

Important telephone numbers

Customer Service	00353 1 619 3681
Medical Screening Service	1890 882822
Claims	00353 1 619 3682
24-hr Emergency Medical Assistance	00353 1 637 3686

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. Calls may be recorded

These documents are available in large print, audio and Braille.

**Please contact us on
Phone 00353 1 619 3681**

and we will be pleased to organise an alternative version for you.

Allianz travel insurance is underwritten by AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and administered by AWP Assistance Ireland Ltd, trading as Allianz Assistance.

AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L' Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and is regulated by the Central Bank of Ireland for conduct of business rules.

AWP Assistance Ireland Ltd who trade as Allianz Assistance, may act as an agent for AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance, for the receipt of customer money, settling claims and handling premium refunds.

AWP Assistance Ireland Ltd trading as Allianz Assistance is registered in Ireland No 163174, Registered Office 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12 D12 R297 VAT no IE6563174F. AWP Assistance Ireland Ltd is regulated by the Central Bank of Ireland.

Travel Insurance

Please read this policy and carry it with you during your journey



Allianz 

For residents of the Republic of Ireland only. Existing medical conditions are not covered unless they have been declared to and accepted in writing by the Insurer.

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Summary of cover

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

Cover	Gold		Silver		Bronze		Backpacker	
	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess
1 Cancellation or curtailment - Excursions	€5,500 €150	€55	€2,750 €150	€75	€550 €150	€100	€2,750 €150	€100
2 Emergency medical and associated expenses - In-patient benefit - Funeral expenses - Dental - Excursions - Transport / accommodation in home county	€10 million €1,000 (€50/day) €1,500 €350 €150 €1,000	€55	€5 million €550 (€25/day) €1,500 €350 €150 €1,000	€75	€1 million €220 (€10/day) €1,500 €350 €150 €1,000	€100	€5 million €550 (€25/day) €1,500 €350 €150 €1,000	€100
3 Loss of passport	€275	Nil	€165	Nil	No cover	N/A	€165	Nil
4 Delayed possessions	€220 after 12 hrs	Nil	€165 after 12 hrs	Nil	€55 after 12 hrs	Nil	€165 after 12 hrs	Nil
5 Personal possessions - Single item, pair or set - Valuables limit - Tobacco, vaping products alcohol, fragrances	€2,200 €330 €550 €50	€55	€1,650 €330 €440 €50	€75	No cover	N/A	€1,650 €330 €440 €50	€100
6 Personal money - Cash	€550 €275	€55	€550 €275	€75	No cover	N/A	€550 €275	€100
7 Personal accident*	€22,000	Nil	€16,500	Nil	€5,500	Nil	€16,500	Nil
8 Missed departure	€825	Nil	€550	Nil	€275	Nil	€550	Nil
9 Delayed departure - Delay - Abandonment	€330 (€30 1 st 12hrs, €15/ extra 12hrs) €5,500 (after 24hrs)	Nil	€280 (€20 1 st 12hrs, €10/ extra 12hrs) €2,750 (after 24hrs)	€75	€110 (€10 / 12hrs) €550 (after 24hrs)	Nil	€280 (€20 1 st 12hrs, €10/ extra 12hrs) €2,750 (after 24hrs)	€100
10 Personal liability	€2 million	€55	€2 million	€75	€1 million	€165	€2 million	€100

*Please refer to note on next page

Additional covers	Gold		Silver		Bronze		Backpacker	
	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess
11 Winter sports cover Ski pack Delayed ski equipment Ski equipment (own) - single item Ski equipment (hired) Piste closure Avalanche closure	€330	€55	€330	€75	No cover	N/A	€330	N/A
	€330 after 12 hrs	Nil	€330 after 12 hrs	Nil	No cover	N/A	€330 after 12 hrs	N/A
	€440	€55	€440	€75	No cover	N/A	€440	N/A
	€330	€55	€330	€75	No cover	N/A	€330	N/A
	€220	Nil	€220	Nil	No cover	N/A	€220	N/A
	€220 (€20/day) €275 (€25/day)	Nil	€220 (€20/day) €275 (€25/day)	Nil	No cover	N/A	€220 (€20/day) €275 (€25/day)	N/A
12 Business cover Replacement business associate Business equipment - single item, pair or set	€1,000	€55	€825	€75	No cover	N/A	No cover	N/A
	€550	€55	€330	€75	No cover	N/A	No cover	N/A
	€300		€100					

Note**Inner limits**

Some sections of cover also have extra sub limits, for example the medical section has a benefit limit on the transport and accommodation costs within **your home country**.

Journey limits (annual multi-trip cover only)

Annual multi-trip cover is for short trips of 35 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 35 days per trip. This would include not insuring **you** for any part of a trip that is longer than 35 days in duration.

***Personal accident payments**

Under Personal accident - Section 7, the amount payable for death is reduced to €2,200 (Gold), €1,650 (Silver), €550 (Bronze) if **you** are aged 15 or under. There is also no cover for Physical disablement if **you** are aged 15 or under or 76 or over.

Important information

Thank you for taking out Allianz Travel Insurance.

Your policy schedule shows the sections of the policy you have chosen, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. You should read this policy carefully to make sure it provides the cover you need. If there is anything you do not understand, you should call Allianz Travel Insurance on 00353 1 619 3681 or write to Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12 D12 R297.

Insurer

Your Allianz Travel Insurance is underwritten by AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and is administered by AWP Assistance Ireland Ltd, trading as Allianz Assistance and which is regulated by the Central Bank of Ireland.

How your policy works

Your policy and policy schedule is a contract between **you** and **us**. We will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section, apply to each **person insured**.

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

Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

You must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** Allianz insurance policy. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **00353 1 619 3681** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

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 incident. The amount **you** have to pay is the **excess**.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** policy schedule and return all **your** documents for a refund of **your** premium.

You can contact Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12 D12 R297 or telephone **00353 1 619 3681** or email insurance@allianz-assistance.ie

If during this 14 day period **you** have travelled, made a claim or intend to make a claim, then **we** can recover all costs that **you** have used for those services.

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

Insurance Compensation Fund

We are a member of the Insurance Compensation Fund, which was formed as part of the Investment Compensation Act of 1998. **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.

Renewal of your insurance cover

If **you** have annual multi-trip cover, **we** will send **you** a renewal notice at least 21 days prior to the expiry of the **period of insurance** as shown on **your** policy schedule. **We** may vary the terms of **your** cover and the premium rates at the renewal date.

Data protection notice

We care about **your** personal data.

This summary and **our** full privacy notice explain how **we** protect **your** privacy and uses **your** personal data.

Our full privacy notice is available at www.allianz-assistance.ie/privacy-notice/

If a printed version is required, please write to Compliance Department, Allianz Assistance, 18b Beckett Way, Park West Business Campus, Dublin 12, D12 R297.

• How will we obtain and use your personal data?

We will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker, doctors in the event of a medical emergency or airline companies in the event of repatriation

We will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

• Who will have access to your personal data?

We may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you** such as in the event of a medical emergency;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

We will not share information about **you** with third parties for marketing purposes unless **you** have specifically given **us your** consent to do so.

• How long do we keep your personal data?

We will retain **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.

• Where will your personal data be processed?

Your personal data may be processed both inside and outside the United Kingdom (UK) and the European Economic Area (EEA).

Whenever **we** transfer **your** personal data outside the UK and the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the UK and the EEA receive an adequate level of protection.

• What are your rights in respect of your personal data?

You have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

• Automated decision making, including profiling

We carry out automated decision making and/or profiling when necessary.

• How can you contact us?

If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:

By post: Data Protection Officer, Allianz Assistance, 18b Beckett Way, Park West Business Campus, Dublin 12, D12 R297

By telephone: **00353 1 602 7000**

By email: AzPIEDP@allianz.com

Definition of words

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

Accident

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

Area of cover

The country, countries or area that **you** have selected cover for as shown on your policy schedule.

Notes

You will not be covered if **you** travel to or choose to remain in a country or region where the Department of Foreign Affairs has advised against all travel or all but essential travel or where **you** have travelled against the advice of a local authority at **your journey** destination. For further details, visit www.dfa.ie/travel/travel-advice/

Business associate

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

Business equipment

Computer, television, fax and phone equipment (including mobile phones, PDAs) business samples and any other equipment which is needed to carry out **your** business duties.

Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

Departure point

The airport, international train station or port where **your** outward journey to **your** destination begins and where **your** final journey back **home** begins (including any connecting transport **you** take later).

Doctor

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

Epidemic

A contagious disease recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident. For example a couple that both have **personal possessions** stolen from their bag and both incur a medical expense during the same **journey**, will have a total of four excesses deducted. Two of these will be for the two claims under section 5 (Personal possessions) and two of these will be for the two claims under section 2 (Emergency medical and associated expenses).

Home

Your usual place of residence in the Republic of Ireland.

Insurer

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Journey

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

- For single trip cover
 - any other trip which begins after **you** get back is not covered.
 - a trip which is booked to last longer than 180 days is not covered.
- For annual multi-trip cover
 - **you** will only be covered if **you** are aged 65 years or under at the start date of **your** policy.
 - cover is for short trips of 35 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 35 days per trip. This would include not insuring **you** for any part of a trip that is longer than 35 days in duration, unless **we** have agreed otherwise in writing.
 - trips within **your home** country must have at least 2 nights pre-booked accommodation.
 - **you** are only covered to take part in **winter sports** for up to 17 days during the **period of insurance** when the extra premium has been paid.
 - Adults insured on the same policy may travel independently. Children aged 17 or under may only travel independently if travelling with at least one adult aged 18 or over and with the full knowledge and consent of an insured parent or guardian.
- For backpacker cover
 - **you** will only be covered if **you** are aged 50 years or under at the date **your** policy was issued.
 - any other trip which begins after **you** get back is not covered.
 - a trip which is booked to last longer than 365 days is not covered.

Pair or set

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

Pandemic

An **epidemic** that is recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

Period of insurance

- For single trip and backpacker cover
 - Cancellation cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.
- For annual multi-trip cover
 - Cancellation cover begins on the start date shown on **your** policy schedule or the date **you** booked **your journey**, whichever is the later and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.
- For single trip, annual multi trip and backpacker cover
 - All cover ends on the expiry date shown on **your** policy schedule, unless **you** cannot finish the **journey** as planned because of an event covered by this policy. In these circumstances **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

Personal money

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

Personal possessions

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

Policyholder

The first named insured person as shown on the policy schedule.

Quarantine

Mandatory confinement, intended to stop the spread of a contagious disease to which **you** or a **travelling companion** has been exposed.

Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 65 and under.

Relative

You mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

Resident

A person who has their main **home** and is registered with a **doctor** in the Republic of Ireland and has not spent more than six months abroad during the year before the policy was issued.

Ski equipment

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

Ski pack

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

Sports or leisure activity

The following activities are automatically covered:

- archery, badminton, banana boating, baseball, basketball, bowls, cricket, curling, cycling, deep sea fishing, fell walking, fishing, glacier walking, golf, gymnastics, heptathlon, hiking, ice skating, kite surfing, marathon running, mountain biking, netball, orienteering, pony trekking, racket ball, rambling, ringos, rounders, running, scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, softball, squash, surfing, table tennis, tennis, ten pin bowling, trekking, tug of war, volleyball, wakeboarding, walking, water polo, water skiing, windsurfing and zorbing.

There is no cover for:

- any professional sporting activity; or
- any kind of racing except racing on foot; or
- any kind of manual work.

We may be able to cover **you** for other activities that are not listed. Please contact Allianz Travel Insurance on telephone **00353 1 619 3681**.

Travelling companion

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

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Valuables

Jewellery, watches, items made of or containing precious metals, precious stones or semi precious stones, furs, binoculars, telescopes, computer / video games, PCs, laptops, tablets and other computerised equipment, any kind of photographic, audio, video, television, satellite navigation and phone equipment (including mobile accessories), multimedia players, recorded media (including CDs and DVDs) and drones.

We, our, us

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and/or

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Winter sports

The following activities are covered if **winter sports** cover is shown on **your** policy schedule:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.

Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighting, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing. **We** may be able to cover **you** for other activities that are not listed. Please contact Allianz Travel Insurance on telephone **00353 1 619 3681**.

You, Your, person insured

Each insured person as shown on the policy schedule, for whom an appropriate premium has been paid.

Reciprocal health arrangements

European Health Insurance Card (EHIC)

- If **you** are travelling to other EU or European Economic Area (EEA) countries **we** would advise **you** to obtain the European Health Insurance Card (EHIC) which will entitle **you** to certain free health arrangements in the EEA
- Information about EHIC can be obtained from the Health Service Executive. Visit www.hse.ie or call the HSE Info Line **1850 24 1850**.

Note

The EHIC does not cover the cost of medical treatment in a private hospital or clinic, the additional cost of returning to **your home** country or for a **relative** to stay or fly out to be with **you**. In a medical emergency **you** may have no control over the hospital **you** are taken to or the closest hospital may be private.

Australia

- If **you** are travelling to Australia **you** can enrol in Medicare which will entitle **you** to subsidised hospital treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **you** leave Australia. For more information on Medicare visit: www.medicareaustralia.gov.au or email: medicare@medicareaustralia.gov.au.

If **you** make use of these arrangements or any other worldwide reciprocal health arrangement which reduces **your** medical expenses, **you** will not have to pay an **excess** under Emergency medical and associated expenses – Section 2.

24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **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: **00353 1 637 3686**

Email: medical@allianz-assistance.co.uk

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

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

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

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

Health declaration and health exclusions

If you make a claim arising from a medical condition that has not been declared and accepted by us, it is unlikely that your claim will be paid.

These apply to 'Cancellation and curtailment charges - Section 1' and 'Emergency medical and associated expenses -Section 2'.

It is very important that you read the following and declare any existing medical conditions to us.

- 1 **You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if in the 12 months before taking out this insurance or booking **your journey** (whichever is later), **you**:
 - a have been prescribed medication;
 - b have received treatment or attended a medical practitioner for any medical condition;
 - c have attended a hospital or a clinic as an out-patient or in-patient;
 - d have been referred for tests, investigations, treatment, surgery or are awaiting results.
 - e have been diagnosed as having a terminal illness.

Unless

You have declared any existing medical conditions to **us** and **we** have confirmed cover in writing.

Medical screening service

If **you** have not already done so, **you** should contact **our** confidential medical screening service as soon as possible after taking out this insurance or booking **your journey** to declare a medical condition (or conditions);

Phone 1890 882822 or visit www.azgahealthscreen.co.uk

Based on the medical information **you** provide, **we** will confirm if cover can be offered for **your** declared medical condition (or conditions), and if an extra premium needs to be paid. Occasionally, **we** may need **you** to get extra medical information (at **your** cost) from **your doctor** to enable **us** to make a decision.

If an extra premium is required, cover will not start until this has been paid in full and **we** have issued written confirmation.

If **we** are unable to cover the medical condition (or conditions), this will mean that **you** and any other **person insured** by **us** will not be covered for any directly or indirectly related claims arising from the medical condition (or conditions). This applies even if the person with the medical condition (or conditions) decides to buy cover from another provider.

Each **person insured** by **us** would still be covered for any unrelated medical condition (or conditions) and other sections of cover subject to the terms and conditions of this policy.

- 2 **You** will not be covered unless **you** are fit to travel and able to undertake **your** planned **journey**.
- 3 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before beginning **your journey**.
- 4 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.

- 5 **You** will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations or consultations or the results of investigations and where the underlying cause had not been established.
- 6 **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

Note

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- have osteoporosis, **you** are more likely to break or fracture a bone.
- have or have had cancer, **you** are more likely to suffer with a secondary cancer.

Level of medical cover provided

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

Changes in health for annual multi-trip customers

If **your** health changes after taking out this insurance, **you** must tell **us** as soon as possible by calling **1890 882822** if this means **you** have to:

- see a **doctor** and be referred to a consultant or specialist; or
- be admitted to hospital for treatment (including surgery, tests or investigations); or
- await treatment or the results of tests and investigations.

We will tell **you** whether or not **your** medical condition (or conditions) can be covered and if **you** need to pay an extra premium. If **we** cannot cover **your** medical condition (or conditions), or **you** do not want to pay the extra premium, **you** can choose to:

- make a cancellation claim for any **journeys** already booked; or
- continue cover on this policy, but without cover for **your** medical conditions; or
- cancel this policy and request a proportionate/partial refund (as long as **you** have not made a claim or intend to make a claim).

Note

Annual multi-trip policy renewals

At the expiry of **your period of insurance**, the terms of **your** cover and the premium rates may be varied by **us**. This means **we** cannot guarantee that **we** will be able to provide the same terms of cover on **your** renewed policy or even renew it at all.

If **you** book a **journey** that does not start until after the expiry date of **your** policy, **you** may find that the cover provided for that **journey** will change when the policy renews.

General exclusions

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

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

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, civil commotion, rebellion, insurrection, military force, coup d'état, terrorism (this does not apply to claims made under Emergency medical and associated expenses - Section 2 and Personal accident - Section 7) or weapons of mass destruction.
- 2 Any **epidemic** or **pandemic** except as expressly covered under Section 1 - Cancellation or curtailment charges and Section 2 - Emergency medical and associated expenses.
- 3 **You** not following any advice or recommendations made by the Department of Foreign Affairs, World Health Organization or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 Any international sanction which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy. This insurance may not provide any cover or benefit if either the cover or benefit would violate any applicable sanction, law or regulations of the United Nations, the European Union, United States of America or any other applicable economic or trade sanction, law or regulation. **We** decline claims to persons, companies, governments and other parties to whom this is prohibited under national or international agreements or sanctions.
- 5 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7 Any currency exchange rate changes.
- 8 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 9 **You** acting in an illegal or malicious way.
- 10 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 11 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 12 **You** not enjoying **your journey** or not wanting to travel.
- 13 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 14 Something that happened before **your** policy or travel tickets for **your journey** were bought (whichever is later) and which could reasonably have been expected to be the reason for a claim, unless **we** agreed to it in writing.
- 15 **You** taking part in any **sports or leisure activity** or **winter sport** unless:
 - it is listed as covered (see pages 7 and 8); or
 - it is not listed, but **we** have confirmed in writing that it is covered.

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**:
 - for single trip cover if the original policy plus any extensions have either ended, been in force for longer than 180 days or **you** know **you** will be making a claim.
 - for backpacker cover if the original policy plus any extensions have either ended, been in force for longer than 365 days or **you** know **you** will be making a claim.
 - for annual multi-trip cover beyond the expiry of **your** policy.
- 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 'Making a claim' on pages 15-16 for more information.
- 6 **You** accept that no alterations to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 7 **You** are not aged:
 - 51 or over at the date **your** policy was issued for backpacker cover.
 - 66 or over at the start date of **your** policy for annual multi-trip cover.
- 8 Adults insured on the same policy may travel independently. Children aged 17 or under may only travel independently if travelling with at least one adult aged 18 or over and with the full knowledge and consent of an insured parent or guardian.

We have the right to do the following

- 9 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.
- 10 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**.
- 11 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 a 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.
- 12 Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
- 13 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 14 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.
- 15 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 post mortem 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.

- 16** 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.
- 17** Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 18** 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 all costs that **you** have used if **you** have not travelled or made a claim or intend to make a claim.
- 19** 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**.
- 20** Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 21** If **you** cancel or cut short **your journey** for any reason other than those specified in Section 1 of this policy:
- All cover provided on **your** single trip or backpacker policy will be cancelled without refunding **your** premium.
 - All cover provided on **your** annual multi-trip policy for that **journey** will be cancelled without refunding **your** premium.
- 22** Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

Making a claim

To claim, visit www.azgatravelclaims.com This will lead **you** to **our** online claims notification service where **you** can complete an online claim form.

Alternatively, phone **00353 1 619 3682**, and ask for a claim form or write to: AWP Assistance Ireland Ltd, Claims Department, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12 D12 R297.

You should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

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

For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **your** claim.

Cancellation or curtailment

- If **you** need to curtail **your journey** call **00353 1 637 3686** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **€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.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your passport is lost, stolen or destroyed

- A receipt from the Consulate confirming the cost of the replacement passport and if **your** passport is stolen a written report from the police.

Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Euros.
- 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 from them.

For loss or damage in transit claims, including delayed possessions

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

Personal accident

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate if this applies.

Missed departure

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

Delayed departure

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

Personal liability

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

WINTER SPORTS

Ski pack

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

Ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

Piste closure / Avalanche closure

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

BUSINESS COVER

Replacement business associate

- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Loss, theft or damage to business equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

Making a complaint

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

Step 1

In the first instance, please:

Write to: Customer Service, Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12 D12 R297.

Phone: **00353 1 602 7000**

Email: **insurance@allianz-assistance.ie**

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

Step 2

If **you** are still not satisfied, **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: **00353 1 567 7000**

Email: **info@fspo.ie**

Cancellation or curtailment charges - Section 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 9 for more information.

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover in total (including up to the amount shown in **your** summary of cover in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

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

Cancellation

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

- The death, serious injury or serious illness of:
 - **you**;
 - a **travelling companion**;
 - a **relative of you** or a **travelling companion**;
 - someone you were going to stay with; or
 - a business associate of **you** or a **travelling companion**.

Note

For **1**, **2**, and **3** above, this will include being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19.

- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the Gardai following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**.

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

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

Any condition stated under Health declarations and health exclusions on pages 10-11.

Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for.

Booking, credit card and non-Euro transaction fees. The cost of Airport Departure Duty/Tax recoverable from elsewhere.

Administration costs charged by **your** travel, accommodation or other provider to process a refund as a result of cancelling all or part of **your** booking (including obtaining Airport Departure Duty/Tax refunds).

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

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for any reason, other than those shown as being covered;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;

WHAT YOU ARE COVERED FOR

- **You** or a **travelling companion** being held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a travelling companion, specifically, have been exposed to a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19). This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.
- **You** or a **travelling companion** being refused boarding of the public transport on which **you** are booked to travel, on the order of any government, public authority or carrier, due to **you** or a **travelling companion**, displaying symptoms of a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19).

Curtailment

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

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

Note

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

WHAT YOU ARE NOT COVERED FOR

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

Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.

Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

Under Curtailment

Cutting short **your journey** unless **we** have agreed.

Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.

The cost of any of **your** remaining pre-booked tickets if **you** have not used them and **we** have paid extra transport costs for **you** to return to **your home** country earlier than planned.

You travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets. Anything caused by **you** taking part in a **hazardous activity** or **winter sport** unless shown on **your** policy schedule.

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

Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **€500**, **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 9 for more information.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19 as well as being subject to compulsory **quarantine** on the orders of a treating **doctor**).

Cover outside your home country

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

- **Treatment**
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**
Your repatriation to **your home** country if medically necessary
- **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**
The reasonable cost of transporting **you**, **your** body or ashes to **your home** or **we** will pay up to the amount shown in **your** summary of cover for **your** funeral expenses, in the place where **you** die outside **your home** country.
- **Search and Rescue**
Mountain search and rescue services when deemed medically necessary.

WHAT YOU ARE NOT COVERED FOR

Under Cover outside your home country except In-patient benefit and Excursions and under Cover within your home country

An **excess** of the amount shown in **your** summary of cover unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangement' on page 9 for more information).

The cost of replacing any medication **you** were using when **you** began **your journey**.

Under Cover outside your home country and Cover within your home country

Any condition stated under Health declaration and health exclusions on pages 10-11. Extra transport and accommodation costs which are of a higher standard than those already used on **your journey**, unless **we** agree.

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sport** unless shown on **your** policy schedule.

WHAT YOU ARE COVERED FOR

We will also pay

- **In-patient benefit**
The amount shown in **your** summary of cover for each 24-hour period that **you** are in hospital as an in-patient up to the amount shown in **your** summary of cover in total during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**
Up to the amount shown in **your** summary of cover for emergency dental treatment to relieve sudden pain.
- **Excursions**
Up to the amount shown in **your** summary of cover in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your journey**.

Cover within your home country

Up to **€1,000** for:

- **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **you**, **your** ashes or body **home**.

WHAT YOU ARE NOT COVERED FOR

Any costs incurred 12 months after the date of **your** death, injury or illness.

Any costs for taxi fares and telephone calls (including mobile phones), resulting from an incident claimed for under this section.

Under Cover outside your home country - Treatment

Services or treatments **you** receive within **your home** country. Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country. Medical costs over **€500**, in-patient treatment or repatriation which **we** have not authorised. The extra costs of having a single or private room in a hospital or nursing home. The cost of all treatment which is not directly related to the illness or injury that caused the claim.

Under Cover outside your home country - Funeral expenses

Your burial or cremation within **your home** country.

Under Cover outside your home country - Dental

Replacing or repairing false teeth or artificial teeth (such as crowns). Dental work involving the use of precious metals.

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

Loss of passport - Section 3

WHAT YOU ARE COVERED FOR

We will pay the following if **your** passport is lost, stolen or destroyed on **your journey**.

Costs for issuing a temporary passport

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

Remaining value of original passport

The equivalent cost (based on the current replacement costs) of the period remaining on **your** passport that is lost stolen or destroyed.

Delayed personal possessions - Section 4

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal possessions** (this does not include **valuables, ski equipment**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

Note

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

WHAT YOU ARE NOT COVERED FOR

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

WHAT YOU ARE NOT COVERED FOR

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

Personal possessions - Section 5

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for **your personal possessions** (this does not include **ski equipment** or **business equipment**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is the amount shown in **your** summary of cover in total, there is also a single article, **pair or set** limit of the amount shown in **your** summary of cover.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

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

More than **€50** for tobacco and vaping products, alcohol, fragrances and perfumes. More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.

The cost of replacing or repairing false teeth.

A claim for more than one mobile phone per **person insured**.

Loss or theft of, or damage to, the following.

- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

WHAT YOU ARE COVERED FOR

WHAT YOU ARE NOT COVERED FOR

- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal money** (see section 6).
- Passport (see section 3).

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

Personal money - Section 6

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover in total for loss or theft of **your personal money** (but no more than the amount shown in **your** summary of cover for cash in total while on **you**, whether jointly owned or not) while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.
Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency.
Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.
Loss or theft of travellers' cheques when the place where **you** got them from provides a replacement service.
More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

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

Personal accident - Section 7

WHAT YOU ARE COVERED FOR

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

Death

Up to the amount shown in **your** summary of cover for death. (**We** will not pay more than the amount shown in **your** summary of cover if **you** are aged 15 or under or aged 76 or over at the time of the **accident**.)

Permanent loss

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

Physical disablement

Up to the amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 15 or under or aged 76 or over at the time of the **accident**.)

Note

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

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions on pages 10-11.

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

Anything caused by:

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

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

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

Missed departure - Section 8

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** summary of cover in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

Any delay caused by a breakdown or accident to the vehicle **you** are travelling in, if it has not been kept in a safe and roadworthy condition and serviced in accordance with the manufacturer's specifications.

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

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

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

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

Delayed departure - Section 9

WHAT YOU ARE COVERED FOR

Compensation if the flight, international train or sea vessel **you** are booked on is delayed at its **departure point** from the time shown in **your** travel itinerary (plans) because of:

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

We will pay:

Delay

The amount shown in **your** summary of cover after the first full 12 hours of delay and the amount shown in **your** summary of cover after each extra delay of 12 hours up to the amount shown in **your** summary of cover in total; or

Abandonment

Up to the amount shown in **your** summary of cover in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.

Missed connections.

Compensation unless **you** get a letter from the airline, railway company or shipping line giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight, international train or sea vessel.

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

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

Under Abandonment

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

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

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

Personal liability - Section 10

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

WHAT YOU ARE COVERED FOR

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

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

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

- Something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do.
- Something which is caused by something **you** deliberately did or did not do.
- Something which is caused by **your** employment or employment of a **relative**.
- Something which is caused by **you** using any firearm or weapon.
- Something which is caused by any animal **you** own, look after or control.
- Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **you** owning, hiring or using any of the following:

- The use of any land or building except for the accommodation **you** are using on **your journey**.
- Motorised or mechanical vehicles and any trailers attached to them.
- Aircraft, motorised watercraft or sailing vessels.

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

Winter sports cover - Section 11

This section is only in force if shown on **your** policy schedule

WHAT YOU ARE COVERED FOR

Ski pack

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

- **you** have to cancel or curtail **your journey**
- **you** cannot ski because of an injury or illness (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19) during **your journey**.

Delayed ski equipment

We will pay up to the amount shown in **your** summary of cover in total for the hire of alternative **ski equipment** if:

- **your** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination; or
- **your** is damaged, stolen, lost or destroyed on **your journey**.

Ski equipment

We will pay up to the amounts shown in **your** summary of cover in total for **your ski equipment**, for hired **ski equipment** and ski pass that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€250**, whether jointly owned or not.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

Under Ski pack

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Cancellation and curtailment - Section 1.

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Emergency medical and associated expenses - Section 2.

Under Ski equipment

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Personal possessions -Section 5.

WHAT YOU ARE COVERED FOR

Piste closure

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

- Up to the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total for the cost of extra transport or lift passes to let **you** ski or snowboard at another resort; or
- Up to the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total if no other resort is available.

Avalanche closure

We will pay the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total for extra transport and accommodation costs **you** need to pay to get you to your **journey** destination or back **home** because of an avalanche in **your** resort.

WHAT YOU ARE NOT COVERED FOR

Under Piste closure

Any compensation for the first full 12 hours at **your** booked ski resort.

Any **journey** in the **UK**.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.

Compensation which **you** can get from **your** tour operator or anywhere else.

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** beginning outside a recognised ski resort or the official resort opening dates.

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

Business cover - Section 12

This section is only in force if shown on **your** policy schedule

WHAT YOU ARE COVERED FOR

Replacement business associate

We will pay up to the amount shown in **your** summary of cover in total to send a replacement **business associate** to complete **your** business itinerary, if **you** have to cut short **your journey**.

Business equipment and business samples

We will pay up to the amount shown in **your** summary of cover in total for **your business equipment** that is damaged, stolen, lost or destroyed on **your journey**.

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

Under Replacement business associate

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

Under Business equipment and business samples

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - Section 5.

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