

Travel Insurance Policy Wording

**Cover is for residents of the Republic of Ireland only when travelling with Air France
This policy does not cover claims relating to existing medical conditions.**

Important Telephone Numbers

Customer Services:	+353 1 637 3625
24hr emergency medical assistance (for medical emergencies or curtailment requests):	UK +44 20 8603 9523
Claims:	+353 1 637 3626

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

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Summary of cover

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

Cover	Limit (up to)	Excess
1. Cancellation or curtailment - Excursions	€3,350 €150	€15
2. Emergency medical and associated expenses - In-patient benefit - Dental - Funeral expenses - Excursions Accommodation and transport costs within your home country	€10 million €560 (€20 a day) €350 €1,500 €150 €50,000	€55 No excess €55
3. Loss of passport	€165	No excess
4. Delayed personal possessions	€110 (after 12 hours)	No excess
5. Personal possessions - Single item, pair or set - Valuables limit - Tobacco and vaping products, alcohol, fragrances limit	€1,650 €300 €400 €50	€45
6. Personal money - Cash	€225 €150	€45
7. Personal accident	€16,500	No excess
8. Missed departure	€335	No excess
9. Delayed departure - Delay - Abandonment	€110 (€20 first 12 hours, €10 each extra 12 hours) €3,350 (after 24 hours)	No excess €15
10. Personal liability	€2 million	€170

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**.

Important information

Thank **you** for taking out Allianz Assistance travel insurance with **us**.

Your insurance receipt 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 contact **us**. **You** should call Allianz Assistance travel insurance on **+353 1 637 3625** or write to **us** at AWP Assistance Ireland Ltd, 11b Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 C4V6, Ireland.

Insurer

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

How your policy works

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

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

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

Information you need to tell us

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

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

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **+353 1 637 3625** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

Cancellation rights

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

You can contact **us** at Allianz Assistance, 11b Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 C4V6, Ireland, or Telephone **+353 1 637 3625**.

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

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

Policy excess

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

Insurance Compensation Fund

We are a member of the Insurance Compensation Fund, which was formed under the Investment Compensation Act of 1998. **You** may be entitled to compensation from this scheme, if the **insurer** cannot provide the services **you** have paid for.

Governing law

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

Third party rights

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

Stamp duty

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

Insurance Act 1936

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

Data protection notice

We care about **your** personal data. This summary and **our** full privacy notice explain how **we** protect **your** privacy and use **your** personal data. **Our** full Privacy Notice available at www.allianz-assistance.ie/privacy-notice/

If a printed version is required, please write to Compliance Department, Allianz Assistance, 11b Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 C4V6.

• How will we obtain and use your personal data?

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

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

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

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

• Who will have access to your personal data?

We may share **your** personal data:

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

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

- **How long do we keep your personal data?**
We will retain **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.
- **Where will your personal data be processed?**
Your personal data may be processed both inside and outside the European Economic Area (EEA). Whenever **we** transfer **your** personal data outside the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the EEA receive an adequate level of protection.
- **What are your rights in respect of your personal data?**
You have certain rights in respect of **your** personal data. You can:
 - Request access to it and learn more about how it is processed and shared;
 - Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
 - Request that **we** stop processing it, including for direct marketing purposes;
 - Request that **we** update it or delete it from **our** records;
 - Request that **we** provide it to **you** or a new insurer; and
 - File a complaint.
- **Automated decision making, including profiling**
We carry out automated decision making and/or profiling when necessary.
- **How can you contact us?**
If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:
By post: Data Protection Officer, Allianz Assistance, 11b Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 C4V6
By telephone: +353 1 602 7000
By email: AzPIEDP@allianz.com

Definition of words

When the following words and phrases appear in the policy document or insurance receipt, 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

You will be covered to travel to any worldwide country as shown on **your** insurance receipt.

Note

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

Business associate

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

Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

Computer system

Any computer hardware, software, communication system or electronic device (including smartphones, laptops, tablets and wearable devices), server, cloud, microcontroller or similar system (including any associated input, output or data storage device, networking equipment or backup facility).

Cyber risk

- Any unauthorised, malicious or illegal act (or the threat of such an act), involving access to or the processing, use or operation of any **computer system**;
- Any error or omission involving access to or the processing, use, or operation of any **computer system**;
- Any partial or total unavailability or failure to access, process, use or operate any **computer system**; or
- Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount relating to the value of such data.

Departure point

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

Doctor

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

Epidemic

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

Excess

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

Family

Two adults and up to four of their children (including foster children) aged 17 and under if in full time education. All persons must live at the same address. Each adult can travel independently, however, all insured children must travel with at least one of the insured adults.

Home

Your usual place of residence in the Republic of Ireland.

Insurer

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Journey

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

- 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.
- **you** will only be covered if **your** trip includes travel arrangements booked through Air France.

Pair or set

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

Pandemic

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

Period of insurance

Cancellation cover begins from the issue date shown on the insurance receipt 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**. All cover ends on the expiry date shown on the insurance receipt, unless **you** cannot finish **your** journey as planned because of an event covered by this policy that cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish **your journey**.

Personal money

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

Personal possessions

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

Quarantine

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

Redundancy

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

Relative

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

Sports or leisure 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 Assistance travel insurance on **+353 1 637 3625**.

Travelling companion

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

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland, the **Channel Islands** and the Isle of Man.

Valuables

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

We, our, us

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and/or
- AWP Assistance Ireland Ltd trading as Allianz Assistance, registered in Ireland No 163174, Registered Office 11b Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, D12 C4V6, Ireland
VAT no IE6563174F. AWP Assistance Ireland Ltd is regulated by the Central Bank of Ireland.

You, your, person insured

Each person shown on the insurance receipt, 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 **€500**. 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 **UK +44 20 8603 9523**

Email **medical@allianz-assistance.co.uk**

Please give **us your** age and **your** insurance receipt number. Say that **you** are insured with Allianz Assistance travel insurance. 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 co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

Reciprocal health arrangements

European Health Insurance Card (EHIC)

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

Note

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

Australia

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

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

Health declaration and health exclusions

These apply to the Cancellation or curtailment charges, Emergency medical and associated expenses and Personal accident sections.

It is very important that you read the following.

Exclusions relating to your health

- 1 **You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if 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 12 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 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before beginning **your journey**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 4 **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.
- 5 **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.
- 6 **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

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.

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 at the end of this section) 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 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 (this does not apply to claims made under Emergency medical and associated expenses - Section 2 and Personal accident - Section 7) or weapons of mass destruction.
- 2 An **epidemic** or **pandemic**, except as expressly covered under Section 1 - Cancellation or curtailment charges and Section 2 - Emergency medical and associated expenses.
- 3 **You** not following any suggestions or recommendations made by the Department of Foreign Affairs, World Health Organization or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 Any international sanction which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy. This insurance may not provide any cover or benefit if either the cover or benefit violate any applicable sanction, law or regulations of the United Nations, the European Union, United States of America or any other applicable economic or trade sanction, law or regulation. **We** decline claims to persons, companies, governments and other parties to whom this is prohibited under national or international agreements or sanctions.
- 5 **Cyber risks** of any kind.
- 6 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 7 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 8 Any currency exchange rate changes.
- 9 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).
- 10 **You** acting in an illegal or malicious way.
- 11 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 12 **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 or alcohol addiction).
- 13 **You** not enjoying **your journey** or not wanting to travel.
- 14 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.
- 15 **You** answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
- 16 Something that happened before **your** policy or travel tickets for **your journey** were bought (whichever is later) and which could reasonably have been expected to be the reason for a claim, unless **we** agreed to it in writing.
- 17 **You** taking part in any **sports or leisure activity** unless:
 - it is listed as covered (see page 6); or
 - It is not listed, but **we** have confirmed in writing that it is covered.

Conditions

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

- 1 **You** are a **resident** of the Republic of Ireland.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid insurance receipt.
- 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 with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6 **You** accept that no alterations can be made to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.

We have the right to do the following

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

Making a claim

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

Alternatively, please phone: **+353 1 637 3626** and ask for a claim form.

Or write to:

Allianz Assistance
Claims Department
11b Joyce Way
Park West Business Campus
Nangor Road
Dublin 12, D12 C4V6
Ireland.

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

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

For all claims

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

Cancellation or curtailment

- If **you** need to curtail **your journey** call **UK +44 20 8603 9523** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **€500**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your passport is lost, stolen or destroyed

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

Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Euros.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with **your** network provider and obtain written confirmation from them.

For loss or damage in transit claims, including delayed possessions

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

Personal accident

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

Missed departure

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

Delayed departure

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

Personal liability

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

Making a complaint

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

Step 1

In the first instance, please:

Write to:

Customer Service,
Allianz Assistance
11b Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
D12 C4V6

Telephone: **+353 1 602 7000**

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

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

Step 2

If **you** are not satisfied with **our** final response **you** can refer the matter to the Financial Services and Pensions Ombudsman for independent arbitration. Visit **www.fsपो.ie** write to Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29 call **+353 1 567 7000** or email **info@fsपो.ie**

Cancellation or curtailment charges - Section 1

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

WHAT YOU ARE COVERED FOR

We will pay up to **€3,350** in total (including up to **€150** in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

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

Cancellation

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

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

Note

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

- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the Gardai following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**.
- **You** or a **travelling companion** being held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a **travelling companion**, specifically, have been exposed to a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19). This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.

Curtailment

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

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

Note

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

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

An **excess** of **€15**.

Any condition stated under Health declaration and health exclusions.

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

Booking, credit card and non-Euro transaction fees.

The cost of Airport Departure Duty/Tax recoverable from elsewhere.

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

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

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carrier's 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**;
- **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 any of **your** remaining pre-booked tickets if **you** have not used them and **we** have paid extra transport costs for **you** to return to **your home** country earlier than planned.

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

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

Emergency medical and associated expenses - Section 2

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

WHAT YOU ARE COVERED FOR

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

Cover outside your home country

Up to **€10 million** for reasonable fees or charges **you** incur for:

- **Treatment**
medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**
Your repatriation to **your home** country if medically necessary.
- **Transport and accommodation**
reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**
the reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **€1,500** 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:

- **In-patient benefit**
€20 for each 24-hour period that **you** are in hospital as an in-patient up to **€560** in total during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**
Up to **€350** for emergency dental treatment to relieve sudden pain.
- **Excursions**
Up to **€150** in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your journey**.

Cover within your home country

Up to **€50,000** for:

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

WHAT YOU ARE NOT COVERED FOR

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

An **excess** of **€55**, unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' for more information).

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

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

Any condition stated under Health declaration and health exclusions.

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 a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets.

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.

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

Medical costs over **€500**, in-patient treatment or repatriation which **we** have not authorised.
The extra costs of having a single or private room in a hospital or nursing home.
The cost of all treatment which is not directly related to the illness or injury that caused the claim.

Under Cover outside your home country - Funeral expenses
Your burial or cremation within **your home** country.

Under Cover outside your home country - Dental
Replacing or repairing false teeth or artificial teeth (such as crowns).
Dental work involving the use of precious metals.

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

Loss of passport - Section 3

WHAT YOU ARE COVERED FOR

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

Costs for issuing a temporary passport

Up to **€165** in total for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

Remaining value of original passport

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you** get a letter from the consulate **you** reported the loss to.

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

Delayed personal possessions - Section 4

WHAT YOU ARE COVERED FOR

Up to **€110** in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

Note

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

WHAT YOU ARE NOT COVERED FOR

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

Personal possessions - Section 5

WHAT YOU ARE COVERED FOR

Up to **€1,650** in total for **your personal possessions** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is **€400** in total whether jointly owned or not. There is also a single article, **pair or set** limit of **€300**.

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 **€45**.

More than **€50** for tobacco and vaping products, alcohol, fragrances and perfumes.

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

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

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

- 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;
- **personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle;
- **valuables** left in a motor vehicle;
- **valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time;
- **valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**;
- contact or corneal lenses, unless following fire or theft;
- bonds, share certificates, guarantees or documents of any kind;
- **personal money** (see section 6);
- passport (see section 3).

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

Personal money - Section 6

WHAT YOU ARE COVERED FOR

Up to **€225** for loss or theft of **your personal money** (but no more than **€150** in cash in total, whether jointly owned or not) while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of **€45**.

Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency. Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.

Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.

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

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

Personal accident - Section 7

WHAT YOU ARE COVERED FOR

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

Death

€16,500 for death. (**We** will not pay more than **€1,650** if **you** are aged 15 or under at the time of the **accident**.)

Permanent loss

€16,500 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

€16,500 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 15 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** insurance receipt;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets.

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.

Missed departure - Section 8

WHAT YOU ARE COVERED FOR

We will pay **you** up to **€335** in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

Any delay caused by a 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.

Delayed departure - Section 9

WHAT YOU ARE COVERED FOR

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

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

We will pay:

Delay

€20 after the first full 12 hours of delay and **€10** after each extra delay of 12 hours up to **€110** in total; or

Abandonment

up to **€3,350** in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 24 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

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

Missed connections.

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

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

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

Under Abandonment

An **excess** of **€15**.

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

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

Personal liability - Section 10

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

WHAT YOU ARE COVERED FOR

We will pay up to **€2 million** plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of **€170**.

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

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

Any contractual liabilities.

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

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

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

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

This policy is available in
large print, audio and Braille.

Please contact us on
Phone +353 1 637 3625

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

Air France, Block 1, West Pier Business Campus, Dun Laoghaire, Co Dublin, Republic of Ireland.

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

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

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

AWP Assistance Ireland Ltd trading as Allianz Assistance is registered in Ireland No 163174,
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