

Travel Insurance Policy



Important note

This policy is for residents of United Arab Emirates for travel outside of the United Arab Emirates.
This policy does not cover claims relating to existing medical conditions.



Important Telephone Numbers

Customer Services:

UAE +971 4 270 8705

24hr emergency medical assistance:

UAE +971 4 270 8724

Claims:

UAE +971 4 270 8705

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Summary of cover

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

Benefits	Middle East & Europe		Worldwide	
	Cover	Deductible	Cover	Deductible
Trip Cancellation	Ticket cost	20% ticket cost	Ticket cost	10% ticket cost
Trip Curtailment	Ticket cost	20% ticket cost	Ticket cost	10% ticket cost
Personal Accident	\$20,000	Nil	\$40,000	Nil
Medical Expenses (Including Repatriation)	\$70,000	\$140	\$140,000	\$70
Personal Effects	\$1,000	\$100	\$2,000	\$70
Single Article Limit	\$175		\$350	
Valuables	\$350		\$700	
Delayed Baggage	\$100	Nil	\$200	Nil
Trip Delay	6 hours\ \$50	Nil	6 hours\ \$100	Nil
Missed Departure	\$200	Nil	\$400	Nil

Note

Inner limits

Some sections of cover also have extra sub limits, for example the personal accident section has a benefit limit depending on the age of the **insured person**.

Journey Limits (annual multi-trip cover only)

Annual multi-trip cover is for short trips of 90 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which last longer than 90 days per trip. This will include not insuring **you** for any part of a trip that is longer than 90 days in duration.



Important information

Thank **you** for taking out Allianz Global Assistance Travel Insurance with **us**.

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

Your policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything you do not understand **you** should call **us** on telephone **UAE +971 4 270 8705** or write to Arab Gulf Health Services – NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O.Box:80864 Dubai UAE or email: travel@nextcarehealth.com

Insurer

Your Allianz Global Assistance travel insurance from Kuwait Airways is underwritten by Alliance Insurance PSC Warba Centre, P.O. Box 5501, Dubai, UAE.

How your policy works

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

Unless specifically mentioned, the benefits and exclusions within each section apply to each **person insured**. **Your** policy does not cover all possible events and expenses.

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

Telling us about relevant facts

At the time of taking out this insurance **you** must tell **us** about anything that may affect **your** cover, for example:

- the health of a close **relative** who is not travelling with **you**, but whose health may affect **your journey** or a **travelling companion** (see under the heading 'Health declaration and health exclusions' of this policy); or
- **your redundancy**.

If **you** are not sure whether something is relevant, **you** must tell **us** anyway. **You** should keep a record of any extra information **you** give **us**. If **you** do not tell **us** about something that may be relevant, **your** cover may be refused and **we** may not cover any related claims.

Cancellation rights

Once the premium has been paid, **your** policy can be cancelled within 48 hours from the date of purchase.

Policy excess

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



Data protection

Information about **your** policy may be shared between Kuwait Airways, Alliance Insurance PSC, NEXtCARE or any member of Allianz Global Assistance for underwriting purposes.

You should understand that the sensitive health and other information **you** provide will be used by **us**, **our** representatives (if appropriate), the **insurer**, other insurers and industry governing bodies and regulators to process **your** insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **your** information is held securely.

Your information will not be shared with third parties for marketing purposes. **You** have the right to access **your** personal records.

Governing law

This policy will be in English. The insurance will be governed by the law of the country of issuance as stated in the travel insurance schedule.

Third party rights

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

Definition of words

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

Accident

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

Area of cover

Any country where Kuwait Airways fly to as a destination.

Business associate

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

Doctor

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



Departure point

The airport where **your journey** from **your home** country to **your** destination begins and where the final part of **your journey** back to **your home** country begins.

Excess

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

Hazardous activity

The following activities are automatically covered:

- banana boating, cricket, cycling, deep sea fishing, fell walking, glacier walking, golf, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing, marathon running, mountain biking, netball, orienteering, parascending over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, surfing, swimming, trekking, wakeboarding, walking, water skiing, windsurfing and zorbing.

There is no cover for:

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

We may be able to cover **you** for other activities that are not listed. Please contact Allianz Global Assistance Travel Insurance on telephone **UAE +971 4 270 8705** or email: travel@nextcarehealth.com

Home

Your usual place of residence in the United Arab Emirates.

Insurer

Alliance Insurance PSC Warba Centre, P.O. Box 5501, Dubai, UAE.

Journey

• **For single trip cover**

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

- trips within **your home** country are not covered.
- any other trip which begins after **you** get back is not covered.
- a trip which is booked to last longer than 90 days is not covered.

• **For one-way trip cover**

- **you** will only be covered for a period of 24 hours from when **you** leave **your home** or temporary pre-booked **journey** accommodation to begin **your journey**.

• **For annual multi-trip cover**

- **You** will only be covered if **you** are aged 64 or under at the start date of **your** policy.
- Cover is for short trips of 90 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 90 days per trip. This would include not insuring **you** for any part of a trip that is booked to last longer than 90 days in duration, unless **we** agree otherwise in writing.
- Trips within **your home** country are not covered.

-



Pair or set

A number of items of **personal possessions** that belong together or can be used together.

Period of insurance

- **For single trip cover**
Trip cancellation cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.
- **For one-way trip cover**
Trip cancellation cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. The cover for all other sections starts when **you** leave **your home** or temporary pre-booked **journey** accommodation to begin **your journey** and finishes 24 hours later.
- For single trip and one-way trip cover
All cover ends on the expiry date shown on **your** policy schedule, unless **you** cannot finish **your** journey as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish that **journey**.
- **For annual multi-trip cover**
Cancellation cover begins on the start date shown on **your certificate of insurance** or the date **you** booked **your** whichever is the later and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey** or at the expiry of your policy, whichever is earlier.

Personal possessions

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

Relative

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

Resident

A person who has their main **home** in the United Arab Emirates and has not spent more than six months abroad during the year before the policy was issued.

Travelling companion

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

Valuables

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

We, our, us

NEXtCARE, and Allianz Global Assistance which administers the insurance on behalf of the **insurer**.

You, your, person insured

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



24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **US\$250**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

Phone **UAE +971 4 270 8724**

Email international_dept@nextcarehealth.com

Please give **us your** age and **your** policy number Say that **you** are insured with Alliance Insurance PSC for Kuwait Airways customers.

Below are some of the ways the 24-hour emergency medical assistance service can help.

Confirmation of payment

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

Repatriation

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

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



Health declaration and health exclusions

Exclusions relating to your health

1. **You** will not be covered for any directly or indirectly related claims (see note on page 8) arising from the following if at the time of taking out this insurance or booking **your journey** (whichever is later), **you**:
 - a) are being prescribed regular medication;
 - b) have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
 - c) are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
 - d) are awaiting treatment or the results of any tests or investigations;
2. If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.
3. **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
4. **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
5. **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
6. **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
7. **You** will not be covered if **you** are traveling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your journey

You will not be covered for any directly or indirectly related claims (see note on page 8) arising from the health of a **travelling companion**, someone **you** were going to stay with, a close **relative** or a **business associate** if at the time **your** policy was issued:

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

**Note****Indirectly related claims**

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

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

Level of medical cover provided

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

General exclusions

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

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

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.
3. Any epidemic or pandemic.
4. **You** not following any suggestions or recommendations made by any government or other official authority including the Ministry of External Affairs during the **period of insurance**.
5. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
6. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
7. Any currency exchange rate changes.
8. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
9. **You** acting in an illegal or malicious way.
10. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
11. **You** being under the influence of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
12. **You** not enjoying **your journey** or not wanting to travel.
13. Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
14. Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your journey**.



Conditions

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

1. **You** are a **resident** of the United Arab Emirates.
2. **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
3. **You** have a valid policy schedule.
4. **You** accept that **we** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 90 days or **you** know **you** will be making a claim.
5. **You** contact **us** as soon as possible, but within 30 days of **your** return **home**, with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
6. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.

We have the right to do the following:

1. Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the police.
2. Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
3. Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
4. Take over and deal with, in **your** name, any claim **you** make under this policy.
5. Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this policy.
6. With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
7. Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
9. Not refund or transfer **your** premium if **you** decide to cancel the policy.
10. Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
11. If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
12. Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.



Making a claim

To claim:

Phone **UAE +971 4 270 8705** and ask for a claim form or

Write to Arab Gulf Health Services – NEXtCARE, Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road, PO80864 Dubai UAE or

Email: travel.claims@nextcarehealth.com

You should fill in the form and send it to **us** within 30 days of **your** return home with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

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

For all claims

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

Trip cancellation or curtailment

- If **you** need to curtail **your journey** call **UAE+ 971 4 270 8724 immediately** to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **US\$ 250**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your travel documents are lost, stolen or destroyed

- Written confirmation from the Consulate where the loss happened detailing the date of loss, notification of loss and replacement together with a written report from the police.



Personal possessions

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

For loss or damage in transit claims, including delayed possessions

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

Personal accident

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

Missed departure

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

Delayed departure

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



Making a complaint

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

In the first instance, please contact:

Customer Services Manager
Arab Gulf Health Services – NEXtCARE,
Eiffel Boulevard Limited Building (Eiffel 2) 1st floor,
Umm Al Sheif, Sheikh Zayed Road
Dubai – UAE
PO80864
Dubai UAE
Telephone: **UAE +971 4 270 8705**
Email: travel@nextcarehealth.com

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

Trip cancellation or curtailment charges - Section 1

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

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover for **your** part of unused flight ticket costs which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

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

Cancellation

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

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.



Curtailment

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

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

Note

- If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.
- If Kuwait Airways are responsible for cancelling **your** flight, they will be responsible for refunding the cost of **your** flight tickets.

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

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

Any condition stated under Health declaration and health exclusions.

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

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- the death of any pet or animal;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.



Under Cancellation

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

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

Under Curtailment

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

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

The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

You travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets.

Anything caused by **you** taking part in a **hazardous activity** unless shown on **your** policy schedule.

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

Personal Accident - Section 2

WHAT YOU ARE COVERED FOR

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

Death

The amount shown in **your** summary of cover for death. (**We** will not pay more than **US\$ 2,000** if **you** are aged 17 or under at the time of the **accident**.)

Permanent loss

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

Physical disablement

The amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 17 or under or aged 65 or over at the time of the **accident**.)

Note

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

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions.
Any claim arising more than one year after the original **accident**.



Anything caused by:

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

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

Please refer to Sections General exclusions, Conditions and Making a claim that also apply

Emergency Medical Expenses - Section 3

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness or accident, or if **your** medical expenses are over **US\$ 250** we must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey**.

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

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



We will also pay

- **Dental**

Up to the amount shown in **your** summary of cover for emergency dental treatment to relieve sudden pain.

WHAT YOU ARE NOT COVERED FOR

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

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

Any condition stated under Health declaration and health exclusions.

Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.

Anything caused by:

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

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

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

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.

Medical costs over **US\$ 250**, in-patient treatment or repatriation costs which **we** have not authorised.

The extra costs of having a single or private room in a hospital or nursing home.

The cost of all treatment which is not directly related to the illness or injury that caused the claim.

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

Replacing or repairing false teeth or artificial teeth (such as crowns).

Dental work involving the use of precious metals.

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



Personal Effects- Section 4

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover for **your personal possessions** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** whether jointly owned or not is shown the amount shown in **your** summary of cover. There is also a single article, **pair or set** limit shown in **your** summary of cover.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

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

More than **US\$ 50** for tobacco, alcohol, fragrances and perfumes.

More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

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

- Items for which **you** are unable to provide a receipt or other proof of purchase
- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).

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



Delayed Baggage - Section 5

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal effects** (this does not include **valuables**) are temporarily lost or stolen on **your** outward journey for more than 6 hours from when **you** arrived at **your** destination.

Note

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the Personal possessions effects – 4.

WHAT YOU ARE NOT COVERED FOR

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

Trip Delay - Section 6

WHAT YOU ARE COVERED FOR

Compensation of the amount shown in **your** summary of cover if the flight **you** are booked on is delayed at its **departure point** by more than 6 hours from the time shown in **your** travel itinerary (plans) because of:

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

WHAT YOU ARE NOT COVERED FOR

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

Missed connections.

Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.

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

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

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



Missed departure - Section 7

WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** summary of cover for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** are delayed by more than 4 hours in getting to the **departure point** by the time shown in **your** travel itinerary (plans) because:

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

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

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

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

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