



## RYANAIR TRAVEL INSURANCE POLICY SUMMARY STANDARD COVER

### Travel Insurance Benefits\*

- ✓ Cancellation or Curtailment charges up to € 3,000
- ✓ Cancellation Excess only €15
- ✓ 24 hour Emergency Medical Assistance
- ✓ Medical Expenses up to €250,000
- ✓ Loss or damage to Personal Possessions
- ✓ Unlimited Repatriation Expenses
- ✓ Compensation for Delayed Baggage

\* subject to terms and conditions

<b>POLICY SCHEDULE</b>		<b>Excess</b>
<b>Section A - Travel Assistance</b>		
Legal Assistance	Included	
Lost or Stolen Document Assistance	Included	
Interpreter	Included	
Message Relay	Included	
<b>Section B - Cancellation or Curtailment Charges</b>		
Cancellation or Curtailment	€ 3,000	€15
<b>Section C – Delayed Departure / Abandonment</b>		
Travel Delay, maximum	€ 240	
Per completed 12 hour period	€ 20	
Abandonment	€ 500	€75
<b>Section D – Travel Disruption</b>		
Delay over 4 hours, maximum	€ 150	
<b>Section E - Baggage Delay</b>		
Delayed Baggage, maximum after 12 hours	€ 200	
<b>Section F - Emergency Medical and Other Expenses</b>		
Medical Expenses	€ 250,000	€ 75
Repatriation	Unlimited	
Emergency Dental Pain Relief	€ 200	€ 75
Transportation to Hospital if not free	Included	
Relative/Friend to travel out if travelling alone when hospitalised	Economy Flight + €75 per day, maximum 10 days	
Extended stay (Companion)	€150 per day, maximum €1,500	
Extended stay following Medical treatment (Insured/Companion)	€150 per day, maximum € 1,500	
Return Home of Children	Economy Flight + €150 per day, maximum 3 days	
<b>Section G - Hospital Benefit</b>		
Hospital Benefit, maximum	€ 125	
- per day	€ 25	
<b>Section H – Baggage and Passport</b>		
Baggage (maximum)	€ 1,500	€ 75

- Single Item Limit	€ 150	
- Valuables Limit in Total	€ 250	
Lost or stolen Passport, identity card or visa	€ 400	€ 75
<b>Section I - Personal Liability</b>		
Personal Liability	€ 200,000	€ 500
- Legal expenses	Included above	

## **DEMANDS AND NEEDS STATEMENT**

Ryanair Travel Insurance is suitable for travel customers who wish to insure themselves for medical emergencies, delayed departures, travel disruption, cancellation or curtailment, lost, stolen or delayed possessions, loss of passport, personal liability when travelling.

There may be conditions which exclude **you** from claiming on the policy. Please see the Policy terms and conditions.

**You** may already possess alternative travel insurance(s) for some or all of the features and benefits provided by this Policy. It is **your** responsibility to investigate this.

Ryanair Travel Insurance has not provided **you** with any recommendation or advice about whether this product fulfils **your** specific insurance requirements.

## **POLICY SUMMARY**

This policy summary does not contain the full details and conditions of your insurance – these are located in your policy wording.

### **Section A – Travel Assistance**

- Assistance with lost documents, legal referrals and message relay.

### **Section B – Cancellation or Curtailment Charges**

- Unavoidable or necessary cancellation or curtailment of your trip before completion due to death; bodily injury or illness; compulsory quarantine or jury service; redundancy; withdrawal of leave for members of the armed forces or emergency services; the police requesting you to return to or remain at your home due to serious damage to your home caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft. The maximum we will pay under this section is up to €3,000.

### **Section C – Delayed Departure/Abandonment**

- Delayed departure for at least 12 hours from the scheduled departure time. €20 for the first complete 12 hour delay and €20 for each further full 12 hours delay, up to a maximum of €240.
- Up to €500 for any irrecoverable travel and other pre-paid charges if you choose to cancel your trip after a continuous or 36 hour delay has occurred on your outward journey.

### **Section D – Travel Disruption**

- Up to €150 for room only accommodation or travel expense if your first or final outward flight is to be cancelled, due to the flight being delayed for in excess of four hours.

### **Section E – Baggage Delay**

- Up to €200 for the emergency replacement of clothing, medication and toiletries if your baggage is lost and not returned for more than 12 hours on the outward journey.

### **Section F – Emergency Medical and Other Expenses**

- Medical, surgical, hospital, ambulance and nursing fees up to €250,000 outside your country of residence. Medical expertise to arrange medical assistance or transport home following an accident or illness.
- Emergency dental treatment for pain relief up to €200 incurred outside your country of residence.
- Reasonable cost of conveying the ashes or remains home.
- Reasonable additional transport and/or accommodation expenses incurred up to €150 per night for 10 nights, if it is medically necessary for you and a companion to stay beyond your scheduled return date.

### **Section G – Hospital Benefit**

- €25 for every completed 24 hours of in-patient stay up to a maximum of €125.

### **Section H – Baggage and Passport**

- Accidental loss, theft or damage to baggage up to €1,500. Up to €150 for any single article and €250 for all valuables in total – please refer to 'Definitions' in the policy wording.
- Up to €400 for reasonable additional costs for travel and accommodation incurred whilst obtaining a replacement passport or visa abroad – please refer to the policy wording for full details of the cover available.

## **Section I – Personal Liability**

- Personal liability and legal expenses for any compensation you become legally liable to pay up to €200,000.

## **SIGNIFICANT OR UNUSUAL EXCLUSIONS OR LIMITATIONS**

### **General Exclusions:**

- War risks, civil commotion, terrorism (except under Sections F – Emergency Medical and Other Expenses and G – Hospital Benefit unless caused by nuclear, chemical or biological attack), sonic bangs, radioactive contamination.
- There are a number of sports, activities and winter sports that are excluded - please see the General Exclusions section, the Winter Sports definition and the Sports and Other Activities section of the policy wording.
- Wilful, self inflicted injury, solvent, drug or alcohol abuse.
- Unlawful actions and any subsequent legal proceedings brought against you.
- Travel to a country or specific area or event which the Travel Advice Section of the Department of Foreign Affairs or the World Health Organisation has advised the public not to travel to.

### **Exclusions under Section B – Cancellation or Curtailment Charges:**

- Redundancy caused by misconduct, resignation, voluntary redundancy or where notification of redundancy was given prior to the application for this policy.
- Any circumstances known prior to booking the trip that could reasonably be expected to give rise to a claim.

### **Exclusions under Section C – Delayed Departure/Abandonment:**

- Strike, industrial action or air traffic control delay publicly announced by the date you purchased this insurance or at the time of booking any trip.

### **Exclusions under Section D – Travel Disruption:**

- Strike, industrial action or air traffic control delay publicly announced by the date you purchased this insurance or at the time of booking any trip.

### **Exclusions under Section F – Emergency Medical and Other Expenses:**

- Treatment or surgery which in the opinion of the medical practitioner in attendance can wait until your return to your country of residence.
- Medication, which prior to departure is known to be required.
- Expenses incurred as a result of a tropical disease where the required inoculations have not been undertaken.
- Pre-existing medical conditions.

### **Exclusions under Section G – Hospital Benefit:**

- Hospitalisation, compulsory quarantine or confinement to your accommodation as a result of a tropical disease where the required inoculations have not been undertaken.

### **Exclusions under Section H – Baggage and Passport:**

- Valuables left unattended at any time unless in a hotel safe or safety deposit box.
- Baggage contained in an unattended motor vehicle between 9 p.m. and 8 a.m. or between 8 a.m. and 9 p.m. unless it is in a secured area, and evidence of entry into the vehicle by forcible and violent means is available – Please see the section Special Exclusions Applicable to Personal Belongings for a description of secure areas.
- Contact or corneal lenses, hearing aids, dental or medical fittings and other items are excluded – please refer to the policy wording for the full list.
- Your passport left unattended at any time unless in a hotel safe or safety deposit box.
- Loss or theft of traveller's cheques where you have not complied with the issuing agents conditions.

### Exclusions under Section I – Personal Liability:

- Pursuit of any trade, business or profession, or the ownership, possession or use of any vehicles, aircraft or mechanically operated watercraft.

## RYANAIR TRAVEL INSURANCE POLICY WORDING – STANDARD COVER

### IMPORTANT NOTICE

1. **Pre-existing medical conditions** are not covered.
2. **You** must claim against **your** private health Insurer first for any medical expenses abroad up to **your** policy limit.
3. Please do not **curtail** any **trip** without contacting **ONE ASSIST** – see page 7.

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### **EMERGENCY TELEPHONE NUMBER:**

PLEASE CALL **ONEASSIST** ON  
**+44 (0) 1992 444 337**  
**CLAIMS NOTIFICATION**

PLEASE E-MAIL  
[claims@europeaninsuranceservices.com](mailto:claims@europeaninsuranceservices.com)

Please include **your** name, policy number (PNR) and the reason for **your** claim.

### INTRODUCTION

Thank you for purchasing insurance from Ryanair 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 **your** needs change in any way, **you** must contact **European Insurance Services** as soon as possible.

In return for having accepted **your** premium, **we** will in the event of **bodily injury**, death, **medical condition**, 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 one of the countries of the European Union and have been for the past six months prior to the date of issue.

### 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 (€500 for Personal Liability & €15 for Cancellation) of each and every claim per incident for each **insured person**.

### POLICY CANCELLATION

Please examine the policy and **Insurance Certificate** and return them within 14 days of issue if they do not meet **your** requirements. 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 received prior to **your** departure date, **we** will refund the premium in full.

If **you** are cancelling **your** policy within 14 days of purchase (cooling off period) and **you** have not commenced travel, follow the procedures below.

1. If **you** purchased the policy during the initial flight reservation process then **you** should send **your** refund request by e-mail to [insurancerefunds@ryanair.com](mailto:insurancerefunds@ryanair.com)
2. If **you** purchased the policy separately to your flight then **you** should send **your** refund request to [refunds@europeaninsuranceservices.eu](mailto:refunds@europeaninsuranceservices.eu)
3. **Your** e-mail/ written request **MUST** include the following information:
  1. Names and policy number of the passengers who wish to cancel their travel insurance
  2. Full contact address for the bookingProviding **you** meet the criteria then **your** travel insurance refund request will be processed to the original form of payment within 7 working days of receipt of **your** e-mail.

### TYPE OF INSURANCE AND COVER

Travel insurance for single **trips** – Please refer to **your Insurance Certificate** for **your** selected cover. The policy covers **you** for **trips** within the **territorial limits**.

### THE LAW APPLICABLE TO THIS CONTRACT

**Your** policy will be governed by the law of your country of residence unless **we** have specifically agreed otherwise.

### USE OF YOUR PERSONAL DATA

If **your** insurance application is accepted **you** also agree **we** may:

- a) disclose and use information about **you** and **your** insurance cover – including information relating to **your** medical status and health – to companies within the SOLID group of companies, **our** partners, service providers and agents in order to administer and service **your** insurance cover, process and collect relevant payments on it, for fraud prevention and to manage the insurance products which **you** have purchased;
- b) undertake all of the above within the European Union. **We** have taken appropriate steps to ensure the level of protection for **your** information in the European Union; and
- c) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

**We** use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by SOLID INSURANCE, please write to:

### UNDERWRITER

SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden. Corp ID No 516401-8482 SOLID insurance is a Swedish based insurance company regulated by the Swedish FSA (Reference Number: 401229)

### 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.

**Baggage**

– luggage, clothing, personal effects, **valuables**, 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 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 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 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 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).

**ONE ASSIST**

- medical assistance provider

**Country of residence**

– the country in which **you** legally reside.

**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**.

**European Insurance Services**

- Claims handler and programme administrator.

**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** and **your** premium.

**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 disease, illness or injury.

**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.

**Pair or set**

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

**Period of insurance**

– the period of the **trip** and terminating upon its completion, but not in any case exceeding 28 days. Under Section B - 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**.

For all sections of the policy other than Section B - Cancellation, the insurance commences when **you** leave **your home**, hotel or **your** place of business in the country of departure (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** as shown on **your** booking confirmation.

However, in the case of one way travel cover is limited to 7 days.

Any **trip** that had already begun when **you** purchased this insurance will not be covered.

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.

**Personal belongings**

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

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

– any medical or mental condition existing prior to **your trip** and/ or causing **you** pain or physical distress or severely restricting **your** normal mobility, including:

1. a condition for which **you** are on a waiting list for or have knowledge of the need for surgery, in-patient treatment or investigation at a hospital, clinic or nursing home;
2. a condition for which **you** have, 2 years prior to issue of policy / date of booking whichever is later, required prescribed medication or regular check-ups.
3. a condition referred to a medical specialist or the cause of in-patient treatment within one year prior to **your trip**;
4. any mental condition including fear of flying or other travel phobia;
5. a condition for which **you** have not had a diagnosis;
6. a condition for which a **medical practitioner** has provided a terminal prognosis;
7. any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this policy.

**Public transport**

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

**Sports and other activities**

– the activities listed on page 6 which are covered when **your** participation is not the sole or main reason for **your trip**.

**Territorial limits**

– **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, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russia west of the Ural mountains, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom (England, Scotland, Wales, Northern Ireland and the Isle of Man) and Vatican City.

**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 F – Emergency Medical and Other Benefits and Section G – 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**

– SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden. Corp ID No 516401-8482 SOLID insurance is a Swedish based insurance company regulated by the Swedish FSA (Reference Number: 401229)

#### **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. Under Section F – 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.

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.

#### **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. CURTAILMENT ASSISTANCE**

In the event of **curtailment** necessitating **your** early return **home** **you** must contact ONE ASSIST on +44 (0) 1992 444 337 The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **ONE ASSIST** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** at **home**. Pre-existing medical conditions are excluded.

### **SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS**

1. **You** must report all incidences of loss, theft, or attempted theft of **personal belongings** or **valuables** to the Police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
2. For items damaged whilst on **your trip** **you** must obtain an official report from an appropriate local authority.
3. 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.
4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
  5. **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.
  6. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.

### **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.

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

1. Call **ONE ASSIST** on +44 (0) 1992 444 337 to report a medical emergency or request repatriation.
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.

#### **To make a claim:**

1. E-mail **us** within 28 days of the incident at [claims@europeaninsuranceservices.com](mailto:claims@europeaninsuranceservices.com) to obtain a claim form. Please include **your** name, policy number (PNR) and the reason for your claim.
2. **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.
3. **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. Abandon any property for **us** to deal with.
2. 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**:

3. make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or
4. make a statement in support of a claim knowing the statement to be false in any respect or
5. submit a document in support of a claim knowing the document to be forged or false in any respect or
6. make 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 F – Emergency Medical and Other Expenses and Section G – 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. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
  4. **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 6 and when **your** participation in these is not the sole or main reason for **your trip**.
  5. **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.
  6. **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 addiction), self exposure to needless peril (except in an attempt to save human life).
  7. 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.
  8. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
  9. 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**.
  10. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
  11. **Your** own unlawful action or any criminal proceedings against **you**.
  12. 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.
  13. Operational duties as a member of the Armed Forces.
  14. Loss of enjoyment.
  15. **Your** travel to a country or specific area or event to which the World Health Organisation has advised the public not to travel.
2. Loss, theft of or damage to **valuables** 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.
  3. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
    - a) overnight between 9pm and 8am (local time) or
    - b) at any time between 8am and 9pm (local time) unless it is
      - i. the locked dashboard, boot or luggage compartment of a motor vehicle
      - ii. the locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
      - iii. the fixed storage units of a locked motorised or towed caravan
      - iv. a locked luggage box, locked to a roof rack which is itself locked to the vehicle roof
 and evidence of forcible and violent entry to the vehicle confirmed by a police report issued by the local police in the country of incident.
  4. Loss or damage due to delay, confiscation or detention by customs or other authority.
  5. Loss, theft of or damage to event and entertainment tickets, phone cards, credit/debit or charge cards.
  6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, cosmetics, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
  7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle 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. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
  10. Loss, theft of or damage to tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
  11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
  12. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
  13. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report issued by the local police in the country of incident.
  14. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **baggage**.
  15. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.
  16. **Golf equipment**
  17. **Business equipment**
  18. **Ski equipment**

### **SPORTS AND OTHER ACTIVITIES**

**You** are covered under Section F – Emergency Medical and Other Expenses 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**. Cover under Section I – Personal Liability for those sports and 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
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### **SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS**

1. 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.

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 **you** are licensed to drive in the **country of residence** (other than in motor rallies or competitions) A helmet must be worn when using motorised two or three wheeled vehicles.  
 falconry  
 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)  
 \*sailing/yachting (if qualified or accompanied by a qualified person and no racing)  
 sand boarding  
 sand dune surfing/skiing  
 \*sand yachting  
 scuba diving up to depth of 18 metres (if qualified or accompanied by qualified instructor and not diving alone)  
 \*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  
 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  
 wind surfing/sailboarding  
 wind tunnel flying (pads and helmets to be worn)  
 zip lining/trekking (safety harness must be worn)  
 zorbing/hydro zorbing/sphering

## EMERGENCY AND MEDICAL SERVICE

Contact **ONE ASSIST** on telephone: +44 (0) 1992 444 337

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, **you** must contact **ONE ASSIST**. If this is not possible because the condition requires immediate emergency treatment **you** must contact **ONE ASSIST** 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 **ONE ASSIST**.

## MEDICAL ASSISTANCE ABROAD

**ONE ASSIST** has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **ONE ASSIST** 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**, **ONE ASSIST** 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 **ONE ASSIST** for **you** as soon as possible.

For simple out-patient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to **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 **ONE ASSIST** for guidance.

## RECIPROCAL HEALTH AGREEMENTS

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

**ONE ASSIST** 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 currently a private medical insurance member, **you** must notify the relevant private medical insurance assistance company at the time of claiming.

## 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 European Insurance Services at [complaints@europeaninsuranceservices.eu](mailto:complaints@europeaninsuranceservices.eu) **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 SOLID INSURANCE 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: SOLID Försäkringar, Box 22068, 250 22 Helsingborg, Sweden. Corp ID No 516401-8482 SOLID insurance is a Swedish based insurance company regulated by the Swedish FSA (Reference Number: 401229) Or **you** may use e-mail: [info@solidab.com](mailto:info@solidab.com)

## **INSURANCE** **SECTION A – TRAVEL ASSISTANCE**

### **WHAT IS COVERED**

During **your trip** we will:

1. assist **you** with the procurement of a lawyer and/or interpreter and or the advance of any legal or interpreter's fees 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.

### **WHAT IS NOT COVERED**

4. The cost of any advance or delivery fee unless specifically mentioned.
5. Anything mentioned in GENERAL CONDITIONS on page 5.
6. Anything mentioned in GENERAL EXCLUSIONS on page 6.

## **SECTION B – CANCELLATION OR CURTAILMENT CHARGES**

**YOU SHOULD ALWAYS CONTACT ONE ASSIST BEFORE CURTAILMENT-** +351 (21) 440 5000

### **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 other pre-paid charges 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, serious **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**
2. 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.
3. Redundancy which qualifies for payment under the current redundancy payment legislation in the **County 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.
4. 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).
5. 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.

### **SPECIAL CONDITIONS**

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of **ONE ASSIST** to confirm the necessity to return **home** prior to **curtailment** of the **trip**.
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. Anything mentioned in GENERAL CONDITIONS on page 5.

### **WHAT IS NOT COVERED**

1. **Pre-existing medical conditions** of **you** or anyone under **WHAT IS COVERED**.
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 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 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. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
8. **You** not having valid passports, visas or other documents required for travel.
9. Anything mentioned in GENERAL EXCLUSIONS on page 6.

## **SECTION C – DELAYED DEPARTURE/ABANDONMENT**

### **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:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or

- d) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

**we** will pay **you**, *either*:

1. 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, or
2. up to the amount as shown in the Policy Schedule for Section B - Cancellation for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay if after a minimum 24 hours has elapsed for a **trip** booked 1-7 days and a minimum of 36 hours has elapsed for a **trip** booked over 8 days, **you** choose to cancel **your trip**.

### **SPECIAL CONDITIONS**

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carrier that **you** did not travel due to the delay.
3. **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.
4. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
5. Anything mentioned in GENERAL CONDITIONS on page 5.



#### WHAT IS NOT COVERED

1. Claims arising directly or indirectly from:
  - a) 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**.
  - b) 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.
2. Compensation under both Section C – Travel Delay/ Abandonment and Section D Travel Disruption.
3. Anything mentioned in GENERAL EXCLUSIONS on page 6.

#### SECTION D – TRAVEL DISRUPTION

##### WHAT IS COVERED

If your Carrier or its authorised agent advise **you** that **your** first or final outward flight is to be cancelled, due to the flight being delayed for in excess of four hours, **we** will pay **you**, up to the amount shown in the Policy Schedule, for any travel and subsequent accommodation expenses **you** incur in purchasing alternative transport, either by air, sea, rail or road, to complete this particular trip.

##### SPECIAL CONDITIONS

1. Any compensation which is payable under this section of cover, will take into account any refund **you** have received from Blue Air Web or its authorised agent in respect of any unused flight.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

##### WHAT IS NOT COVERED

1. Any compensation if **you** have not got written confirmation from your Carrier or its authorised agent, which shows the reason for the delay, the scheduled departure time, the expected duration of the delay of **your** flight or full details of any refund given in respect of an unused flight.
2. Any compensation if **you** have chosen to use the flight ticket, relating to the first or final outward flight that has been cancelled, at a later date for a totally separate trip.
3. Any delay which is due to strike or industrial action which had started or was announced before **you** took out this policy.
4. Any compensation for a flight cancellation, which is not due to a delay of in excess of four hours.
5. Compensation under both Section C – Travel Delay/ Abandonment and Section D Travel Disruption.
6. **Your** failure to check-in according to the itinerary supplied to **you**
7. Anything mentioned in GENERAL EXCLUSIONS on page 6.

#### SECTION E – BAGGAGE DELAY

##### WHAT IS COVERED

**We** will pay **you** up to the amount shown in the Policy Schedule for Baggage Delay 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.

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

##### SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the **baggage** was delayed.
2. All receipts must be retained.
3. Anything mentioned in SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS on page 5.
4. Anything mentioned in GENERAL CONDITIONS on page 5.

##### WHAT IS NOT COVERED

5. Anything mentioned in SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS on page 6.
6. Anything mentioned in GENERAL EXCLUSIONS on page 6.

#### SECTION F – EMERGENCY MEDICAL AND OTHER EXPENSES

##### 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** 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. 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**.
3. Up to the limit in the Policy Schedule for 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 **ONE ASSIST**, up to the limit in the Policy Schedule for 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, **ONE ASSIST** will provide additional travel expenses up to the standard of **your** original booking to return **you to your home**.
4. In the event of **your** death outside of the **country of residence** the reasonable cost of conveying **your** ashes to **your home**, or the additional costs of returning **your** remains to **your home**.
5. Up to the limit in the Policy Schedule for 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 **ONE ASSIST**.
6. With the prior authorisation of **ONE ASSIST**, 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 **ONE ASSIST** agree otherwise.
7. Up to the limit in the Policy Schedule for 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.

##### SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **ONE ASSIST** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. **You** must contact **ONE ASSIST** as soon as possible in the event of **you** incurring medical expenses in excess of €250 relating to any one incident.
3. In the event of **your bodily injury** or **medical condition** **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 **ONE ASSIST** **you** can be moved safely and / or travel safely to the **country of residence** to continue treatment.
4. **You** must always contact **ONE ASSIST** before curtailing **your trip**.
5. **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.
6. Anything mentioned in GENERAL CONDITIONS on page 5.

##### WHAT IS NOT COVERED

1. **Pre-existing medical conditions**
2. Any claims arising directly or indirectly in respect of:
  - a) Costs of telephone calls, other than calls to **ONE ASSIST** 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 **ONE ASSIST** 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 **ONE ASSIST**.
  - h) Any expenses incurred after **you** have returned to the **country of residence** unless previously agreed to by **ONE ASSIST**.
  - 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 **ONE ASSIST** it is safe to do so.
  - k) Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. Anything mentioned in GENERAL EXCLUSIONS on page 6.

## **SECTION G - 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 condition** **you** sustain and/or compulsory quarantine. **We** will pay the amount in the Policy Schedule in addition to any amount payable under Section F – Emergency Medical and Other Expenses.

### **SPECIAL CONDITIONS**

1. **You** must give notice as soon as possible to **ONE ASSIST** of any **bodily injury** or **medical condition** or compulsory quarantine which necessitates **your** admittance to hospital as an in-patient.
2. Anything mentioned in GENERAL CONDITIONS on page 5.

### **WHAT IS NOT COVERED**

3. 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 condition** 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 **ONE ASSIST** 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 **ONE ASSIST** it is safe to do so.
2. **Pre-existing medical conditions**
3. Anything mentioned in GENERAL EXCLUSIONS on page 6.

## **SECTION H – 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 which has been lost or stolen outside of the **country of residence**.

### **SPECIAL CONDITIONS**

1. All receipts must be retained.
2. Anything mentioned in SPECIAL CONDITIONS APPLICABLE TO PERSONAL BELONGINGS on page 5.
3. Anything mentioned in GENERAL CONDITIONS on page 5.

### **WHAT IS NOT COVERED**

1. Anything mentioned in SPECIAL EXCLUSIONS APPLICABLE TO PERSONAL BELONGINGS on page 6.
2. Anything mentioned in GENERAL EXCLUSIONS on page 6.

## **SECTION I - 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 **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 **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 5.

### **WHAT IS NOT COVERED**

7. The excess shown in the Policy Schedule applies to each and every claim per incident for each **insured person**.
8. 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.
  - h) Incidents relating to **winter sports**.
3. Anything mentioned in the GENERAL EXCLUSIONS on page 5.

## CLAIMS EVIDENCE

For all claims **we** will require **your** travel details - flight tickets, booking invoice, itinerary.

**We** will require the following evidence where relevant as well as any other relevant information that **we** may ask **you** for.

<b>Section B - Cancellation or Curtailment Charges</b>
<ol style="list-style-type: none"><li>1. A medical certificate from the treating <b>medical practitioner</b> 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>ONE ASSIST</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></ol>
<b>Section C - Delayed Departure/Abandonment</b>
<ol style="list-style-type: none"><li>1. Full details of the travel itinerary supplied to <b>you</b>.</li><li>2. A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of <b>your</b> check in time.</li><li>3. If <b>you</b> chose to abandon <b>your trip 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>4. In the case of abandonment 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><li>5. <b>Your</b> unused travel tickets.</li><li>6. Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.</li></ol>
<b>Section D – Travel Disruption</b>
<ol style="list-style-type: none"><li>1. Full details of the travel itinerary supplied to <b>you</b>.</li><li>2. A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of <b>your</b> check in time.</li><li>3. <b>Your</b> unused travel tickets.</li><li>4. Receipts or bills for any transport or accommodation costs claimed for.</li></ol>
<b>Section E - Baggage Delay</b>
<ol style="list-style-type: none"><li>1. 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.</li><li>2. A letter from <b>your</b> tour operator's representative, hotel or accommodation provider where appropriate.</li><li>3. Receipts for items of clothing, medication or toiletries replaced if <b>your baggage</b> is temporarily lost in transit for more than 12 hours.</li><li>4. A letter from the carrier confirming the time and date <b>your baggage</b> was returned to <b>you</b> along with any payment made.</li><li>5. Used flight tickets and luggage tags.</li><li>6. Household Insurance Policy Schedule.</li></ol>
<b>Section F - Emergency Medical and Other Expenses</b>
<ol style="list-style-type: none"><li>1. Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.</li><li>2. A medical certificate from the treating <b>medical practitioner</b> explaining why it was necessary for <b>you</b> to cancel or <b>curtail</b> the <b>trip</b>.</li><li>3. In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.</li><li>4. The <b>ONE ASSIST</b> reference number to confirm that <b>you</b> contacted the emergency assistance service</li><li>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.</li><li>6. Receipts or bills for any other transport, accommodation or other costs, charges or expenses claimed for including itemised calls to <b>ONE ASSIST</b>.</li><li>7. Private Medical Insurance Policy Schedule.</li></ol>
<b>Section G - Hospital Benefit</b>
Confirmation in writing from the hospital, relevant authority or the treating <b>medical practitioner</b> of the dates on which <b>you</b> were admitted and subsequently discharged from hospital, compulsory quarantine or confinement to <b>your</b> accommodation.
<b>Section H – Baggage and Passport</b>
<ol style="list-style-type: none"><li>1. A Police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.</li><li>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.</li><li>3. A letter from <b>your</b> tour operator's representative, hotel or accommodation provider where appropriate.</li><li>4. Receipts for items lost, stolen or damaged.</li><li>5. A letter from the carrier confirming the time and date <b>your baggage</b> was returned to <b>you</b> along with any payment made.</li><li>6. Used flight tickets and luggage tags.</li><li>7. Report from a supplier confirming item(s) is/are damaged beyond economical repair.</li><li>8. Receipts or bills for any transport and accommodation expenses claimed for.</li><li>9. Household Insurance Policy Schedule.</li></ol>
<b>Section I - Personal Liability</b>
<ol style="list-style-type: none"><li>1. Full details in writing of any incident.</li><li>2. Any writ, summons, letter of claim or other document must be sent to <b>us</b> as soon as <b>you</b> receive it.</li></ol>