



## AXA TRAVEL INSURANCE – REPUBLIC OF IRELAND TRAVEL INSURANCE POLICY

POLICY SCHEDULE	Gold	Platinum	Excess - All Levels
<b>Section A - Travel Advice</b>			
Travel Advice (Visa, vaccination, weather forecast, language, bank opening hours...)	Included	Included	
<b>Section B - Travel Assistance.</b>			
Legal Assistance	Included	Included	
Lost or Stolen Document Assistance	Included	Included	
Interpreter	Included	Included	
Message Relay	Included	Included	
Lost Luggage Assistance	Included	Included	
<b>Section C – Cancellation, Abandonment or Curtailment Charges</b>			
Cancellation or Curtailment	€ 7,000	€ 10,000	€ 75
<b>Section D - Missed Departure/ Missed Connection</b>			
Missed Departure/ Missed Connection	€ 1,000	€ 1,500	
<b>Section E - Delayed Departure</b>			
Travel Delay, maximum	€ 240	€ 320	
- per 12 hour period	€ 20	€ 20	
<b>Section F - Involuntary Denial of Boarding</b>			
Involuntary Denial of Boarding	€ 200	€ 300	
Extended Denial of Boarding	€ 200	€ 300	
<b>Section G – Baggage Delay</b>			
Baggage Delay – maximum after 12 hours	€ 200	€ 200	
<b>Section H - Emergency Medical and Other Expenses</b>			
Medical Expenses	€ 5,000,000	€ 10,000,000	€ 75
Repatriation	Included above	Included above	
Emergency Dental Pain Relief	€ 350	€ 350	€ 75
Infants born following Complications of Pregnancy, maximum per event	€ 75,000 (or € 200,000 for trips to USA or Caribbean)	€ 75,000 (or € 200,000 for trips to USA or Caribbean)	€ 75
Transportation to Hospital if not free	Included	Included	
Relative/Friend to travel out if travelling alone when hospitalised	Economy Flight + €75 per day, maximum 10 days	Economy Flight + €150 per day, maximum 10 days	
Extended stay (Companion)	€150 per day, maximum €1,500	€200 per day, maximum €2,000	
Extended stay following Medical treatment (Insured/Companion)	€150 per day, maximum €1,500	€200 per day, maximum €2,000	
Return Home of Children	Economy Flight + €150 per day, maximum 3 days	Economy Flight + €200 per day, maximum 3 days	
Driver to return Vehicle Home	-	Economy Flight + €100 per day, maximum 2 days	
Convalescence, maximum	€ 1,500	€ 2,000	
- per day	€ 75	€ 100	
Funeral Expenses	€ 4,500	€ 4,500	
<b>Section I - Hospital Benefit</b>			
Hospital Benefit, maximum	€ 250	€ 500	
- per day	€ 25	€ 50	
<b>Section J - Baggage and Passport</b>			
Baggage (maximum)	€ 3,000	€ 4,000	€ 75
- Single Item Limit	€ 300	€ 400	



- Valuables Limit in Total	€ 300	€ 400	
Lost or stolen Passport, identity card or visa	€ 400	€ 400	€ 75
<b>Section K - Personal Accident</b>			
Personal Accident (maximum)	€ 15,000	€ 30,000	
- Loss of Limbs or Sight (Aged < 66)	€ 15,000	€ 30,000	
- Permanent Total Disablement (Aged < 66)	€ 15,000	€ 30,000	
- Death Benefit (Aged 18 to 65)	€ 7,500	€ 10,000	
- Death Benefit (Under 18 or 65yrs+)	€ 7,500	€ 10,000	
- All Benefits (66yrs+)	€ 7,500	€ 10,000	
<b>Section L - Personal Liability</b>			
Personal Liability	€ 2,000,000	€ 3,000,000	€ 350
- Legal expenses	Included above	Included above	
<b>Section M - Overseas Legal Expenses and Assistance</b>			
Overseas Legal Expenses	€ 10,000	€ 20,000	€ 350
<b>Section N - Catastrophe Cover</b>			
Catastrophe	€ 1,000	€ 1,000	€ 75
<b>Section O- Hijack Benefit</b>			
Hijack, maximum,	€500	€ 1000	€ 75
- per day	€ 50	€ 100	
<b>Section P - Business Cover – Optional – Available upon payment of additional premium</b>			
Business Equipment (maximum)	€ 1,200	€ 1,800	€ 75
- Single Item Limit	€ 600	€ 600	
- Computer Equipment Single Item Limit	€ 800	€ 800	
- Samples Limit	€ 500	€ 500	
Business Colleague Replacement	Economy Flight	Economy Flight	
<b>Section Q - Winter Sports Cover – Optional – Available upon payment of additional premium</b>			
Ski Equipment Owned	€ 600	€ 750	€ 75
- Single Item Limit	€ 300	€ 500	
Ski Equipment Hired	€ 500	€ 750	€ 75
- Single Item Limit	€ 300	€ 500	
Ski Hire, maximum	€ 300	€ 500	
- per day	€ 30	€ 50	
Ski Pack, maximum	€ 300	€ 500	
- per day	€ 30	€ 50	
Piste Closure, maximum	€ 300	€ 500	
- per day	€ 30	€ 50	
Avalanche, maximum	€ 300	€ 500	
- per day	€ 30	€ 50	
<b>Section R - Golf Cover - Optional – Available upon payment of additional premium</b>			
Golf Equipment	€ 1,500	€ 2,000	€ 75
- Single Item Limit	€ 700	€ 700	
Golfing Liability	€ 1,000,000	€ 1,000,000	
- Legal Expenses	Included above	Included above	
Green Fees	€ 250	€ 250	
Hole in One Benefit	€ 75	€ 75	

**EMERGENCY TELEPHONE NUMBER:**

PLEASE CALL **AXA ASSISTANCE** ON +353 (1) 4311 202

**CLAIM TELEPHONE NUMBER:**

PLEASE CALL **AXA ASSISTANCE** ON +353 (1) 4311 203



## IMPORTANT NOTICE

1. Claims arising from **pre-existing medical conditions** are not covered.
2. There is not cover provided by this policy if, on the commencement of cover under this Policy or when booking any **trip**, **you** are having or waiting to have any medical tests or investigation, or are waiting for the results of any tests or investigations, into any undiagnosed medical condition or symptoms for which the underlying cause has not been diagnosed. This is regardless of how significant the issue for which **you** have been referred for further investigation was considered to be by the **medical practitioner** consulted.
3. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would have been travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
4. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultations abroad are not covered.
5. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
6. In case of any **medical emergency you** or the treating facility should contact **us** on +353 (1) 4311 202 as soon as possible. **You** would also need to contact **us** to report any loss, theft or damage.
7. **You** must claim against **your** private health insurer first if you have one for any medical expenses abroad up to **your** policy limit.
8. Please do not **curtail** any **trip** without first contacting **AXA Assistance** – see page 7.
9. Any incident relating to **winter sports** will be covered only if **you** have purchased the Winter Sports Option and it is shown as operative on the **insurance certificate**.
10. Any incident relating to **ski equipment, business equipment or golf equipment** will only be covered if **you** have purchased the appropriate option and it is shown as operative on the **insurance certificate**.
11. **Trips** must begin and end in the **country of residence** and both outbound and inbound travel tickets must be purchased before the **trip** begins. Any **trip** solely within the **country of residence** is only covered where **you** have pre-booked at least two nights' accommodation rented for a fee. Please note if **your trip** is longer than the maximum duration, **we** will not cover that **trip**.

## CONTENTS

POLICY SCHEDULE.....	1
IMPORTANT NOTICE.....	3
INTRODUCTION .....	3
DEFINITIONS .....	5
GENERAL CONDITIONS.....	7
CLAIMS CONDITIONS .....	7
GENERAL EXCLUSIONS.....	8
SPORTS AND OTHER ACTIVITIES .....	8
EMERGENCY AND MEDICAL SERVICE.....	9
RECIPROCAL HEALTH AGREEMENTS.....	9
COMPLAINTS PROCEDURE.....	10
SECTION A – TRAVEL ADVICE.....	10
SECTION B – TRAVEL ASSISTANCE.....	10
SECTION C – CANCELLATION, ABANDONMENT OR CURTAILMENT	
CHARGES .....	10
SECTION D - MISSED DEPARTURE / MISSED CONNECTION.....	11
SECTION E – DELAYED DEPARTURE .....	12
SECTION F – INVOLUNTARY DENIAL OF BOARDING.....	12
SECTION G – BAGGAGE DELAY .....	12
SECTION H – EMERGENCY MEDICAL AND OTHER EXPENSES .....	13
SECTION I - HOSPITAL BENEFIT.....	14
SECTION J – BAGGAGE AND PASSPORT .....	14
SECTION K - PERSONAL ACCIDENT.....	15
SECTION L - PERSONAL LIABILITY.....	15
SECTION M – OVERSEAS LEGAL EXPENSES AND ASSISTANCE.....	15
SECTION N – CATASTROPHE BENEFIT.....	16
SECTION O – HIJACK BENEFIT .....	16
SECTION P – BUSINESS COVER .....	16

SECTION Q - WINTER SPORTS .....	16
SECTION R - GOLF COVER.....	17
CLAIMS EVIDENCE .....	18

## INTRODUCTION

Thank you for purchasing this policy from AXA Travel Insurance. This is **your** travel insurance policy. It contains details of cover, conditions and exclusions relating to each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the **Insurance Certificate** which is evidence of the contract of insurance. If any details in the **Insurance Certificate** are incorrect, or **you** needs change in any way, **you** must contact **AXA Assistance** as soon as possible.

In return for having accepted **your** premium, **we** will in the event of **bodily injury**, death, **medical conditions**, disease, loss, theft, damage or other events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your Insurance Certificate**. All benefits and excesses are per **insured person**, per applicable section and per **trip** unless this is qualified specifically.

### RESIDENCY

This policy is only available to **you** if **you** are permanently resident in the Republic of Ireland and have been for the six months prior to the date of issue.

### AGE ELIGIBILITY

Single trip policies are available to **insured persons** up to age 79 for **trips** for up to 90 days. Single trip cover for anyone aged 80 or over is only available for **trips** to Europe up to 30 days in length.

Annual policies are available to **insured persons** up to age 64 for **trips** up to 42 days. If **you** reach the age of 65 during the **period of insurance**, cover will continue until the next renewal date but not thereafter.

The Winter Sports Option is available up to the age of 64.

### AUTOMATIC RENEWAL

In order to ensure continuous cover **we** will keep **your** payment details so **we** can continue to deduct premiums when **we** renew **your** policy. Each year **we** will mail **you** 30 days in advance to remind **you** that this is happening. If **you** do not want to renew this policy please contact **us** on 1890 608 808 before the renewal date to let **us** know.

### POLICY EXCESS

Under most sections of the policy, claims will be subject to an excess. This means that **you** will be responsible for paying the first €75 of each and every claim per incident for each **insured person** but limited to €150 in all if family cover applies.

### POLICY CANCELLATION

Please examine the policy and **Insurance Certificate** and if they do not meet **your** requirements let **us** know by calling on 1890 608 808 within 14 days of issue. Provided **you** have not travelled, no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred and that the policy and the **Insurance Certificate** are returned to us prior to **your** departure date, **we** will refund the premium in full.

The **main policyholder** may cancel this policy at any time after 14 days of issue by calling on 1890 608 808. If the **main policyholder** cancels after 14 days of issue no premium refund will be made. **We** reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. No refund of premium will be made.

### PRIVATE HEALTH INSURANCE

If **you** have confirmed **you** have Private Health Insurance which includes cover for overseas in-patient medical treatment for a minimum of €55,000, this will be shown on **your** insurance certificate. **Your** confirmation that **you** have Private Health Insurance in place means **you** agree to the following:

1. **You** have a Private Health Insurance policy in place for the entire **period of insurance** of this policy.



2. **Your** Private Health Insurance policy covers each **insured person** on this policy for overseas inpatient medical treatment for a minimum of €55,000.
3. **You** understand that if **you** are admitted into hospital abroad as an inpatient **you** must first claim against **your** Private Health Insurer up to **your** overseas benefit limit, before cover under Section H – Emergency Medical and other Expenses of this policy will come into effect.

**You** have received a discount when **you** purchased this policy, therefore in the event of a claim for overseas in-patient medical treatment; there is no benefit payable until either **you** have reached the benefit limit of **your** Private Health Insurance policy or after €55,000, whichever is the highest.

If **you** currently hold Private Health Insurance **you** must notify the relevant private medical insurance assistance company at the time of claiming. Here are some of the common insurers contact details noted below:

VHI Assistance	+353 1 448 2442
VHI Assistance USA	+1 800 364 9022
Laya Healthcare Assistance	+353 21 422 2204
Aviva Health Insurance	+353 1 481 7840

#### TYPE OF INSURANCE AND COVER

Travel insurance for single or annual multi trips – Please refer to **your Insurance Certificate** for **your** selected cover. Some **winter sports** cover may also be included upon payment of an appropriate additional premium – **your Insurance Certificate** will show if **you** selected this option. Golf and business cover may also be included upon payment of an appropriate additional premium – **your Insurance Certificate** will show if **you** selected these options.

The policy covers **you** for **trips** within the Republic of Ireland provided **you** have pre-booked at least two night's accommodation.

Please note - If **your trip** is longer than the maximum duration, this policy will not cover **you** for any part of that **trip**.

#### TYPE OF POLICIES

**Individual(s)** – one or more persons age 18 and over, travelling together on any **trip** to the same destination, and named on the **insurance certificate**.

#### **Couple**

– the **main policyholder** and his/her spouse, civil partner (including same-sex, in a common law relationship or who have co-habited for at least 6 months) or fiancé(e), together in a domestic relationship residing at the same address and named on the **insurance certificate**.

#### **Family**

– up to two adults living at the same address for at least 6 months and any number of their children, step children or foster children aged under 18, accompanying the parents or legal guardian insured on the same policy travelling on any **trip** to the same destination. All **insured person(s)** must be named on the **insurance certificate**.

Under annual multi trip cover either adult is also insured to travel on their own and children living at the same address as the **main policyholder** are also covered if they travel independently from the insured adult.

#### THE LAW APPLICABLE TO THIS CONTRACT

**Your** policy will be governed by the law of the Republic of Ireland unless **we** have specifically agreed in writing otherwise.

#### USE OF YOUR PERSONAL DATA

Details of you, **your** insurance cover under this policy and claims will be held by **us** (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in **our** website privacy notice (see below).

**We** collect and process these details as necessary for performance of **our** contract of insurance with **you** or complying with **our** legal obligations, or otherwise in **our** legitimate interests in managing **our** business and providing **our** products and services.

These activities may include:

- a. use of sensitive information about the health or vulnerability of **you** or others involved in **your** assistance guarantees, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes,
- b. disclosure of information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- c. monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control;
- d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;
- e. obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim; and
- f. sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

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

**We** carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements **We** have entered into with the receiving parties provide a similar level of protection of personal data

By purchasing this policy and using **our** services, **you** acknowledge that **we** may use **your** personal data, and consent to **our** use of sensitive information, both as described above. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice (see below).

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

If **you** want to know what information is held about **you** by AXA Travel Insurance Limited, or have other requests or concerns relating to **our** use of **your** data, please write to **us** at:

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

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

Our full privacy notice is available at:

[www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy)

Alternatively, a hard copy is available from **us** on request.

#### STAMP DUTY

The appropriate stamp duty has been or will be paid by **us** to the Revenue Commissioner in accordance with the provisions of the composition agreement entered into with them under section 5 of the Stamp Duties Consolidation Act 1999. All monies which may become due or payable by **us** shall be payable from **our** offices in the Ireland to **you** at the address **you** have notified to **us** in Ireland.



#### UNDERWRITER

Benefits under this Policy are underwritten by Inter Partner Assistance SA (IPA), whose registered branch office in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006) and is regulated by the Central Bank of Ireland. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised by the National Bank of Belgium. Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

## DEFINITIONS

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy. For ease of reading the definitions are highlighted by the use of bold print. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section.

#### **AXA Assistance**

– the service provider, arranged by AXA Travel Insurance, 10/11 Mary Street, Dublin 1, Ireland (company number 426087).

#### **Baggage**

– luggage, clothing, personal effects and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

#### **Bodily injury**

– an identifiable physical injury sustained by **you** due to a sudden, unexpected and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

#### **Business equipment**

– items used by **you** in support of **your** business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators.

#### **Business associate**

– any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

#### **Business trip**

– a **trip** taken wholly or in part for business purposes but excluding **manual work**.

#### **Close relative**

– mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, partner or fiancé/fiancée or civil partner (including same-sex, in a common law relationship or who have co-habited for at least 6 months).

#### **Complications of Pregnancy**

– the following unforeseen complications of pregnancy as certified by a medical practitioner: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; **medically necessary** emergency Caesarean sections/ **medically necessary** termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

#### **Country of residence**

– the Republic of Ireland.

#### **Curtailment / curtail**

– abandoning the **trip** by direct return to **your country of residence** or by attending a hospital abroad for in excess of 48 hours as an in-patient

and then being repatriated directly from the hospital to **your country of residence**.

#### **Golf equipment**

– golf clubs, golf balls, golf bag, golf trolley, and golf shoes forming part of **your baggage**.

#### **Hole in one**

– driving from the tee during a golf match and holing out in a single stroke.

#### **Home**

– **your** normal place of residence in **your country of residence**.

#### **Insurance Certificate**

– this document, issued upon **your** purchase of a policy and effective upon **our** acceptance of **your** premium, includes the information **you** gave **us**. It shows **you** who is insured, the level of cover **you** have chosen, the **period of insurance**, **territorial limits**, age restrictions, **your** premium and any options purchased.

#### **Loss of limb**

– loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

#### **Loss of sight**

– total and irrecoverable loss of sight in both eyes.

#### **Main policyholder**

– the first named person on the **Insurance Certificate**.

#### **Manual work**

– bar and restaurant, waitress, waiter, chalet, maids, au pair and nanny's and occasional light manual work at ground level including retail work and fruit picking but excluding the use of power tools and machinery.

#### **Medical condition(s)**

– any medical or psychological disease, sickness, condition, illness or injury.

#### **Medical emergency**

– a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

#### **Medical practitioner**

– a qualified, registered practising member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

#### **Medically necessary**

– reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, medical condition, disease or its symptoms, and that meet generally accepted standards of medical practice.

#### **Outward Journey**

– travelling from **your home** or business address in the **country of residence** to **your trip** destination including international flights, sea crossings or rail journeys which are booked prior to **you** leaving **your country of residence** which is directly related to the outbound journey

#### **Pair or set**

– a number of **baggage** items associated as being similar, complimentary or used together.

#### **Period of insurance**

##### Annual Multi Trip:

– the period for which **we** have accepted the premium as stated in the **Insurance Certificate**. During this period any **trip** not exceeding 42 days is covered. Under Section C - Cancellation cover shall be operative from the start date stated in the **Insurance Certificate** or the time of



booking any **trip** (whichever is the later) and terminates on commencement of any **trip**.

Any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi **trip** policy which fell due for renewal during the **trip** and there is no gap in cover.

#### Single Trip

– the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Insurance Certificate**. Under Section C - Cancellation cover shall be operative from the time **you** pay the premium or the time of booking the **trip** (whichever is the later) and terminates on commencement of any **trip**.

All **trips** must begin and end in the **country of residence**.

For all sections of the policy other than Section C - Cancellation, the insurance commences when **you** leave **your home**, hotel or **your** place of business in the **country of residence** (whichever is the later) to commence the **trip** and terminates at the time **you** return to **your home**, hotel or place of business in the **country of residence** (whichever is the earlier) on completion of the **trip**.

#### Extension to Period of Insurance

The **period of insurance** is automatically extended for the period of the delay in the event that **your** return to **your country of residence** is unavoidably delayed due to an event covered by this policy.

#### **Permanent Total Disablement**

- disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life

#### **Personal belongings**

- **baggage, ski equipment, golf equipment and business equipment.**

#### **Personal Money**

- bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

#### **Pre-existing medical condition(s)**

- any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the commencement of cover under this Benefit Schedule and/or prior to the booking of and/or commencement of any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this Benefit Schedule and/or prior to any **trip**.

#### **Public transport**

- any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

#### **Ski equipment**

- skis (including bindings), ski boots, snowboard boots, ski poles and snowboards.

#### **Sports and other activities**

- the activities listed on page 8 when **your** participation is not the sole or main reason for **your trip**.

#### **Strike or industrial action**

- any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

#### **Territorial limits**

– if **you** have selected:

1. Europe: **trips** to the following countries will be covered: Albania, Andorra, Austria, Bailiwick of Guernsey, Bailiwick of Jersey, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Republic of Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, FYR Macedonia, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia west of the Ural mountains, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom (England, Scotland, Wales, Northern Ireland and the Isle of Man) and Vatican City.
2. Worldwide excluding North America and the Caribbean: **trips** to all countries excluding USA, Canada, Mexico and the Caribbean countries.
3. Worldwide (including North America and Caribbean): **trips** to any destination are covered.

**Please note: Any trips to a country which a government agency in the Republic of Ireland, the travel advice unit of the department of Foreign Affairs or the World Health Organisation or similar body has advised against travel are not covered.**

Any **trip** solely within the **country of residence** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Medical Benefits in Section H – Emergency Medical and Other Benefits and Section I – Hospital Benefit in the **country of residence** are excluded.

#### **Terrorism**

– an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisations(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

#### **Trip**

– any holiday, or journey for business or pleasure made by **you** within the **territorial limits** during the **period of insurance**.

Any **trip** solely within the **country of residence** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Medical Benefits in Section H – Emergency Medical and Other Expenses and Section I – Hospital Benefit in the **country of residence** are excluded.

#### **Unattended**

– when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

#### **Valuables**

– jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic, audio, video, computer, television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes, binoculars, portable DVD players, ipods, MP3 and MP4 players.

#### **We/us/our**

– Inter Partner Assistance, and/or AXA Travel Insurance, both of 10/11 Mary Street, Dublin 1, Ireland, and regulated by the Central Bank of Ireland. Inter Partner Assistance is a branch of Inter Partner Assistance S.A., Avenue Louise 166 bte 1, 1050 Brussels, a Belgian company authorised by the Banking, Finance and Insurance Commission of Belgium, registration 0487. All are member companies of the AXA Assistance Group.

#### **Winter sports**

– **You** are covered for the following activities if the Winter Sports Option is shown as operative in the **Insurance Certificate** and the appropriate



premium paid. Cover under Section L – Personal Liability for those sports or activities marked with \* is excluded.

airboarding  
big foot skiing  
blade skating  
dry slope skiing  
glacier skiing/walking  
husky dog sledding (organised, non-competitive with local driver)  
\* ice go karting (within organisers guidelines)  
ice skating  
\* ice windsurfing  
kick sledging  
ski – blading  
ski boarding  
ski run walking  
skiing on piste\*\*  
skiing – mono  
skiing - off piste with a guide\*\*  
sledging/tobogganing  
\* sledging/sleigh riding as a passenger (pulled by horse or reindeer)  
snow blading  
snow boarding  
snow shoe walking  
snow tubing  
winter walking (using crampons and ice picks only)  
\*\* A piste is a recognised and marked ski run within the resort boundaries

#### **You/your/insured person(s)**

– each person travelling on a **trip** whose name appears in the **Insurance Certificate**.

## **GENERAL CONDITIONS**

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

### 1. DUAL INSURANCE

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section K – Personal Accident). Under Section H – Emergency /Medical and other Expenses – **your** private health insurer must pay the first amount as stated in their policy and **we** will commence cover once that limit has been reached.

**You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any in-patient medical expenses abroad up to all applicable limits.

### 2. REASONABLE PRECAUTIONS

**You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

### 3. MAXIMUM AGE LIMIT

Single trip policies are available to policyholders up to age 79 for **trips** for up to 90 days. Single trip cover for anyone aged 80 or over is only available for trips to Europe up to 30 days in length.

Annual policies are available to policyholders up to age 64 for **trips** up to 42 days. If **you** reach the age of 65 during the **period of insurance**, cover will continue until the next renewal date but not thereafter.

Winter Sports cover is available to policyholders up to age 64.

### 4. CURTAILMENT ASSISTANCE

In the event of **curtailment** necessitating **your** early return **home you** must contact **AXA Assistance** on +353 (1) 4311 202. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will

arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** at **home**.

## **CLAIMS CONDITIONS**

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

### The first thing you should do:

**We** recommend that **you** check **your** cover. Please read the appropriate section in the policy to see exactly what is, and is not covered, noting any conditions, limitations and exclusions. **Your Insurance Certificate** will show what sections are in force. **You** will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation that what is listed in CLAIMS EVIDENCE on page 18 to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be reduced or refused.

### If **bodily injury**, illness, loss, theft or damage happens you should immediately:

1. Call **AXA Assistance** to report a **medical emergency**, request repatriation, report any loss, theft or damage.
2. Inform a local Police station in the country where the incident occurred and obtain a crime or lost property irregularity report.
3. Take all reasonable steps to recover missing property.
4. Take all reasonable steps to prevent a further incident.

### What you must do after making a claim:

1. Tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document.
2. If **we** ask, **you** must send **us** written details of **your** claim within 31 days.
3. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance, medical certificates and assistance that may be needed.
4. **You** must supply all of **your** original invoices, receipts and reports etc. **We** have listed claims evidence that will help **you** substantiate **your** claim at the end of this policy wording.

### What you must not do:

1. Admit or deny any claim made by someone else against **you** or make any arrangement with them.
2. Abandon any property for **us** to deal with.
3. Dispose of any damaged items as **we** may need to see them.

**We** are entitled to take over any rights in the defence or settlement of any claim in **your** name for **our** benefit against any other party. **We** are entitled to take possession of the property insured and deal with any salvage. **We** may also pursue any claim to recover any amount due from a third party in the name of anyone claiming cover under this policy.

**We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

**We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills.

### FRAUD

**You** must not act in a fraudulent manner. If **you** or anyone acting for **you**:

1. makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
2. makes a statement in support of a claim knowing the statement to be false in any respect or
3. submits a document in support of a claim knowing the document to be forged or false in any respect or
4. makes a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance

Then



1. **we** shall not pay the claim
2. **we** shall not pay any other claim which has been or will be made under the policy
3. **we** may at **our** option declare the policy void
4. **we** shall be entitled to recover from **you** the amount of any claim already paid under the policy
5. **we** may inform the police of the circumstances
6. **we** shall not make any return of premium.

## GENERAL EXCLUSIONS

These exclusions apply throughout **your** policy.

**We** will not pay for claims arising directly or indirectly from:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section H – Emergency Medical and Other Expenses and Section I – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED.
4. Claims where **you** have not provided the necessary documentation requested by **us** on page 18 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
5. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
6. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and other activities** on page 8 and when **your** participation in these is not the sole or main reason for **your trip**.
7. **Your** pursuit of **winter sports** unless the Winter Sports Option is shown as operative in the **Insurance Certificate** and the appropriate premium paid.
8. **Your** pursuit of any **winter sports** not listed under the **winter sports** definition, even if the Winter Sports Option is shown as operative in the **Insurance Certificate**.
9. **Your** engagement in or practice of: **manual work** involving the use of dangerous equipment in connection with a profession, business or trade; flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft; the use of motorised two or three wheeled vehicles unless a full driving licence issued in **your country of residence** is held permitting the use of such vehicles and **you** are wearing a helmet; professional entertaining; professional sports; racing (other than on foot); motor rallies and motor competitions; or any tests for speed or endurance.
10. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug or alcohol addiction).
11. Self-exposure to needless peril (except in an attempt to save human life).
12. Claims arising from alcohol; **we** do not expect **you** to avoid alcohol during **your trip**, but **we** will not cover any claim arising where **you** have consumed so much alcohol that **you** have notably impaired **your** faculties and/or judgement and **you** need to make a claim. **Your** claim can also be declined where **you** refuse to allow the treating doctor, medical facility or police to complete appropriate testing such as breathalyser or blood tests and/or **you** refuse to make the report available to **us**.
13. A condition **you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice.

14. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
15. A condition for which **you** are travelling with the intention of obtaining medical treatment (including surgery or investigation) or advice outside of **your country of residence**.
16. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
17. **Your** own unlawful action or any criminal proceedings against **you**.
18. Not covered is any claim where **you** are entitled to indemnity under any other Insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
19. Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys; cost incurred in preparing a claim; loss of earnings following **bodily injury** or illness; or loss or costs incurred arising from the interruption of **your** business.
20. Operational duties as a member of the Armed Forces.
21. Loss of enjoyment.
22. **Your** travel to a country or specific area or event to which the Travel Advice Section of the Department of Foreign Affairs\* or the World Health Organisation has advised the public not to travel.

\* Department of Foreign Affairs  
Iveagh House, 80 St. Stephen's Green, Dublin 2  
Telephone: +353 (0) 1 408 2000  
[www.dfa.ie/services/traveladvice](http://www.dfa.ie/services/traveladvice)

## SPORTS AND OTHER ACTIVITIES

**You** are covered under Sections H – Emergency Medical and Other Expenses, Section I – Hospital Benefit and Section K - Personal Accident for the following activities automatically at no additional charge, provided that **your** participation in these is not the sole or main reason for **your trip** (excluding Winter Sports and Golf holidays). Cover under Section K – Personal Accident and Section L – Personal Liability for those sports or activities marked with \* is excluded.

abseiling (within organisers guidelines) administrative, clerical or professional occupations aerobics amateur athletics (track and field) archaeological digging archery assault course badminton banana boating baseball basketball beach games billiards/snooker/pool body boarding (boogie boarding) bowls * camel riding canoeing (up to grade 2 rivers) * clay pigeon shooting climbing (on climbing wall only) cricket croquet curling cycling (no racing) deep sea fishing * driving any motorised vehicle for which <b>you</b> are licensed to drive in the <b>country of residence</b> (other than in motor rallies or competitions) A helmet must be worn when using motorised two or three wheeled vehicles. elephant riding/trekking falconry
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fell walking/running  
fencing  
fishing  
fives  
flying as a fare paying passenger in a fully licensed passenger carrying aircraft  
football (amateur only and not main purpose of **trip**)  
\* glass bottom boats/bubbles  
\* go karting (within organisers guidelines)  
\* golf (unless **you** have purchased the Golf Cover Option)  
handball  
horse riding (excluding competitions, racing, jumping and hunting)  
hot air ballooning (organised pleasure rides only)  
\*hovercraft driving/passenger  
hurling (amateur only and not main purpose of **trip**)  
indoor climbing (on climbing wall)  
\* jet boating (no racing)  
\* jet skiing (no racing)  
jogging  
\* karting (no racing)  
kayaking (up to grade 2 rivers)  
korfbal  
mountain biking (no racing)  
netball  
octopush  
orienteering  
\* paint balling/war games (wearing eye protection)  
pony trekking  
\* power boating (no racing and non-competitive)  
\* quad biking (no racing)  
racket ball  
rambling  
refereeing (amateur only)  
ringos  
roller skating/blading/in line skating (wearing pads and helmets)  
rounders  
rowing (no racing)  
running (non-competitive and not marathon)  
safari trekking (must be organised tour)  
\* sailing/yachting (if qualified or accompanied by a qualified person and no racing)  
sand boarding  
sand dune surfing/skiing  
\* sand yachting  
scuba diving † (see note below)  
\* shooting/small bore target/rifle range  
shooting (within organisers guidelines)  
skateboarding (wearing pads and helmets)  
sledging (not on snow)  
snorkelling  
softball  
spear fishing (without tanks)  
\*speed sailing  
squash  
students working as counsellors or university exchanges for practical course work (non manual)  
surfing  
swimming  
swimming with dolphins  
swimming/bathing with elephants  
Sydney harbour bridge (walking across roped together)  
table tennis  
\* tall ship crewing (no racing)  
ten pin bowling  
tennis  
trampolining  
tree canopy walking  
trekking/hiking/walking up to 2, 000 metres above sea level  
tug of war  
volleyball  
wake boarding  
water polo  
water skiing/water ski jumping  
whale watching  
wind surfing/sailboarding  
wind tunnel flying (pads and helmets to be worn)

zip lining/trekking (safety harness must be worn)  
zorbng/hydro zorbng/sphering

† Scuba Diving: scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

**We** must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres.

## EMERGENCY AND MEDICAL SERVICE

Contact **AXA Assistance** on telephone: +353 (1) 4311 202

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home**, or in the event of **you** incurring medical expenses in excess of €350, **you** must contact **AXA Assistance**. If this is not possible because the condition requires immediate emergency treatment **you** must contact **AXA Assistance** as soon as possible. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. Private medical treatment is not covered unless authorised specifically by **AXA Assistance**.

### MEDICAL ASSISTANCE ABROAD

**AXA Assistance** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **AXA Assistance** will also arrange transport **home** when this is considered to be medically necessary, or when **you** have notice of serious illness or death of a **close relative at home**.

### PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **AXA Assistance** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **AXA Assistance** for **you** as soon as possible.

For simple out-patient treatment (excluding fractures), **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to **your country of residence**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call **AXA Assistance** for guidance.

## RECIPROCAL HEALTH AGREEMENTS

### European Union (EU), European Economic Area (EEA) and Switzerland

If **you** are travelling to countries within the European Union (EU), European Economic Area (EEA) or Switzerland, **we** strongly recommend **you** apply for and obtain a European Health Insurance Card (EHIC) for all **insured persons** and make sure that any medical treatment is provided at hospitals or by doctors working within the terms of the reciprocal health care agreement, unless **AXA Assistance** agree otherwise. If **you** are admitted to a private clinic **you** may be transferred to a public hospital as soon as the transfer can be arranged safely. If **you** are travelling to Great Britain or Northern Ireland **you** do not require a European Health Insurance Card to obtain the necessary healthcare but need to provide proof that **you** are ordinarily resident in Ireland (in practice this means a driving license, passport or similar document). If **you** are currently a VHI, QUINN/BUPA and VIVAS member **you** must notify the relevant private medical insurance assistance company at the time of claiming.

### AUSTRALIA



If **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. This is not available if **you** are visiting Australia on a student visa from the Republic of Ireland. Details of how to enrol and free treatment available can be obtained from the Australian Embassy in Ireland by contacting 01 664 5300 or [www.australianembassy.ie](http://www.australianembassy.ie). Alternatively please call **AXA Assistance** for guidance. If **you** are admitted to hospital contact must be made with **AXA Assistance** immediately and their authorisation obtained in respect of any treatment NOT available under MEDICARE.

## COMPLAINTS PROCEDURE

### MAKING YOURSELF HEARD

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### WHEN YOU CONTACT US:

Please give **us your** name and contact telephone number. Please quote **your** policy and/or claim number. Please explain clearly and concisely the reason for **your** complaint.

### STEP ONE – INITIATING YOUR COMPLAINT

**You** need to contact **AXA Assistance** on +353 (1) 4311 202. **We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

### STEP TWO – CONTACTING HEAD OFFICE

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care in **your** preferred language, who will arrange for an investigation on behalf of the Chief Executive: AXA Travel Insurance, Complaints Department, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR. Or **you** may use e-mail: [irelandcustomer.support@axa-travel-insurance.com](mailto:irelandcustomer.support@axa-travel-insurance.com)

### STEP THREE – BEYOND AXA TRAVEL INSURANCE

If **we** have given **you our** final response and **you** are still dissatisfied **you** may refer **your** case to the Financial Service Ombudsman (FSO).

The FSO is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted.

The Ombudsman can be contacted at:  
Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2.  
D02 VH29

Tel: + 353 1567 7000  
E-mail: [info@fspoi.ie](mailto:info@fspoi.ie)  
Web: [www.fspoi.ie](http://www.fspoi.ie)

Referral to the FSO will not affect **your** right to take legal action against **us**.

## SECTION A – TRAVEL ADVICE

### WHAT IS COVERED

Before and during **your trip we** will provide **you** with information on:

1. current visa and entry requirements for all countries. If **you** hold a passport from a country other than the **country of residence**, **we** may need to refer **you** to the embassy or consulate of the country concerned.
2. current vaccination requirements for all countries and information on current World Health Organisation warnings.

3. weather forecasts abroad.
4. specific languages spoken at the travel destination.
5. time zones and time differences.
6. opening hours of major banks including information on exchange rates and the main currency in use at the travel destinations.

### WHAT IS NOT COVERED

1. Anything mentioned in GENERAL CONDITIONS on page 7.
2. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION B – TRAVEL ASSISTANCE

### WHAT IS COVERED

During **your trip we** will:

1. assist **you** with the procurement of a lawyer and/or interpreter if **you** are arrested or threatened with arrest while travelling, or are required to deal with any public authority.
2. relay messages to **your** close relatives, business colleagues or friends in **your country of residence**.
3. assist in locating **your** lost luggage and provide **you** with regular updates on the current situation.
4. assist in transferring an advance of money **you** obtain from **your** bank or credit card company if **your personal money** is lost or stolen and there are no other means for **you** to obtain funds. All advances and delivery fees will be charged to **you** unless other accepted means of payment are made in advance to **us**.
5. assist in obtaining replacement travel documents if the documents required for the return journey are lost or stolen. **We** will not pay the charges payable for issuing new documents. In the event that travel tickets for the return journey are lost or stolen, an advance shall be paid to enable purchase of a replacement ticket. All advances and delivery fees will be charged to **your** card account unless other accepted means of repayment to **us** are made in advance.
6. provide help in replacing **your** essential prescription medication if it, or a local equivalent, is unavailable when **you** are outside of the **country of residence**. **We** will only pay the cost for the shipping, not for the cost of the medication, duties or taxes.
7. provide help in shipping **your** replacement glasses or contact lenses from **your home** to **your** location. **We** will only pay the cost for the shipping, not for the cost of the glasses or contact lenses, duties or taxes.
8. advance of bail bond up to the amount listed in the Policy Schedule if **you** are arrested or threatened with arrest while travelling. All advances and delivery fees will only be made if accepted means of repayment to **us** are made in advance.

### SPECIAL CONDITIONS

1. All advances and delivery fees will be charged to **your** credit or debit card account unless an accepted means of repayment to **us** is made in advance.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. The cost of any advance or delivery fee unless specifically mentioned.
2. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION C – CANCELLATION, ABANDONMENT OR CURTAILMENT CHARGES

**YOU SHOULD ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT** - Telephone +353 (1) 4311 202.

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule, for any irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if:

- a) cancellation of the **trip** is necessary and unavoidable; or
- b) the **trip** is **Curtailed** before completion;



as a result of any of the following events occurring:

1. The death, **bodily injury** or illness of:
  - a) **You**
  - b) any person with whom **you** are travelling or have arranged to travel with
  - c) any person with whom **you** have arranged to reside temporarily
  - d) **Your close relative**
  - e) **Your business associate**
2. A **complication of pregnancy** involving **you**.
3. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law of **you** or any person with whom **you** are travelling or have arranged to travel with.
4. Redundancy which qualifies for payment under the current redundancy payment legislation in the **country of residence** and at the time of booking the **trip** there was no reason to believe anyone would be made redundant of **you** or any person with whom **you** are travelling or have arranged to travel with.
5. The withdrawal of leave for members of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department, provided that such cancellation or **curtailment** could not reasonably have been expected at the time of receiving these benefits or booking **your trip** (whichever is the later).
6. The Police requesting **you**, within 7 days of **your** departure date, to remain at or subsequently return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.
7. After a minimum 24 hours delay has elapsed for a **trip** booked lasting 1-7 days and a minimum of 36 hours has elapsed for a **trip** lasting over 8 days due to **strike or industrial action**, adverse weather conditions or mechanical breakdown of or a technical fault occurring in the scheduled public transport on which you are booked to travel.

#### IMPORTANT LIMITATIONS UNDER SECTION C – CANCELLATION OR CURTAILMENT

This policy will not cover any claims arising directly or indirectly from:

1. any **pre-existing medical condition** known to **you** prior to **you** purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or staying during **your trip** if:
  - a) a terminal diagnosis had been given by a **medical practitioner**; or
  - b) they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
  - c) during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

#### SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **AXA Assistance** to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to death, **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
4. In the case of **curtailment**, claims will be calculated from the day **you** returned to the **country of residence** or the day **you** were admitted to hospital or confined to **your** accommodation, and based on the number of complete days of **your trip** **you** have not used or which **you** were hospitalised, quarantined or confined to **your** accommodation.
5. If the car which **you** intended to use for the **trip** is stolen or damaged within 7 days prior to the departure date then the costs of a hire car will be covered and no cancellation costs will be paid.
6. Anything mentioned in GENERAL CONDITIONS on page 7.

#### WHAT IS NOT COVERED

1. **Pre-existing medical conditions** of **you**.
2. The excess shown in the Policy Schedule applies to each and every claim per incident for each **insured person**.
3. The cost of recoverable airport charges, taxes, ATOL fees and levies.
4. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date these benefits became effective or the time of booking any **trip** (whichever is the earlier).
  - b) Circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**.
5. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles, or any card bonus point schemes.
6. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
7. Any claim arising from **complications of pregnancy** which:
  - a) for cancellation – first arise before booking or paying for the **trip**, whichever is the later.
  - b) for curtailment – first arise before departing on **your trip**.
8. **You** or any travelling companions not having valid passports, visas or other documents required for travel.
9. Claims for travel companions if they are not **insured persons**.
10. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
11. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
12. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
13. Abandonment after the first leg of a **trip**.
14. Any claims for abandonment under this section if **you** have claimed under Section D – Missed Departure/Missed Connection or Section E – Delayed Departure.
15. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
16. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more.
17. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## **SECTION D - MISSED DEPARTURE / MISSED CONNECTION**

#### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule, for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination, connecting flights outside the **country of residence** or returning to the **country of residence** if **you** fail to arrive at the international departure point in time to board the scheduled **public transport** on which **you** are booked to travel on the initial international journey of the **trip** as a result of:

1. the failure of other scheduled **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. **strike or industrial action** or adverse weather conditions

#### SPECIAL CONDITIONS

1. **You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.



- You** must obtain a written report from the carrier confirming the delay and cause.
- You** must obtain a written report from the local police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.
- You** may claim only once under Section E – Delayed Departure or once under Section D – Missed Departure/ Missed Connection or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
- Anything mentioned in GENERAL CONDITIONS on page 5.

#### WHAT IS NOT COVERED

- Claims arising directly or indirectly from:
  - Strike or industrial action** existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - An accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairers report is not provided.
  - Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturers instructions.
- Any costs or charges for which any carrier or provider must, has or will compensate **you**.
- Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
- Missed departure when less than a minimum connection time of 2 hours between connecting flights at an international point of departure has been arranged or longer if flight reservations systems require longer periods for connections.
- Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
- Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
- Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
- Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION E – DELAYED DEPARTURE

#### WHAT IS COVERED

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **country of residence** for at least 12 hours from the scheduled time of departure due to:

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

**we** will pay **you** up to the amount shown in the Policy Schedule for each completed 12 hours delay up to a maximum of the amount shown in the Policy Schedule.

#### SPECIAL CONDITIONS

- You** must check in according to the itinerary supplied to **you**.
- You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
- You** must comply with the terms of contract of the travel agent, tour operator or **public transport** provider.
- You** may claim only once under Section E – Delayed Departure or once under Section D – Missed Departure/ Missed Connection or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
- Anything mentioned in GENERAL CONDITIONS on page 7.

#### WHAT IS NOT COVERED

- Claims arising directly or indirectly from:

- Strike or industrial action** or air traffic control delay existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
- Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or **public transport** provider.
  - Any costs or charges for which any carrier or provider must, has or will compensate **you**.
  - Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
  - Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION F – INVOLUNTARY DENIAL OF BOARDING

#### WHAT IS COVERED DENIAL OF BOARDING

If **you** have checked-in, or attempted to check in, for a confirmed scheduled flight, within the published check-in times, and **you** are involuntarily denied boarding as a result of overbooking **we** will pay **you**, after the first complete 6 hour delay, up to the amount shown in the Policy Schedule for costs incurred in respect of restaurant meals and refreshments consumed between the original scheduled flight departure time and **your** actual departure time

#### EXTENDED DENIAL OF BOARDING

If **you** are delayed for more than 12 hours, **we** will pay up to the amount shown in the Policy Schedule for **your** costs incurred in respect of hotel accommodation used and restaurant meals and refreshments consumed, within 30 hours of the original scheduled flight departure time, and before **your** actual departure.

#### SPECIAL CONDITIONS

- In the event **you** receive compensation from the airline, the amount **we** will pay **you** will be reduced by the compensation **you** have already or are due to receive.
- You** may claim only once under Section E – Delayed Departure or once under Section D – Missed Departure/ Missed Connection or once under Section F – Involuntary Denial of Boarding for the same event, not twice or all.
- Anything mentioned in GENERAL CONDITIONS on page 7.

#### WHAT IS NOT COVERED

- Any costs or charges for which the airline will compensate **you**.
- Any costs or charges incurred where denial of boarding was not involuntary and/or on a mandatory basis.
- Any claims where written proof from the airline is not obtained confirming **your** inability to travel as a result of the airline over booking the flight, the period of delay until **your** next available flight is confirmed and gives details of any compensation **you** have received from the airline.
- Any claim relating to charter flights.
- Any charges where the flight was not pre-booked on a scheduled flight.
- Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION G – BAGGAGE DELAY

#### WHAT IS COVERED

**We** will pay **you** up to the amount shown in the Policy Schedule for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 12 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under Section J – Baggage and Passport.

#### SPECIAL CONDITIONS



1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a. obtain a Property Irregularity Report from the airline.
  - b. give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c. retain all travel tickets and tags for submission if a claim is to be made under the Policy Schedule
2. Anything mentioned in SPECIAL CONDITIONS in Section J – Baggage and Passport on page 13.

#### WHAT IS NOT COVERED

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

## SECTION H – EMERGENCY MEDICAL AND OTHER EXPENSES

If **you** become unexpectedly ill, injured or have a **complication of pregnancy** and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €350 then **you** must contact **AXA Assistance** on +353 (1) 4311 202.

#### AXA Assistance may:

- a) move **you** from one hospital to another; and/or
- b) return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;  
at any time, if **AXA Assistance** and the treating **medical practitioner** believes that it is medically necessary and safe to do so. If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

#### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule, for the following expenses which are necessarily incurred outside of the **country of residence** as a result of **your** suffering unforeseen **bodily injury, complication of pregnancy** or a **medical condition** and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of the **country of residence**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to the limit in the Policy Schedule incurred outside of the **country of residence**.
4. reasonable accommodation expenses incurred, up to the standard of **your** original booking, if it is **medically necessary** for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of **AXA Assistance**, reasonable additional accommodation expenses for a friend or **close relative** to remain

with **you** and escort **you home**. If **you** and **your** friend or **close relative** are unable to use the original return ticket, **AXA Assistance** will provide additional travel expenses up to the standard of **your** original booking to return **you to your home**.

5. In the event of **your** death outside of the **country of residence** the reasonable additional cost of funeral expenses abroad up to the limit in the Policy Schedule plus the reasonable cost of conveying **your** ashes to **your home**, or the additional costs of returning **your** remains to **your home**.
6. Travel and accommodation expenses for a **close relative** from the **country of residence** to visit **you** or escort **you to your home** if **you** are travelling alone and if **you** are hospitalised as an in-patient for more than 10 days, with the prior authorisation of **AXA Assistance**.
7. With the prior authorisation of **AXA Assistance**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you to your home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless **AXA Assistance** agree otherwise.
8. Travel and accommodation expenses for a friend or **close relative** to travel from the **country of residence** to escort **insured persons** under the age of 16 to **your home** in the **country of residence** if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person.
9. If **we** have repatriated **you to your country of residence** with a medical escort **we** will pay for **your** accommodation, food and nursing costs for up to 10 days up to the amounts listed in the Policy Schedule while **you** are convalescing in a Nursing Home registered in accordance with the legislation in the **country of residence**. The convalescence must immediately follow **your** repatriation and be agreed to by **our** senior medical officer in consultation with the registered **medical practitioner** treating **you**.

#### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical conditions** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. **You** must contact **AXA Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of €350 relating to any one incident.
3. In the event of **your bodily injury** or **medical conditions** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to the **country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **AXA Assistance** **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.
4. **You** must claim against **your** state or private health insurer first for any in-patient medical expenses abroad up to **your** policy limit. In the event of a claim under this section **you** must advise **us** of any other insurance policy **you** hold or benefit from which may provide cover.
5. Anything mentioned in GENERAL EXCLUSIONS on page 8.

#### WHAT IS NOT COVERED

1. The excess as shown in the Policy Schedule per **insured person** for each and every claim.
2. **Pre-existing medical conditions**.
3. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls, other than calls to **AXA Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
  - b) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
  - c) Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or **medical condition**.
  - d) Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **AXA Assistance** can be delayed reasonably until **your** return to the **country of residence**.
  - e) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence**.
  - f) Additional costs arising from single or private room accommodation.



- g) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **AXA Assistance**.
  - h) Any expenses incurred after **you** have returned to the **country of residence** unless previously agreed to by **AXA Assistance**.
  - i) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - j) **Your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.
  - k) Pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
4. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
  5. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
  6. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
  7. Any costs incurred in Europe which would have been covered by the use of a European Health Insurance Card (EHIC) had **you** been entitled to one, and failed to obtain one prior to travel.
  8. Any costs incurred in Australia where **you** would have been eligible and had the opportunity to enrol in the Medicare scheme and **you** failed to do so.
  9. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION I - HOSPITAL BENEFIT

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule, for every complete 24 hours **you** have to stay in hospital as an in-patient outside the **country of residence** as a result of **bodily injury** or **medical conditions** **you** sustain and/or compulsory quarantine. **We** will pay the amount in the Policy Schedule in addition to any amount payable under Section H – Emergency Medical and Other Expenses.

### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical conditions** or compulsory quarantine which necessitates **your** admittance to hospital as an in-patient.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical conditions** which necessitated **your** admittance into hospital.
  - b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **AXA Assistance** can be delayed reasonably until **your** return to the **country of residence**.
  - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - d) Hospitalisation as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - e) Any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.
2. **Pre-existing medical conditions**.
3. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION J – BAGGAGE AND PASSPORT

### WHAT IS COVERED

#### BAGGAGE

**We** will pay **you**, up to the amount shown in the Policy Schedule, for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **baggage**). The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the Policy Schedule. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** Limit shown in the Policy Schedule.

#### PASSPORT

**We** will pay **you** up to the amount shown in the Policy Schedule for reasonable additional travel and accommodation expenses incurred necessarily outside of the **country of residence** to obtain a replacement of **your** passport, id card or visa which has been lost or stolen outside of the **country of residence**. **We** will only pay the pro-rata value of the lost passport or identity card that **you** have used to travel on this **trip**.

### SPECIAL CONDITIONS

1. All receipts must be retained.
2. **You** must report all incidents of loss, theft, or attempted theft of **personal belongings** to the local Police in the country where the incident occurred within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
3. For items damaged whilst on **your trip** **you** must obtain an official report from an appropriate local authority.
4. If **personal belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a. obtain a Property Irregularity Report from the airline.
  - b. give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c. retain all travel tickets and tags for submission if a claim is to be made under the Policy Schedule.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
6. **You** must retain any property which is damaged, and, if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **our** property.
7. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.
8. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.
9. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. The excess as shown in the **Policy Summary** per **insured person** for each and every claim unless the **policyholder** has purchased the **excess waiver** option.
2. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
3. Incidents of loss or theft of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
4. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, alcohol,



- antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
7. Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the transportation vehicle or vessel in which they are being carried.
  8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
  9. Any amounts already paid under Section G – Baggage Delay.
  10. All items used in connection with **your** business, trade, profession or occupation.
  11. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
  12. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
  13. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
  14. **Valuables** or passport left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
  15. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
  16. Claims arising from **baggage** shipped as freight.
  17. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION K - PERSONAL ACCIDENT

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule, if **you** sustain **bodily injury** whilst on a **trip** which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb, loss of sight** or **permanent total disablement**.

### SPECIAL CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

### PROVISIONS

The benefit is not payable to **you**:

1. Under more than one of the items shown in the Policy Schedule.
2. Under **Permanent Total Disablement**, until one year after the date **you** sustain **bodily injury**.
3. Under **Permanent Total Disablement**, if **you** are able or may be able to carry out any gainful employment or gainful occupation.

### WHAT IS NOT COVERED

1. **Pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Normal and habitual travel to and from **your home** and place of employment or second residence as this shall not be considered as a covered **trip**.
4. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION L - PERSONAL LIABILITY

### WHAT IS COVERED

**We** will pay up to the amount shown in the Policy Schedule, (inclusive of legal costs and expenses up to the amount shown in the Policy Schedule) against any amount **you** become legally liable to pay as

compensation for any claim or series of claims arising from any one event or source of original cause in respect of accidental:

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

### SPECIAL CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of the Policy Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. The excess shown in the Policy Schedule applies to each and every claim per incident for each **insured person**.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership, possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) The transmission of any communicable disease or virus.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first €350 of each and every claim arising from the same incident).
  - f) **Your** criminal, malicious or deliberate acts.
  - g) Incidents relating to sport of golf unless the **main policyholder** has purchased the Golf Cover Option.
  - h) Incidents relating to **winter sports**.
3. Anything mentioned in the GENERAL EXCLUSIONS on page 6.

## SECTION M – OVERSEAS LEGAL EXPENSES AND ASSISTANCE

### WHAT IS COVERED

**We** will pay up to the amount shown in the Policy Schedule, for legal costs to pursue a civil action for compensation if someone else causes **you** **bodily injury, medical conditions** or death during **your trip**. **We** will also pay reasonable costs of an interpreter that is arranged by **us** for court proceedings.

### SPECIAL CONDITIONS

1. **We** shall supervise any legal action through agents **we** nominate and will decide the point at which negotiations cannot usefully be pursued further. After that, no further claims can be made against **us**.
2. If **you** or **your** lawyer receive any compensation, **you** must repay **us** any legal costs which **we** have paid up to the amount of the compensation.
3. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED



1. Legal costs in respect of:
  - a) Claims when in **our** opinion there are no reasonable prospects for success.
  - b) Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip, us**, Inter Partner Assistance, AXA Travel Insurance, **AXA Assistance** or their agents.
  - c) Claims against someone **you** were travelling with or another **insured person**.
  - d) Legal action where in **our** opinion the estimated amount of compensation is less than €750.
  - e) Actions undertaken in more than one country.
  - f) Lawyers' fees incurred on the condition that **your** action is successful.
  - g) Claims by **you** other than in **your** private capacity.
  - h) Claims occurring within the **country of residence**.
2. Legal costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **AXA Assistance** within 30 days of the incident.
4. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION N – CATASTROPHE BENEFIT

### WHAT IS COVERED

**We** will pay **you** up to the amounts shown in the Policy Schedule in the event that **you** are forced to move from the pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive which is confirmed in writing by local or national authority, for irrecoverable travel or accommodation costs necessarily incurred to continue with the **trip** OR, if the **trip** cannot be continued for **your** return **home**.

### SPECIAL CONDITIONS

1. **You** must obtain a report from local or national authority stating that it was not acceptable for **you** to remain in **your** pre booked accommodation.
2. If **you** receive any compensation from the tour operator, booking agent or any third party, any claim under this section will be reduced by the amount of compensation received.
3. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. The excess per incident for each **insured person** as shown in the Policy Schedule.
2. Claims where the tour company is responsible.
3. Any costs where the accommodation provider or tour operator has, must or will compensate **you**.
4. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION O – HIJACK BENEFIT

### WHAT IS COVERED

**We** will pay **you** up to the amounts shown in the Policy Schedule for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger is hijacked.

### WHAT IS NOT COVERED

1. Anything mentioned in GENERAL CONDITIONS on page 7.
2. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION P – BUSINESS COVER

### WHAT IS COVERED

#### BUSINESS EQUIPMENT

**We** will pay **you** up to the amount shown in the Policy Schedule, for accidental loss, theft of or damage to **your business equipment**. The maximum **we** will pay for any Single Item, computer equipment or business samples is as shown in the Policy Schedule.

### REPLACEMENT BUSINESS COLLEAGUE

**We** will pay to the amount shown in the Policy Schedule in arranging for a **business associate** to take **your** place on a pre-arranged **business trip** in the event that:

1. **You** die.
2. **You** are unable to make the **business trip** due to **you** being hospitalised or totally disabled as confirmed in writing by a **medical practitioner**.
3. **Your close relative** or **business associate** in the **country of residence** dies, is seriously injured or falls seriously ill.
4. **You** are unable to continue working on **your trip** following **your** return **home** after **your** covered treatment under Section G – Emergency Medical and Other Expenses.

### SPECIAL CONDITIONS

1. **Our** liability for **business equipment** hired by **you** shall be further limited to **your** liability for such loss or damage.
2. Anything mentioned in SPECIAL CONDITIONS in Section J – Baggage and Passport on page 13.
3. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. Claims arising for **business equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for computer equipment and **valuables** whilst in the custody of a carrier.
3. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **baggage**.
4. In respect of Replacement Business Colleague:
  - a) Additional costs if **you** were totally disabled, hospitalised or **you** were on a waiting list to go into hospital at the time of arranging the **business trip**.
  - b) Additional costs if **you** were aware of circumstances at the time of arranging the **business trip** which could reasonable have been expected to give rise to disruption of the **business trip**.
5. Anything mentioned in WHAT IS NOT COVERED under Section J – Baggage and Passport on page 13.
6. Anything mentioned in GENERAL EXCLUSIONS on page 8.

## SECTION Q - WINTER SPORTS

### SKI EQUIPMENT AND SKI EQUIPMENT HIRE

#### WHAT IS COVERED

##### SKI EQUIPMENT

**We** will pay **you**, up to the amount shown in the Policy Schedule, for the accidental loss of, theft of or damage to **your own ski equipment**, or for hired **ski equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, re-instate or repair the lost or damaged **ski equipment**). The maximum **we** will pay for any one article, **pair or set** of articles is shown in the Policy Schedule.

##### SKI EQUIPMENT HIRE

**We** will pay **you**, up to the amount shown in the Policy Schedule, for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 24 hours of **your own ski equipment**.

### SPECIAL CONDITIONS

1. **Our** liability for **ski equipment** hired by **you** shall be further limited to **your** liability for such loss or damage.
2. Anything mentioned in SPECIAL CONDITIONS in Section J – Baggage and Passport on page 13.
3. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. The excess per incident for each **insured person** as shown in the Policy Schedule.
2. Anything mentioned in WHAT IS NOT COVERED on page 13.
3. Anything mentioned in the GENERAL EXCLUSIONS on page 6.





## SKI PACK

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** **bodily injury** or illness.

### SPECIAL CONDITIONS

1. **You** must provide written confirmation from a **medical practitioner** that such **bodily injury** or illness prevented **you** from using **your** ski pack.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

1. **Pre-existing medical conditions**
2. Anything mentioned in the GENERAL EXCLUSIONS on page 6.

## PISTE CLOSURE

### WHAT IS COVERED

If **you** are prevented from skiing at the pre-booked resort for more than 24 consecutive hours, because insufficient snow, strike, power failure or adverse weather conditions causes a total closure of the lift system (other than baby drags and lifts used for transport within the resort by non-skiers), **we** will pay **you**, up to the amount shown in the Policy Schedule for the cost of transport and lift pass charges for travel to and from an alternative site (excluding cross country skiing).

If no alternative sites are available **we** will pay **you** a cash benefit up to the amount shown in the Policy Schedule.

### SPECIAL CONDITIONS

1. Cover only applies to the resort which **you** have pre-booked at least one nights accommodation and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **your trip**.
2. Cover only applies for **trips** taken during the period 15th December to 15th April in the northern hemisphere (both dates inclusive).
3. Cover only applies for **trips** taken during the period 15th May to 15th October in the southern hemisphere (both dates inclusive).
4. **You** must obtain written confirmation from the resort management of the piste conditions confirming the closure of facilities and the dates applicable.
5. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

Anything mentioned in the GENERAL EXCLUSIONS on page 6.

## AVALANCHE OR LANDSLIDE CLOSURE

### WHAT IS COVERED

If access to and from the ski resort is blocked or scheduled public transport services are cancelled or curtailed following avalanches or landslides **we** will pay up to the amount as shown in the Policy Schedule for reasonable extra accommodation and travel expenses.

### SPECIAL CONDITIONS

1. Cover only applies to the resort which **you** have pre-booked at least one nights accommodation and for so long as such conditions prevail at the resort.
2. Cover only applies for **trips** taken during the period 15th December to 15th April in the northern hemisphere (both dates inclusive).
3. Cover only applies for **trips** taken during the period 15th May to 15th October in the southern hemisphere (both dates inclusive).
4. **You** must obtain written confirmation from the resort management of the piste conditions confirming the closure of facilities and the dates applicable.
5. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

Anything mentioned in the GENERAL EXCLUSIONS on page 6.

## SECTION R - GOLF COVER

### GOLF EQUIPMENT

#### WHAT IS COVERED

**We** will pay **you** up to the amount as shown in the Policy Schedule for loss, theft, or damage to **your** own **golf equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, or **we** may at **our** option replace, reinstate or repair the lost or damaged **golf equipment**. The maximum payment for any Single Item is shown in the Policy Schedule.

#### SPECIAL CONDITIONS

1. Anything mentioned in SPECIAL CONDITIONS in Section J – Baggage and Passport on page 13.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

#### WHAT IS NOT COVERED

1. Claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property at anytime.
2. Claims arising for loss, theft or damage of **golf equipment** carried on a vehicle roof rack.
3. Loss, theft of or damage to **golf equipment** over 5 years old.
4. Anything mentioned in WHAT IS NOT COVERED under Section J – Baggage and Passport on page 13.
5. Anything mentioned in GENERAL EXCLUSIONS on page 8.

### GOLF LIABILITY

#### WHAT IS COVERED

**We** will pay up to the amount shown in the Policy Schedule, (inclusive of legal costs and expenses up to the amount shown in the **policy schedule**) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause in respect of any accident related to **your** participation in golf.

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

#### SPECIAL CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
5. In the event of **your** death, **your** legal representative(s) will have the protection of the Policy Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.
6. Anything mentioned in GENERAL CONDITIONS on page 7.

#### WHAT IS NOT COVERED

1. The excess shown in the Policy Schedule applies to each and every claim per incident for each **insured person**.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.



- c) Ownership, possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
  - d) Ownership or occupation of land or buildings
  - e) Arising out of **your** criminal, malicious or deliberate acts.
3. Anything mentioned in the GENERAL EXCLUSIONS on page 6.

## GREEN FEES

### WHAT IS COVERED

**We** will pay **you**, up to the amount shown in the Policy Schedule to reimburse **your** pre-paid, irrecoverable Green Fees if:

1. **You** are ill or suffer a **bodily injury** during **your trip** and **you** are medically certified (by the treating registered **medical practitioner** at the resort or place of incident), as being unable to play golf for the remainder of **your trip**; or
2. **You** have to cancel or **curtail your trip** for any of the valid reasons listed under Section C – Cancellation or Curtailment Charges.

### SPECIAL CONDITIONS

1. **You** must provide written confirmation from a **medical practitioner** at the resort or place of incident that such **bodily injury** or illness prevented **you** from golfing.

## CLAIMS EVIDENCE

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

2. Anything mentioned in Section C – Cancellation or Curtailment Charges.
3. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

Anything mentioned in GENERAL EXCLUSIONS on page 8.

## HOLE IN ONE BENEFIT

### WHAT IS COVERED

If **you** shoot a **hole in one** during a golf game **we** will pay **you** up to the amount shown in the Policy Schedule towards bar expenses.

### SPECIAL CONDITIONS

1. **You** must provide a certified copy of **your** score card, signed by **you** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the green fees.
2. Anything mentioned in GENERAL CONDITIONS on page 7.

### WHAT IS NOT COVERED

Anything mentioned in GENERAL EXCLUSIONS on page 8.

For all claims
<ol style="list-style-type: none"> <li>1. <b>Your</b> original booking invoice(s) and travel documents showing the dates of travel and booking date.</li> <li>2. Original receipts and accounts for all out-of-pocket expenses <b>you</b> have to pay</li> <li>3. Original bills or invoices <b>you</b> are asked to pay.</li> <li>4. Details of any other insurance that may also cover the incident.</li> <li>5. Any documentation <b>you</b> have to substantiate <b>your</b> claim.</li> <li>6. For all claims relating to illness or injury a medical certificate will need to be completed by the treating <b>medical practitioner</b> treating <b>you</b>, a <b>close relative</b>, or any person with whom <b>you</b> are travelling or staying with. Or any claims due to a death <b>we</b> will require a medical certificate from the <b>medical practitioner</b> treating <b>you</b>, a <b>close relative</b>, or any person with whom you are travelling or staying with and a copy of their death certificate.</li> </ol>
Section C – Cancellation, Abandonment or Curtailment Charges
<ol style="list-style-type: none"> <li>1. A medical certificate from the treating <b>medical practitioner</b> (or in the case of stress, anxiety, depression or any other mental or nervous disorder a consultant specialising in the relevant field) explaining why it was necessary for <b>you</b> to cancel or <b>curtail</b> the <b>trip</b>.</li> <li>2. In the case of death causing cancellation or <b>curtailment</b> of the <b>trip</b>, the original death certificate.</li> <li>3. Booking confirmation together with a cancellation invoice from <b>your</b> travel agent, tour operator or provider of transport/accommodation.</li> <li>4. In the case of <b>curtailment</b> claims, written details from <b>your</b> travel agent, tour operator or provider of transport/ accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the <b>trip</b>.</li> <li>5. <b>Your</b> unused travel tickets.</li> <li>6. Receipts or bills for any costs, charges or expenses claimed for.</li> <li>7. The <b>AXA Assistance</b> reference number to confirm that <b>you</b> contacted the emergency assistance service.</li> <li>8. In the case of compulsory quarantine a letter from the relevant authority or the treating <b>medical practitioner</b>.</li> <li>9. In the case of jury service or witness attendance the court summons.</li> <li>10. The letter of redundancy for redundancy claims.</li> <li>11. A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.</li> <li>12. In the case of serious damage to <b>your home</b> a report from the Police or relevant authority.</li> <li>13. Private Medical Insurance Policy Schedule.</li> <li>14. If <b>you</b> chose to abandon <b>your trip</b> <b>you</b> must forward confirmation from <b>your</b> Tour Operator/Travel Provider that <b>you</b> did not travel. This must detail the time and date of when <b>you</b> could have next been accommodated to travel.</li> <li>15. In the case of cancellation claims, <b>your</b> booking confirmation together with written details from <b>your</b> travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the <b>trip</b>.</li> </ol>
Section D - Missed Departure/ Missed Connection
<ol style="list-style-type: none"> <li>1. A letter from the <b>public transport</b> provider detailing the reasons for failure.</li> <li>2. A letter from the Police or emergency breakdown services confirming the date, time, location, reason for and duration of the delay on a motorway or dual carriage way if appropriate.</li> <li>3. A letter from the relevant <b>public transport</b> provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions and length of delay.</li> <li>4. <b>Your</b> unused travel tickets.</li> <li>5. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.</li> <li>6. Any other relevant information that <b>we</b> may ask <b>you</b> for.</li> </ol>
Section E - Delayed Departure



1. Full details of the travel itinerary supplied to **you**.
2. A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check in time.
3. **Your** unused travel tickets.
4. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.

#### **Section F - Involuntary Denial of Boarding**

1. Full details of the travel itinerary supplied to **you**.
2. A letter from the carriers (or their handling agents) confirming the number of hours delay, confirmation of **your** actual boarding time and the amount of any compensation paid to **you**.

#### **Section G - Baggage Delay**

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

#### **Section H - Emergency Medical and Other Expenses**

1. Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
2. A medical certificate from the treating **medical practitioner** explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
3. In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
4. The **AXA Assistance** reference number to confirm that **you** contacted the emergency assistance service
5. Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
6. Receipts or bills for any other transport, accommodation or other costs, charges or expenses claimed for including itemised calls to **AXA Assistance**.
7. Private Medical Insurance Policy Schedule.

#### **Section I - Hospital Benefit**

1. Confirmation in writing from the hospital, relevant authority or the treating **medical practitioner** of the dates on which **you** were admitted and subsequently discharged from hospital, compulsory quarantine or confinement to **your** accommodation.

#### **Section J - Baggage, Baggage Delay and Passport**

1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody, as well as confirmation of any payment made.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. Used flight tickets and luggage tags.
5. Report from a supplier confirming item(s) is/are damaged beyond economical repair.
6. Receipts or bills for any transport and accommodation expenses claimed for.
7. Household Insurance Policy Schedule.

#### **Section K - Personal Accident**

1. In the event of death, the original death certificate.
2. A medical certificate or report in relation to claims for **loss of limb, loss of sight** or permanent total disablement.

#### **Section L - Personal Liability**

1. Full details in writing of any incident.
2. Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

#### **Section M - Overseas Legal Expenses and Assistance**

1. Relevant documentation and evidence to support **your** claim, including photographic evidence.

#### **Section N - Catastrophe Cover**

1. A report from local or national authority stating that it was not acceptable for **you** to remain in **your** pre booked accommodation.
2. A letter from the tour operator, booking agent or any third party stating the amount of compensation **you** have received from them.

#### **Section O - Hijack Cover**

1. Written confirmation from the police or government official confirming the length of the hijacking.

#### **Section P - Business Cover - Optional - Available upon payment of additional premium**

1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags.
5. Receipts or valuations for items lost, stolen or damaged.
6. Repair report where applicable.
7. A medical certificate from the treating **medical practitioner** explaining why **you** were unable to make the **business trip**.
8. In the event of death the original death certificate.
9. **Your** unused travel tickets.
10. Receipts or bills for any transport, accommodation, or other costs, charges or expenses claimed for.

#### **Section Q - Winter Sports Cover - Optional - Available upon payment of additional premium**

Ski equipment

1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags.
5. Receipts or valuations for items lost, stolen or damaged.
6. Repair report where applicable.



Ski equipment hire

1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags.
5. Receipts or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **ski equipment**.

Ski pack

A medical certificate from the treating **medical practitioner** explaining why **you** were unable to use **your** ski pack.

Piste closure

1. A letter from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.
2. Receipts or bills for any transport costs claimed for.

**Section R - Golf Cover - Optional- Available upon payment of additional premium**

Golf Equipment

1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
2. A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
3. A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
4. All travel tickets and tags.
5. Receipts or valuations for items lost, stolen or damaged.
6. Repair report where applicable.

Golfing Liability

1. Full details in writing of any incident.
2. Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

Green Fees

A medical certificate from the treating **medical practitioner** explaining why **you** were unable to golf.

Hole in One Benefit

A certified copy of **your** score card signed by **you** and a witness and countersigned by the club professional, a dated Golf Club bar receipt and a dated charge slip for the green fees.