'Trip Curtailment' cover listed in the 'Cover Summary', for the prorated portion of *your* insured unused non-refundable *trip* payments and deposits.

Important:

You must notify all of *your travel suppliers* as soon as practicable once *you* know that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller refund as a result, *we* will not cover the difference. If a *serious illness, injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* at the time *you* discover you need to interrupt *your trip*, *you* must notify them as soon as *you* are able.

Note:

We will not reimburse *you* for the unused non-refundable portion of *your* original return ticket under Trip Curtailment cover if *we* have paid or reimbursed *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under Early/Delayed Return cover.

EARLY/DELAYED RETURN

If *you* have to return earlier or later than *your* original *return date* due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds*, for the cost of a *travel carrier* ticket(s) for *your* return travel to *your primary residence* in the same class of service that *you* originally booked, up to the maximum benefit for 'Early/delayed return' cover listed in *your* 'Cover Summary'.

Note:

We will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return cover if *we* have reimbursed *you* for the unused non-refundable portion of *your* original return ticket under Trip Curtailment cover.

TRIP CONTINUATION

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below, *we* will:

1. pay or reimburse *you* for, less available *refunds*, the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for 'Trip Continuation' cover listed in *your* 'Cover Summary';
2. reimburse *you* for additional *accommodation* fees *you* are required to pay, less available *refunds*, up to the maximum benefit for Trip Continuation cover listed in *your* 'Cover Summary', if *you* prepaid for shared *accommodation* and *your travelling companion* has to end their *trip*.

EXTENDED STAY

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes *you* to stay at *your destination* (or the location of the interruption) longer than originally planned, *we* will reimburse *you*, less available *refunds*, up to the maximum benefit for 'Extended stay' cover listed in *your* 'Cover Summary', for additional *accommodation* and *local public transportation* expenses. The accommodation daily limit listed in *your* 'Cover Summary' applies to accommodation costs for extended stay.

COVERED REASONS:

1. *You* or a *travelling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

- a. A *doctor* must either examine or consult with *you* or the *travelling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not travelling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalisation.
3. *You*, a *travelling companion*, *family member*, or *your service animal* dies during *your trip*.
4. *You* or a *travelling companion* is *quarantined* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly:
 - to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or
 - based on to, from, or through where the person is travelling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
5. *You* or a *travelling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. *You* or a *travelling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.
8. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
9. *You* or a *travelling companion* is a traveller on a hijacked aircraft, train, vehicle, or vessel.

10. *You*, a *travelling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of *war* or disciplinary action.
11. *You* miss at least 50% of the length of *your trip* due to one of the following:
- a. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
 - b. A *work strike*, unless threatened or announced prior to the purchase of *your policy*;
 - c. A *natural disaster*;
 - d. Roads are closed or impassable due to *severe weather*;
 - e. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;

Note:

You must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities

- f. *Civil disorder*, unless it rises to the level of *political risk*.

12. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

C. TRAVEL DELAY COVER

If *you* or a *travelling companion's trip* is delayed for one of the *covered reasons* listed below, *we* will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* 'Cover Summary' for 'Travel Delay':

1. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* 'Cover Summary', as follows:
 - a. If *you* provide receipts, the 'With Receipts Daily Limit' applies; or
 - b. If *you* do not provide receipts, the 'No Receipts Daily' Limit applies.

The duration of the delay must be for at least the Minimum Required Delay listed in *your* 'Cover Summary'.
2. If the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
3. If the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

Note:

We will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility.

The delay must be due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
2. A *work strike*, unless threatened or announced prior to the purchase of *your policy*;
3. *Quarantine* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*, or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly:
 - to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or
 - based on to, from, or through where the person is travelling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, except when it is a *terrorist event*;
7. *Civil disorder*, unless it rises to the level of *political risk*; or
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *travelling companion* boarding based on a suspicion that *you* or a *travelling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

D. BAGGAGE COVER

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for 'Baggage Cover' in *your* 'Cover Summary':

1. Cost to repair the damaged *baggage*; or
2. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item; and

For items without an original receipt or a proof of purchase, *we* will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item.

- e. *You* must report theft or loss of a cellular device to *your* network provider and request they block the device.

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. Hearing aids, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopaedic devices;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers cheques, securities, bullion, and *keys*;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items;
13. Firearms and other weapons, including ammunition;
14. Intangible property, including software and electronic data;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a car, locked or unlocked;
18. *Baggage* while it is:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer;
 - c. Unattended in an unlocked motor vehicle; or
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
19. *Baggage* that is misplaced, forgotten, or lost while in *your* possession.

E. BAGGAGE DELAY COVER

If *your baggage* is delayed by a *travel supplier* during *your trip*, *we* will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* 'Cover Summary' for 'Baggage Delay'.

The following conditions apply:

1. *Your baggage* must be delayed for at least the Minimum Required Delay listed under 'Baggage Delay' in *your* 'Cover Summary'.
2. If *you* do not provide receipts, the maximum amount payable is the 'No Receipts Limit' listed in *your* 'Cover Summary'. Only available for *your* outbound travel (not *your* return travel).

F. EMERGENCY MEDICAL/DENTAL COVER ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* abroad for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for 'Emergency medical/dental cover abroad' in *your* 'Cover Summary' (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip* abroad, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *you* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip* abroad, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* Emergency medical/dental cover.

Important:

Please note that this is secondary cover. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide cover in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.

The following conditions and exclusions apply:

1. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorised to practice medicine or dentistry.
2. This cover will not pay for any care provided after *your* cover ends.
3. This cover will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip* abroad.
4. This cover will not pay for any non-emergency care or services in general and the following care and services in particular:
 - a. Elective cosmetic surgery or care;
 - b. Annual or routine exams;
 - c. Long-term care;
 - d. Allergy treatments (unless the allergic reaction is life threatening);
 - e. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 - f. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilise *you*);
 - g. Experimental treatment; and
 - h. Any other non-emergency medical or dental care.

G. EMERGENCY TRANSPORTATION COVER

Important:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not and shall not be deemed to be a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

EMERGENCY EVACUATION (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, *we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition;
2. *We* will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply:

1. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorise and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorise or arrange;
2. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
3. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide cover;
4. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

MEDICAL REPATRIATION (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in *your* country of residence; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.
(please see the next page for conditions relating to this cover)

The following conditions apply:

1. Special *accommodation* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
2. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorise and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorise or arrange;
3. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
4. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide cover;
5. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

TRANSPORT TO BEDSIDE (Bringing a friend or your family member to you)

If *you are* told by the treating *doctor* during *your trip* that *you* will be hospitalised (including being hospitalised due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 7 days during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

We will, also, pay for this friend's or *your family member's accommodation* expenses during the stay, up to the maximum benefit listed in *your* 'Cover Summary'.

The following condition applies:

1. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorise and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

RETURN OF DEPENDENTS (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* during *your trip* that *you* will be hospitalised (including being hospitalised due to an *epidemic* or *pandemic* disease such as COVID-19) for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your travelling companions* who are under the age of 18, or are dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*, or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your travelling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

1. This benefit is only available while *you* are hospitalised, or if *you* die, and if *you* do not have an adult *family member* travelling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
2. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorise and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

REPATRIATION OF REMAINS (Getting *your* remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence.

The following conditions apply:

1. Someone acting on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorise and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
2. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, *we* will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

SEARCH AND RESCUE

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for Search and Rescue Cover in *your* 'Cover Summary', if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

H. PERSONAL LIABILITY COVER

Important:

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

If **you** are legally liable for something **you** do that results in one of the following, **we** will pay up to the maximum benefit for 'Personal liability' shown in the 'Cover summary', plus any other costs **we** agree to in writing:

1. Bodily injury to any person, except **you**, a **family member** or a **travelling companion**.
2. Loss of or damage to property which **you** do not own and which **you** or a **family member** have not hired, loaned or borrowed.
3. Loss of or damage to the **accommodation you** are using on **your trip** that does not belong to **you** or a **family member**.

The following additional exclusions apply:

1. Any liability for something which:
 - a. is suffered by anyone employed by **you** or a **family member** and is caused by the work they are employed to do;
 - b. is caused by something **you** deliberately did;
 - c. is caused by something **you** deliberately did not do, but should have;
 - d. is caused by **your** employment or the employment of a **family member**;
 - e. is caused by **you** using any firearm or weapon;
 - f. is caused by any animal **you** own, look after or control; or
 - g. **you** agree to take responsibility for, if **you** would not have otherwise been held responsible for it.
2. Any contractual liabilities.
3. Any liability for bodily injury suffered by **you**, a **family member** or a **travelling companion**.
4. Compensation or other costs caused by accidents arising from **you** owning, hiring or using:
 - a. any land or building (except for **you** staying in the **accommodation you** are using on **your trip**);
 - b. motorised or mechanical vehicles and any trailers attached to them; or
 - c. aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. **You** must give **us** a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).
2. **You** must give **us** any writ, summons or other correspondence **you** receive from a third party.
3. **You** must not admit liability, offer to make any payment or correspond with any third party without **our** permission in writing.
4. **You** must give **us** full details of any witnesses and any written statements, if possible.

I. TRAVEL ACCIDENT COVER

If *you* are injured in an *accident* that happens during *your trip*, *we* will pay *you* or *your* beneficiaries up to the amount shown in the 'Cover Summary' if the *accident* results in one of the following:

1. *your* death within one year of the *accident*; or
2. *your* permanent physical disability within three months after the *accident*.

Important:

Compensation under this cover will not be paid to beneficiaries who either caused the *accident* or are convicted in court for causing *your* death or permanent physical disability.

Note:

The limit shown in the 'Cover Summary' applies in total and is not per permanent disability, even if *your injuries* from the *accident* result in several separate permanent disabilities.

The following conditions apply:

1. *You* must allow the *doctors* appointed by *us* to examine *you* after the *accident*. *We* will pay the costs necessary for the examination.
2. *You* must allow *your* treating *doctors*, other insurers, social insurance agencies and other authorities to share all medical and non-medical information related to the *accident* with *us*.

The following additional exclusions apply:

No cover is available for any *accident* that results directly or indirectly from any of the following:

1. *you* experience incapacity affecting *your* whole body caused by a medical condition or medical event;
2. *you* racing any motorised or mechanical vehicle;
3. *your* use of any motorcycle, quad bike (ATV) or Go-Kart with 125cm³ or higher engine displacement;
4. manual work carried out as part of *your* profession;
5. any air travel incident when the air travel is operated by an airline shown as being banned under The EU Air Safety List, regardless of the departure and destination locations;
6. *your* participation in military exercises.

J. TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, *we* are available 24 hours a day. With *our* global reach and multi-lingual staff, *we* are here to help *you*.

FINDING A DOCTOR OR MEDICAL FACILITY

If *you* need care from a *doctor* or medical facility while *you* are travelling, *we* can assist *you* in finding one.

MONITORING YOUR CARE

If *you* are hospitalised, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*.

LOST TRAVEL DOCUMENTS ASSISTANCE

If *your* passport or other travel documents are lost or stolen, *we* can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

EMERGENCY LANGUAGE TRANSLATION

We can assist *you* with translation services in the event *you* need help in a foreign country.

EMERGENCY CASH ASSISTANCE

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, *we* can assist in advising how to arrange the transfer of funds from *your* family or friends.

LEGAL REFERRALS

We can help *you* find local legal advice if *you* need it while *you* are travelling.

K. TRAVEL DOCUMENT COVER

Important:

The cover provided under this section is only available to the Gold and Silver levels of cover.

If *your* passport or visa is lost, stolen or destroyed while *you* are on *your trip*, *we* will reimburse *you*, up to the maximum benefit for 'Loss of Travel Documents' shown in the 'Cover Summary' for the following:

1. The cost of *your* necessary extra travel and *accommodation* expenses as well as administration costs for the issuing of the emergency passport and/or visa *you* need to continue *your trip* or return to *your primary residence*; and
2. The equivalent cost (based on the current standard replacement costs) of the period remaining on *your* passport that is lost or has been stolen or destroyed.

The following conditions apply:

You must:

1. have taken necessary steps to keep *your* passport and/or visa safe and to recover it, where possible;
2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a loss report from the consulate or embassy *you* reported it to; and
4. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless *you* can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by *your* bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

L. PERSONAL MONEY COVER

Important:

The cover provided under this section is only available to the Gold and Silver levels of cover.

If *your personal money* is lost or stolen while *you* are on *your trip*, *we* will reimburse *you*, up to the maximum benefit for 'Personal Money' shown in the 'Cover Summary', whether it is jointly owned or not.

The following conditions apply:

You must:

1. have taken necessary steps to keep *your personal money* safe and to recover it;
2. file and retain a copy of a police report in the case of theft;
3. have filed and retained a copy of a report giving the details of the *personal money* and its value with the appropriate local authorities, *travel carrier*, hotel or tour operator within 24 hours of discovery of a loss; and
4. provide documentary evidence of the value of the lost or stolen *personal money* as well as the original source for cash.

The following exclusions apply:

1. This *policy* will not pay for *personal money* if one of the following apply:
 - a. it is not being carried by *you*;
 - b. it is not locked in the secure private *accommodation* *you* are using on *your trip*; or
 - c. it is not locked in a safe or security deposit box.
2. Reimbursement, unless *you* can provide evidence of the amount of currency *you* had, from the place where *you* got the currency.
3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.
4. *Personal money* left in a motor vehicle.
5. Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses *you*.
6. More than the lowest market value of equivalent *personal money* (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

M. SPORTS COVER (OPTIONAL)

Important:

The cover provided under this section is only applicable if *you* have paid the appropriate premium and Sports cover is shown as being included on *your policy* schedule. This optional add-on is only available under the Gold and Silver levels of cover.

MISSED ACTIVITY

If *you* cannot participate in one or more of *your* prepaid activities during *your trip* for a *covered reason* listed below, *we* will reimburse *you* for *your* non-refundable costs that *you* paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity Cover. Please note that this cover only applies before the start of the activity.

COVERED REASONS:

1. *You*, a *travelling companion*, or a *family member* who is participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
 - b. A *doctor* advises *you*, a *travelling companion*, or a *family member* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you*, the *travelling companion*, or the *family member* within 48 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.
2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require hospitalisation, or require *your* care.
3. *You* or a *travelling companion* dies on or after *your policy's* cover effective date.
 4. *Your family member* or *your service animal* dies on or within 30 days prior to the scheduled start date of the activity and on or after *your policy's* cover effective date.
 5. *Your* prepaid activity is cancelled by the supplier of the activity due to *severe weather*.
 6. *Your* ski resort closes 75% or more of its ski trails due to lack or excess of snow.

The following condition applies:

- a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

SPORTING EQUIPMENT COVER

If *your sporting equipment* is lost or damaged by a *travel supplier*, or stolen, while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for 'Sporting Equipment' in *your* 'Cover Summary':

1. Cost to repair the damaged *sporting equipment*; or

2. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

1. *You* have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it;
2. *You* have filed and have a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
3. *You* must provide original receipts or another proof of purchase for each lost, stolen or damaged item.

Important:

For items without an original receipt or a proof of purchase, *we* will only cover 50% of the current market price of each item.

The following are not covered:

1. Items other than *sporting equipment*;
2. Animals, including remains of animals;
3. Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;
4. Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;
5. Prosthetics, and orthopaedic devices, unless specifically designed for use in a particular sport;
6. Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;
7. Intangible property, including software and electronic data;
8. Property for business or trade;
9. Property *you* do not own;
10. *Your* gross negligence or wilful and wanton conduct leading to loss, theft, or damage of *your sporting equipment*, and
11. *Sporting equipment* while it is:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer; or
 - c. Unattended in an unlocked motor vehicle.

SPORTING EQUIPMENT RENTAL COVER

If *your sporting equipment* is lost, damaged, or delayed by a *travel supplier* during *your* outbound travel, or stolen while on *your trip*, *we* will reimburse the necessary costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for 'Sporting Equipment Rental cover' in *your* 'Cover Summary'. This cover does not include motorised equipment or vehicles.

The following condition applies:

- a. *You* have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

SEARCH AND RESCUE

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for 'Search and Rescue cover' in *your* 'Cover Summary', if *you* are reported missing during *your trip* or have to be rescued from a physical emergency. The maximum benefit listed for this cover is in addition to any other search and rescue benefit that this *policy* provides.

N. CRUISE COVER (OPTIONAL)

Important:

The cover provided under this section is only applicable if *you* have paid the appropriate premium and Cruise cover is shown as being included on *your* policy schedule. This optional add-on is only available under the Gold level of cover.

MISSED PORT OF CALL

If *you* are on a cruise that misses a scheduled port of call indicated on *your* original itinerary or replaces it with another port of call, *we* will pay *you* the per port amount listed on *your* 'Cover Summary' for each port *you* missed, up to the maximum benefit listed for 'Missed Port of Call' Cover on *your* 'Cover Summary'.

LOW/HIGH WATER

We will pay *you* the per occurrence amount listed on *your* 'Cover Summary', up to the maximum limit listed for 'Low/High Water' cover on *your* 'Cover Summary', for each cruise interruption of *your* river cruise caused by insufficient or excess water levels, where the *travel supplier* provides only land-based alternative *accommodation* or requires that *you* change ships.

We will not pay for covered losses caused by the same event under more than one of: Low/High Water cover, Missed Port of Call cover, or Travel Delay cover.

CABIN CONFINEMENT

We will pay *you* the amount listed on *your* 'Cover Summary' if a *doctor* on board *your* cruise ship advises *you*, individually and personally, not to leave *your* cabin because *you* have an *injury* or illness during *your trip*.

We will not pay for covered losses caused by the same event under more than one of: Cabin Confinement cover, Travel Delay cover, or Trip Interruption cover.

SHORE EXCURSIONS COVER

We will reimburse *you*, less available *refunds*, up to the amount listed on *your* 'Cover Summary' for the cost of excursions *you* have pre-paid but cannot go on during *your trip* because:

1. a *doctor* has advised *you* not to go on the excursion because of *your* illness, *injury*, or a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19) during *your trip*; or
2. *your* cruise ship cannot make a scheduled stop at a port because of bad weather or other restrictions;

We will not pay for covered losses caused by the same event under more than one of: Missed Port of Call cover, Trip Interruption cover, Travel Delay cover, or Shore Excursions cover.

DENIED BOARDING

We will pay *you* the amount listed on *your* 'Cover Summary' for meals, communication, and local transportation, if *you* are denied boarding the cruise ship that *you* are scheduled to travel on for *your trip*, based on a suspicion that *you* have a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

We will not pay for covered losses caused by the same event under more than one of: Denied Boarding cover or Travel Delay cover.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all covers under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide any cover, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

If *you* have travelled against an order or advice against travel issued by *your* home country's or *trip* destination's government or local authority, this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

This *policy* does not provide cover for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *travelling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
9. Participating in or training for any professional or semi-professional sporting competition;
10. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts, or cruise lines to entertain their guests.
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. *Climbing sports* or free climbing;
 - f. Any *high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorised vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.

Important:

If *you* have paid the appropriate premium and Sports cover is shown as being included on *your* policy schedule, the following general exclusion replaces the list of activities above:

- a. Any *high-altitude activity*, BASE jumping, or free climbing;
- b. Rafting/kayaking above Class V rapids or canoeing above Class III rapids;
- c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
- d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
- e. Racing any motorized vehicle or watercraft other than go-karts; or
- f. Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive master.

For extreme high-risk sports and activities that are not expressly excluded to be covered, they must be:

- i. Arranged as part of *your trip*;
- ii. Provided by a company that is regulated or licensed where required; and
- iii. Not otherwise prohibited by law.

You must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for cover.

12. An *illegal act* resulting in a conviction, except when *you*, a *travelling companion*, a *family member*, or *your service animal* is the victim of such act;
13. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under Trip Cancellation Cover, Trip Interruption Cover, Travel Delay Cover, Emergency Medical/Dental Cover or Sports Cover;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under Trip Cancellation Cover, or Trip Interruption Cover, or Travel Delay Cover;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. *War* or *acts of war*;
18. Military duty, except when and to the extent that military duty is expressly referenced and covered under Trip Cancellation Cover or Trip Interruption Cover;
19. *Political risk*;
20. *Cyber risk*;
21. *Civil disorder*, except when and to the extent that *civil disorder* is expressly referenced in and covered under Trip Interruption Cover or Travel Delay Cover;
22. *Terrorist events*;
23. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;
24. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
25. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
26. Ordinary wear and tear or defective materials or workmanship; or
27. An act of gross negligence by *you* or a *travelling companion*

Important:

You are not eligible for reimbursement under any cover if:

- *Your trip* booking confirmation does not show travel date(s);
- The *departure date* and *return date* as shown on the 'Cover Summary' do not match *your trip's* actual *departure date* and *return date*; or
- *You* intend to receive health care or medical treatment of any kind while on *your trip*.

GENERAL PROVISIONS AND CONDITIONS

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

1. *You* are a resident of the Republic of Ireland.
2. *You* take reasonable care to protect *yourself* and *your* property against *accident, injury*, loss and damage and act as if *you* are not insured and to minimise any potential claim.
3. *You* have a valid *policy* schedule.
4. *You* accept that *we* will not extend the period of insurance if the original *policy* plus any extensions have either ended, been in force for longer than the maximum duration allowable for *your policy* (single trip 90 days, annual multi-trip 30 days), or *you* know *you* will be making a claim.
5. *You* contact *us* as soon as possible with full details of anything which may result in a claim and give *us* all the information *we* ask for. Please see section 'Claims information' for more information.
6. *You* accept that no alterations can be made to the terms and conditions of the *policy*, unless *we* confirm them in writing to *you*.

We have the right to do the following:

1. Cancel the *policy* if *you* tell *us* something that is not true, which influences *our* decision as to whether cover can be offered or not.
2. Cancel the *policy* if it has been issued after *we* have previously informed *you* that *we* do not want to insure *you* anymore. In these instances *we* will *refund* any premium paid by *you*.
3. Cancel the *policy* and make no payment if *you*, or anyone acting for *you*, make a claim under this *policy* knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if *you* give any false declaration or deliberate mis-statement when applying for this insurance or supporting *your* claim. *We* may in these instances report the matter to the Gardai.
4. Only cover *you* for the whole of *your* journey and not issue a *policy* if *you* have started *your* journey.
5. Take over and deal with, in *your* name, any claim *you* make under this *policy*.
6. Take legal action in *your* name (but at *our* expense) and ask *you* to give *us* details and fill in any forms (including Department of Social and Family Affairs forms), which will help *us* to recover any payment *we* have made under this *policy*.
7. With *your* or *your* Personal Representative's permission, get information from *your* medical records to help *us* or *our* representatives deal with any claim. This could include a request for *you* to be medically examined or for a postmortem to be carried out in the event of *your* death. *We* will not give personal information about *you* to any other organisation without *your* specific agreement.
8. Send *you* home at any time during *your* journey if *you* are taken ill or *injured*. *We* will only do this if the *doctor* treating *you* and *our* medical advisers agree. If there is a dispute, *we* will ask for an independent medical opinion.
9. Not accept liability for costs incurred for repatriation or treatment if *you* refuse to follow advice from the treating *doctor* and *our* medical advisers.
10. Only *refund* or transfer *your* premium if *you* decide that the *policy* does not meet *your* needs and *you* have contacted *us* within 14 days from the date *you* receive *your policy* and *policy* schedule. *We* can recover, from *you*, all costs that *you* have used if *you* have travelled or made a claim or intend to make a claim.
11. Not to pay any claim on this *policy* for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts *you* can get back from private health insurance, any reciprocal health agreements, transport or *accommodation* provider, home contents insurer or any other claim amount recovered by *you*. In these circumstances *we* will only pay *our* share of the claim.
12. If *we* do compensate *you* for damage or pay costs up front at *your* request, *you* assign *your* right to compensation under another insurance *policy*, public scheme or any legal obligation arising from a law or regulation to *us*.
13. If *you* cancel or cut short *your* journey for any reason other than those specified in this *policy*, all cover provided on *your policy* for that *trip* will be cancelled without refunding *your* premium.
14. Ask *you* to pay *us* back any amounts that *we* have paid to *you* which are not covered by this *policy*.

24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION

Please tell *us* immediately about any serious illness or accident *abroad* where *you* have to go into *hospital* or *you* may have to return home early or extend *your* stay because of any illness or *injury*. If *you* are unable to do this because the condition is life, limb, sight or organ threatening, *you* should contact *us* as soon as *you* can.

Please also tell us if *you* are likely to run up medical fees over €500.

If *you* are claiming for a minor illness or accident abroad, *you* should, where possible, pay the costs and reclaim the money from *us* when *you* return.

You can call 24 hours a day 365 days a year or email.

- Phone: +353 1 637 3686
- Email: medical.ire@allianz.com

Please give *us your* age and *your* insurance *policy* number. Say that *you* are insured with Allianz Partners travel insurance.

In a life or death situation call the emergency services in the country *you* are visiting for example 112 within the European Union or 911 in the USA.

CLAIMS INFORMATION

The quickest and easiest way to make a claim is to visit the website: www.allianz-protection.com

This will lead *you* to *our* online claims notification service where *you* can fill in an online claim form.

You can also make a claim by:

- phoning: +353 1 619 3682; or
- emailing: claims.awpeurope@allianz.com

You should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. To process *your* claim promptly, *you* should provide *us* with complete details and documents about the incident and any other supporting document related to *your* claim. Please keep copies of all the information *you* send *us*.

You will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

For all claims

- *Your trip* booking invoice(s), and travel documents including the return ticket showing the dates and times of travel as well as *your* name visible on the documents.
- Receipts or proof of purchase and accounts for all out-of-pocket expenses *you* have to pay.
- Bills or invoices issued in *your* name.
- Details of any other insurance *you* may have that may cover the same loss, such as household or private medical.
- As much evidence, e.g. pictures, videos, written statements or any other documents, as possible to support *your* claim.

Trip Cancellation

- Cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A certified copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Interruption

- If *you* need to cut short *your trip*, *you* should make all reasonable attempts to amend *your* existing travel booking(s) before making any new bookings.
- *Your* original booking invoice(s) showing *your* revised time and *departure date* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the **travel carrier** or accident/breakdown authority attending the private vehicle **you** were travelling in.
- If **your** claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage and Personal Money

- Report the theft to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, **you** should also report the theft, damage or loss to **your travel carrier**, tour operator, handling agent or **accommodation** manager and ask for a written report.
- For delays losses and damage whilst in the care of a **travel carrier**, report this as soon as possible and obtain a written report from them. For airlines specifically, **you** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. **You** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **baggage**.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with **your** network provider and obtain written confirmation of this action from them.

Baggage Delay

- Report the loss to the **travel carrier** and obtain a written report from them. For airlines, **you** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. **You** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Benefits Abroad and Emergency Transportation

- Please contact **our** 24-hour emergency medical service if **you** are hospitalised, require repatriation or where medical fees are likely to exceed €500.
- Medical evidence from the treating **doctor** to confirm the illness or **injury** and treatment given, including **hospital** admission and discharge dates, if this applies.

Personal Liability

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

Travel Accident

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Medical certificate initially indicating the nature and probable consequences of the **injuries**,
- Take all measures to limit the consequences of the **accident**.

Travel Documents

- A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if *your* passport or visa is stolen.

Personal Money

See 'Baggage and Personal money' above.

Sports Cover

Missed activity

- For claims relating to illness or *injury*, we will need:
 - medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given including *hospital* admission / discharge, if this applies.
 - a copy of the death certificate in the event of a death.
 - a medical certificate from a *doctor* at *your* resort confirming that *you* cannot take part in *your* pre-booked *winter sports activities* because of medical reasons
- Written confirmation from *your travel supplier*, the local piste authority or ski lift operator confirming the reason for the closure and the duration.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Sports Equipment and Sports Equipment Rental

- All appropriate evidence requested under the heading 'Baggage and Personal Money' or 'Baggage Delay' in this section.
- All hire receipts and luggage labels / tags.
- A written report from *your travel carrier* if *your sports equipment* is delayed or misdirected.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Cruise Cover

- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including dates of cabin confinement if this applies.
- If *you* are advised by an on-board *doctor* that *you* cannot take part in *your* pre-booked excursions because of medical reasons, *you* should obtain a medical certificate from them confirming this.
- A letter from the *travel supplier* confirming the reason and dates the cruise ship was unable to dock.
- Written confirmation from *your travel supplier* of whether any *refunds* can or have been made.

PRIVACY NOTICE

We care about *your* personal data.

AWP P&C S.A. Dutch Branch trading as Allianz Partners ("*we*", "*us*", "*our*"), is the Dutch branch of AWP P&C S.A., a French Insurance company which has its registered offices in Saint-Ouen-sur-Seine, France and is part of Allianz Partners Group. AWP P&C S.A.- Dutch Branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorized under French law by 'L'Autorité de Contrôle Prudentiel et de Résolution' (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting *your* privacy is a top priority for *us*. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1. Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

AWP P&C S.A. Dutch Branch is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that *we* request and collect from *you* for the purposes detailed in this privacy notice.

2. What personal data will be collected?

We will (or may) collect and process various types of personal data about *you*, other persons and third parties affected by a covered event such as:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Identification document number (identity card number, passport number, government ID, driver's licence) and expiry dates
- Age/Date of birth
- Address
- Contact details (email address, phone number)
- Language
- Residency
- Nationality
- IP address
- Bank / Credit card and bank account details

Personal details of the Insured Persons:

- Surname, First name
- Identification Document number (e.g Identity card number, passport number, government ID, driver's licence) and expiry dates
- Age/Date of birth

Depending on the claim submitted, *we* may also collect and process additional personal data including, sensitive personal data about *you*, other persons and third parties affected by covered events, such as:

- Medical conditions (physical and/or psychological)
- Medical history and reports
- Medical claims history

- Documentation justifying sick leaves and duration
- Death Certificates
- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc.)
- Phone number and contact details if not provided previously
- Details of a third person to contact with in case of emergency
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives,...)
- IP address of the claimant if the claim is submitted by *our* available portals / apps
- Criminal convictions and offences (e.g.in case of requiring legal assistance)
- Results of criminal checks relating to prevention of fraud and/or terrorist activities
- Bank account details
- Tax code

By purchasing this insurance policy, *you* commit to give the information contained in this Privacy Notice to any third party whose personal information *you* may provide to *us* (e.g. other insured persons, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and *you* accept not to provide that information otherwise.

3. How will *we* obtain and use *your* personal data?

We will collect and use the personal data that *you* provide to *us* and that *we* receive about *you* (as explained below) for a number of purposes and with *your* express consent unless applicable laws and regulations do not require *us* to obtain *your* express consent, as shown below:

Purpose	Is <i>your</i> express consent required?
Insurance contract quotation and underwriting	<ul style="list-style-type: none"> • No, to the extent these processing activities are necessary to perform the insurance contract to which <i>you</i> are a party to and to take the necessary steps previous to enter in this contract
Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc)	<ul style="list-style-type: none"> • <i>We</i> will request <i>your</i> express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences <p>However, <i>we</i> will be entitled to process this data without consent if (1) there is a vital interest of the owner of the data or any other natural person, and (2) if the owner</p>

	<p>of the data is not physically or legally capable to give the consent (e.g emergency situations)</p> <ul style="list-style-type: none"> If the handling of the claim does not require the processing of those categories of data, we will not be required to collect your consent, to the extent that they are necessary to comply the obligations we undertake in the insurance contract.
To conduct quality surveys about the services provided, with the purpose to assess your level of satisfaction and to improve them.	<ul style="list-style-type: none"> We have a legitimate interest to contact you after handling a claim or after providing assistance to ensure we have complied with our obligations under the contract in a satisfying way for you. However, you have the right to object by contacting us as explained in section 9 below.
To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.	<ul style="list-style-type: none"> If we carry out any of these processing activities, we will do so by aggregating and anonymizing data. As a result, the data is not considered "personal" data anymore and your consent is not required.
To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether you , your country or your sector are subject to sanctions impeding or restricting us to make payments if relevant).	<ul style="list-style-type: none"> No, to the extent these processing activities are expressly and legally authorized.
Fraud prevention and detection, including, when appropriate, for example, comparison of your information with previous service requests and/or previous claims, or checking of common claims filing systems.	<ul style="list-style-type: none"> No, it is understood that the detection and prevention of fraud is a legitimate interest of the Data Controller and therefore we are entitled to process your data for this purpose without collecting your consent.
Audit purposes, to comply with legal obligations or internal policies	<ul style="list-style-type: none"> We can process your data in the framework of internal or external audits either required by law, or by internal policies. We won't request your consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, we will ensure that only the strictly necessary personal data are used,

	<p>and treated with absolute confidentiality.</p> <p>Internal Audits are usually conducted by our holding company, AP Solutions GmbH- French Branch (7 Rue Dora Maar, 93400 Saint-Ouen-sur-Seine, France)</p>
<p>To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk)</p>	<ul style="list-style-type: none"> No when the processing of your data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also our legitimate interest.
<p>To inform you, or permit Allianz Group companies and selected third parties to inform you, about products and services we feel may interest you in accordance with your marketing preferences, You can change these at any time by the links we will make available in every communication to unsubscribe, by means of the options in your client portal, where available, or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> We will process your personal information for these purposes only if authorized by law (and within the limitations and by complying the requirements of those legal authorizations) or by collecting your express consent after providing you information about criteria we use to make the profiles and the impact/consequence and benefits of such profiling for you.
<p>To personalize your experience on our websites and portals (by presenting products, services, marketing messages, offers, and content tailored to you) or by using computerised technology to assess which products might be most suitable for you.</p> <p>You will be able to modify these processing activities by using the options available in your browser (e.g. in the case of use of cookies and similar devices) or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> We will ask for your consent
<p>For automated decision making, i.e., to make decisions that (1) are based solely on automated processing and (2) that may have legal or significant effects to you.</p> <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting your rights under the insurance contract, etc.</p>	<ul style="list-style-type: none"> We will collect your consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences)

<p>Example of automated decisions resulting in similar significant effects are those that affect to <i>your</i> financial circumstances like an automated denial of an insurance policy, or those affecting <i>your</i> access to <i>our</i> health assistance services.</p>	<ul style="list-style-type: none"> If no special categories of personal data are concerned and these decisions are in order to underwrite <i>your</i> insurance and/or process <i>your</i> claim <i>we</i> will not need to obtain <i>your</i> express consent.
<p>To redistribute risks by means of reinsurance and co-insurance</p>	<ul style="list-style-type: none"> <i>We</i> can process and share <i>your</i> personal information with other insurance or reinsurance companies with whom <i>we</i> have signed or <i>we</i> will sign co-insurance or re-insurance agreements. <p>Co-insurance is the cover of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the covers between them.</p> <p>Reinsurance is the "subcontracting" of the cover of part of the risk in a third reinsurance Company. However, this is an internal agreement between <i>us</i> and the reinsurer and <i>you</i> don't have a direct contractual relationship with the latter.</p> <p>These distribution of risks are legitimate interest of Insurance Companies, even usually expressly authorized by law (including the sharing of personal data strictly necessary for it).</p>

As mentioned above, for the purposes indicated above, *we* will process personal data *we* receive directly from *you* and/or personal data *we* receive about *you* from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers,...), healthcare assistance services or contact persons *you* authorize, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

We will need *your* personal data if *you* would like to purchase *our* products and services and make use of the benefits and/or services provide by *us*. If *you* do not want to provide this personal data including sensitive personal data to *us*, *we* may not be able to provide the products, benefits and/or services *you* request, that *you* may be interested in, or to tailor *our* offerings to *your* particular requirements.

4. Who will have access to your personal data?

We will ensure that *your* personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, *your* personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, **we** may also share **your** personal data with the following parties who operate as data processors, i.e., processing the data under **our** instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this privacy notice:

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (*claims*, IT, postal, document management), experts, loss adjusters and service companies to discharge operations; and
- Advertisers and advertising networks to send **you** marketing communications, as permitted under local law and in accordance with **your** communication preferences. **We** do not share **your** personal data with non-affiliated third parties for their own marketing use without **your** permission.

Finally, **we** may share **your** personal data in the following instances:

- In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of **our** business, assets or stock (including in any insolvency or similar proceedings); and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if **you** make a complaint about the product or service **we** have provided to **you**.

5. Where will my personal data be processed?

Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. **We** will not disclose **your** personal data to parties who are not authorized to process them.

Whenever **we** transfer **your** personal data for processing outside of the EEA by another Allianz Group company, **we** will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here <https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html> where Allianz' BCR do not apply, **we** will instead take steps to ensure that the transfer of **your** personal data outside of the EEA receives an adequate level of protection as it does in the EEA. **You** can find out what safeguards **we** rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting **us** as detailed in section 9 below.

6. What are **your** rights in respect of **your** personal data?

Where permitted by applicable law or regulation, and within the scope therein defined, **you** have the right to:

- Access **your** personal data held about **you** and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw **your** consent at any time where **your** personal data is processed with **your** consent;
- Update or correct **your** personal data so that it is always accurate;

- Delete **your** personal data from **our** records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of **your** personal data in certain circumstances, for example where **you** have contested the accuracy of **your** personal data, for the period enabling **us** to verify its accuracy;
- Obtain **your** personal data in an electronic format for **you** or for **your** new insurer;
- Exercise **your** right to data portability; and
- File a complaint with **us** and/or the relevant data protection authority. For this purpose, relevant data privacy authorities are:
 - The supervisory authority in Ireland: Data Protection Commission, Pembroke Row, Dublin 2, D02 X963, Ireland. Telephone: **01 7650100 / 1800 437 737** Visit: <https://dataprotection.ie/>
 - Dutch Data Protection Authority, supervisory authority of the country where **we** are established.
 - CNIL, French data privacy supervisory, to the extent that France is the country where Allianz Partners has its main establishment, and therefore **our** lead data privacy authority

You may exercise these rights by contacting **us** as detailed in section 9 below providing **your** name, email address, account identification, and purpose of **your** request.

7. How can you object to the processing of your personal data?

Where permitted by applicable law or regulation, **you** have the right to object to **us** processing **your** personal data, or tell **us** to stop processing it (including for purposes of direct marketing). Once **you** have informed **us** of this request, **we** shall no longer process **your** personal data unless permitted by applicable laws and regulations.

You may exercise this right in the same manner as for **your** other rights indicated in section 6 above.

8. How long do we keep your personal data?

We will retain **your** personal data only for as long as they are necessary for the purposes informed in this Privacy Notice, and deleted or anonymized when no longer required. Here below **we** inform **you** of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal claims can be interrupted and then start to run again.

Personal information to obtain a quotation (when necessary)	During the validity period of the quotation provided
Policy Information (underwriting, <i>claims</i> handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes,...)	We will keep the personal information of your Insurance Policy during the validity period of your Insurance contract and the prescription period determined by the local applicable laws on insurance contracts. In case we realize of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment we are aware of it.
Claims Information (claims handling, management of complaints, litigation cases,	We will retain the personal information you provide to us or we collect and process

quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)	according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.
Marketing information and related profiling	We will keep this information whilst your insurance policy period is still valid, and one additional year, unless you withdraw your consent (when required), or you object (e.g. in the event of marketing activities authorized by law you don't want to receive). In these cases we will no longer process your data for these purposes, although we may legitimately keep some information to prove the previous processing activities were lawful.
Debt Recoveries	We will retain the personal information that we need to claim and administer debt recoveries, and that you have provided to us , or we may have collected and processed in accordance with this Privacy Notice, for a minimum term determined by the prescription periods set up by applicable laws. As a reference, for civil actions, we will keep your data for a minimum of 10 years
Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting	We will process in these documents the personal data you provide to us , or we collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year

We will not retain **your** personal data for longer than necessary and **we** will hold it only for the purposes for which it was obtained.

9. How can you contact us?

If **you** have any queries about how **we** use **your** personal data, **you** can contact **us** by email or post as follows:

AWP P&C S.A. Dutch Branch
Data Protection Officer
PO Box 9444
1006 AK Amsterdam
The Netherlands

Email: dataprivacy.fos.ie@allianz.com

You can also use these contact details to exercise **your** rights, or to submit **your** queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which **we** may have shared **your** personal data. **We** will address them **your** request and support their handling and answer to **you** in **our** local language.

10. How often do we update this privacy notice?

We regularly review this privacy notice. This privacy notice was last updated on 13th June 2025.