



RO - AIR FRANCE TRAVEL INSURANCE



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COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Interruption Coverage	Your travel plans are interrupted while you are on your trip.	
	1. Early return: Reimbursement of expenses to return to your primary residence.	At cost
	2. Extended stay Reimbursement of expenses to continue your trip.	At cost
	3. Additional accommodation and transportation expenses if the interruption causes you to stay at your destination.	100 € / night/ person Max. 10 nights
Travel Delay Coverage	Your travel plans are delayed while you are on your trip.	250 €
	Maximum reimbursement per 24-hour period of delay: <ul style="list-style-type: none">No Receipts Daily Limit - € per personMinimum Required Delay - 4 hoursWith Receipts Daily Limit - € 100 per personMinimum Required Delay - 4 hours	per person
Baggage Coverage	Your baggage is lost, damaged, or stolen while on your trip.	1.000 €
	Reimbursement for expenses for the essential items you need until your baggage arrives	per person
Baggage Delay Coverage	Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.	200 €
	Reimbursement for expenses for the essential items you need until your baggage arrives	per person
	Minimum Required Delay: 12 hours	
	With Receipts limit - € 200 per person	
Emergency Medical/ Dental Coverage	You have to pay for emergency medical or dental treatment while on your trip.	300.000 €
	Reimbursement of medical expenses for which you are responsible	per person
	Organization and payment for hospitalization	
	Dental Care maximum sublimit - €300 per person	
Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip.	At cost
	Limit for medical evacuation incl. Search and Rescue - € 1.500	
	Limit for accommodation under transport to Bedside – 7 nights at max. 50 €/night	
	Return of Dependents	
	Repatriation of Remains or Funeral expenses	

The above is only a brief description of the coverage available under *your policy*. Terms, conditions, and exclusions apply to all coverages. Please carefully review *your policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to those terms when used in this Coverage Summary.

Important Notices:

- Emergency Medical/Dental Coverage is secondary. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.
- *Your policy* does not cover pre-existing medical conditions.
- If not otherwise specified, the benefit limits shown above are per *policy/package*.
- If *your policy* was purchased with a one-way booking, *your Departure Date* will be the *departure date* for *your trip* as shown on *your policy*, and your Coverage End Date will be the return date for *your trip* as shown on *your policy* (not exceeding 90 days from the *Departure Date*). Please contact *us* if *you* need to make any changes to *your* dates.
- **Geographical scope**
- *Your travel insurance* is valid for trips worldwide excluding USA / Canada. When traveling to sanctioned countries, there may be restrictions or no insurance cover at all.
All cover applies to travel *abroad* only. For more information on where *you* are covered, please consult *your* Certificate of Insurance.

OUR PROMISE TO YOU

For customer service, please:

- call: +40 21 312 22 36/38 (09:00 – 18:00, L - V)
- e-Mail: service.ro@mondial-assistance.at
- online: www.mondial-assistance.ro

For emergency assistance during your trip, please:

- call: +40 21 312 22 37
- e-mail: assistance.at@mondial-assistance.at

To file a claim, please visit:

- <https://my-assistance.com>

Withdrawal information

You may withdraw from this contract within 14 days of receipt of the insurance *policy* without giving any reason. The withdrawal must be in written form (letter, fax, e-mail). If the insurance contract was concluded by means of distance selling, the aforementioned right of withdrawal applies only to contracts with a term of more than one month. The withdrawal period begins with the notification of the conclusion of the insurance contract (= sending of the policy or insurance certificate), but not before *you* have received the *policy/insurance* conditions including the provisions on the determination or amendment of the premium and this instruction on the right of withdrawal.

Please send the notice of withdrawal to:

AWP P&C S.A., Austrian Branch

Att. Service Center

Linzer Straße 225

1140 Vienna

e-mail: service.ro@mondial-assistance.at

In order to comply with the withdrawal period, it is sufficient that *you* send the declaration of withdrawal before the expiry of the withdrawal period. The declaration is also effective if it comes into the power of *your* insurance agent.

With the withdrawal, any insurance cover already granted and future obligations arising from the insurance contract shall end. If we have already granted cover, we shall be entitled to a premium corresponding to the period of cover. If you have already paid premiums to us in excess of this premium, we will refund this excess part without deductions. The right of withdrawal expires at the latest one month after you have received the policy/insurance conditions including this instruction on the right of withdrawal.

Complaints

Our aim is to provide first-class services. It is equally important to us to address your concerns. If you are ever dissatisfied with our products or service, you can contact us at any time: quality.at@allianz.com (internal complaints office pursuant to §127e VAG).

You can also report complaints to the National Consumer Protection Agency (ANPC) at the following address:

Bucharest, 72, Aviatorilor Boulevard, district 1, postal code 011865

tel. + 40 21/9551

<http://reclamatii.anpc.ro>

or to:

The Financial Supervisory Authority (ASF) at the following:

Address: Splaiul Independenței no. 15, district 5, postal code 050092, Bucharest

Tel.+40 800 825 627/ +40 21 668 1208

e-mail: office@asfromania.ro

GENERAL CONDITIONS

WHO WE ARE

AWP P&C S.A., Austrian Branch

Linzer Straße 225, A-1140 Vienna, Austria

Phone: + 43 1 525 03-7

Bank details: UNICREDIT BANK, SWIFT CODE — BACXROBU

Bank account: R055 BACX 00000005 0977 4000 — RON

Vienna Commercial Court Commercial register FN 100329 v, Data processing register no. 0465798

Company identification no. ATU 15366609

AWP P&C S.A. Subsidiary for Austria is a branch of AWP P&C S.A., with registered office in France, 93400 Saint-Ouen, Rue Dora Maar 7., Company Code 519490080 R.C.S. Paris.

For AWP P&C S.A. with registered office at 7 rue Dora Maar, Saint-Ouen, France Competent supervisory authority: L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09

Mailing address Romania

AWP P&C St. Ouen, Sucursala București

ORC registration number J40/20898/2017, CUI 38632969

2-4 George Constantinescu Street, Globalworth Campus , Building C, 11th floor, District 2

Bucharest, Romania

www.mondial-assistance.ro

ABOUT THIS POLICY

This *policy* is our contract with *you*. Please read it carefully. We have tried to describe the terms and conditions of *your* Coverage clearly, simply and as easily as possible. If *you* have any questions, we are available during the working hours specified in the Coverage Summary. Visit our website or contact *us* by phone using the contact information specified in the *Coverage Summary*. And if there are any changes to *your* arrangements, please let *us* know so that we can update *your documents*.

This *policy* has been issued based on the information *you* provided at the time of purchase. We will provide the insurance described in this policy in return for payment of the premium and your compliance with all provisions of this *policy*. You will notice that some words are italicized. These words are defined in the "Definitions" section. The words that are written in capital letters refer to the name of the document and the coverages in these *documents*. The headings are provided for reference only and do not affect *your* coverages in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This insurance covers only the specific sudden and unexpected situations, events and losses included under the conditions described. Please read these *documents* carefully.

Your documents consists of three parts:

1. Certificate of Insurance / Insurance Policy;
2. General Conditions;
3. Privacy Note.

NOTE:

Not all loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document can be covered. For exclusions applicable to all coverages, please refer to the General Exclusions section of this *document*.

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in *italics* are defined in this section.

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Act of war</i>	Any act which is associated with and occurring in the course of <i>war</i> or directly triggering it.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Civil disorder</i>	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of X or more persons. It does not include any such occurrence that rises to the level of or is connected with any <i>political risk</i> , <i>terrorist event</i> , <i>war</i> , or <i>act of war</i> .
<i>Climbing sports</i>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
<i>Computer System</i>	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Cyber risk</i>	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following; <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
<i>Departure Date</i>	The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary.
<i>Doctor</i>	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>travelling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> .
<i>Epidemic</i>	A contagious disease recognized or referred to as an <i>epidemic</i> by a representative of the World Health Organization (WHO) or an official government authority.

Family member	<p><i>Your:</i></p> <ol style="list-style-type: none"> 1. spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>cohabitants</i>; 3. parents and stepparents; 4. children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. siblings; 6. grandparents and grandchildren; 7. the following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. aunts, uncles, nieces, and nephews; 9. legal guardians and wards; and 10. paid, live-in caregivers.
First responder	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an <i>accident</i> or emergency to provide aid and relief.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
High value item	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Hospital	<p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. have organized departments of medicine and major surgery; and 3. be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport <i>you</i> or a <i>travelling companion</i> less than 150 kilometers.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Medical escort	A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>travelling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An <i>epidemic</i> that is recognized or referred to as a <i>pandemic</i> by a representative of the World Health Organization (WHO) or an official government authority.
Policy	This travel insurance contract. The policy includes this General Conditions document and the Certificate of Insurance document.
Political risk	Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected

official, appointed official, government, or an organized political or ruling group, including but not limited to:

- nationalization;
- confiscation;
- expropriation;
- deprivation;
- requisition;
- revolution;
- rebellion;
- insurrection;
- uprising;
- military and usurped power.

Pre-existing condition	<p>medical</p> <p>An injury, illness, condition, disability, or their consequences, as well as any pathological or medical manifestation resulting from a condition or <i>accident</i>, that was treated within the last 120 days prior to the policy issuance date, is considered a <i>pre-existing medical condition</i>. For heart diseases, stroke, cancer, diabetes (type 1 and 2), migraine, epilepsy, and multiple sclerosis, the reference period is 24 months prior to the policy issuance date. During this period, the insured:</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
Primary residence	<i>Your</i> permanent, fixed home address for legal and tax purposes.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>travelling companion</i> has been exposed.
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from your employer, another insurance company, a credit card issuer, or any other entity.
Return date	The date on which <i>you</i> are originally scheduled to end <i>your</i> travel, as shown on <i>your</i> travel itinerary.
Service Animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.

Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of <i>your</i> country of residence, and is committed for political, religious, ethnic, and/or ideological purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include any <i>political risk</i> , <i>war</i> , or <i>acts of war</i> .
Traffic accident	An unexpected and unintended traffic-related event, other than <i>mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>.
Travelling companion	A person or <i>service animal</i> travelling with <i>you</i> or travelling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>travelling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.
Trip	<i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> , which is originally scheduled to begin on <i>your departure date</i> and end on <i>your return date</i> . It cannot include commuting to and from work or moving.
Uninhabitable	A <i>natural disaster</i> , fire, flood, burglary, or <i>vandalism</i> has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their <i>primary residence</i> or destination inaccessible or unfit for use.
Vandalism	Any illegal act that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by <i>terrorist acts</i> , <i>war</i> , <i>acts of war</i> , <i>political risk</i> , or <i>civil disorder</i> .
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
We, Us or Our	AWP P&C S.A., Austrian Branch under the trade name Mondial Assistance
Work strike	An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any <i>civil disorder</i> or <i>political risk</i> .
You or Your	All persons listed as insureds in the <i>your</i> Insurance Policy

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* coverage effective date and coverage end date are indicated in *your Insurance Policy*. The *policy* is effective the day the order is received and the full premium is paid. The order must be received and the full premium must be paid on or before the *departure date*.

Coverage is only provided for losses that occur while *your policy* is in effect.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when we calculate the duration of *your trip*.

Your policy ends on the coverage end date listed in *your* Specific Conditions. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your* coverage end date will be the *return date* (not exceeding 90 days from the *departure date* shown on *your* travel documents).

Additionally, *your policy* will end on the earliest of:

1. At 23:59 on the day *you* cancel *your policy*; or
2. At 23:59 on the day *you* file a trip cancellation claim with us;
3. At 23:59 on the day *you* end *your trip*, if *you* end *your trip* early;
4. At 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. At 23:59 on the last day of coverage.

However, if *your* return travel is delayed due to a reason covered under this *policy*, we will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or trip interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages, which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

TRIP INTERRUPTION COVERAGE

Trip Curtailment

If *you* have to end *your trip* due to one or more of the *covered reasons* listed below, we will reimburse *you*, less available refunds, up to the maximum benefit for trip curtailment coverage listed in *your Coverage Summary*, for the prorated portion of *your* insured unused non-refundable *trip* payments and deposits.

IMPORTANT: *You must notify all of your travel suppliers within 48 hours of discovering that you will need to interrupt your trip (this includes being advised to interrupt your trip by a doctor). If you notify any travel suppliers later than that and get a smaller refund as a result, we will not cover the difference. If a serious illness, injury, or medical condition prevents you from being able to notify your travel suppliers within that 48-hour period, you must notify them as soon as you are able.*

NOTE: *We will not reimburse you for the unused non-refundable portion of your original return ticket under trip curtailment coverage if we have paid or reimbursed you for a travel carrier ticket(s) for your return travel to your primary residence under early/delayed return coverage.*

Early / Delayed Return

If *you* have to return earlier or later than *your original return date* due to one or more of the *covered reasons* listed below, we will [assist *you* in securing and will pay or] reimburse *you* for, less available *refunds*, a *travel carrier* ticket(s) for return travel to *your primary residence* in the same class of service that *you* originally booked, up to the maximum benefit for early / delayed return coverage listed in *your Coverage Summary*.

NOTE: *We will not pay or reimburse you for a travel carrier ticket(s) for your return travel to your primary residence under early/delayed return coverage if we have reimbursed you for the unused non-refundable portion of your original return ticket under trip curtailment coverage.*

Trip continuation

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below, we will [assist *you* in securing transportation arrangements necessary to continue *your trip* and]:

- i. pay or reimburse *you* for, less available *refunds*, the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your Coverage Summary*;
- ii. reimburse *you* for additional accommodation fees *you* are required to pay, less available *refunds*, up to the maximum benefit for trip continuation coverage listed in *your Coverage Summary*, if *you* prepaid for shared accommodations and *your traveling companion* has to end their *trip*.

Extended stay

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes *you* to stay at *your destination* (or the location of the interruption) longer than originally planned, we will reimburse *you*, less available *refunds*, up to the maximum benefit for extended stay coverage listed in *your Coverage Summary*, for additional *accommodation* and *local public transportation* expenses.

Covered reasons:

1. *You or a traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
The following condition applies:
 - a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.
3. *You, a traveling companion, family member, or your service animal* dies during *your trip*.
4. *You or a traveling companion* is *quarantined* during *your trip* due to having been exposed to:
 - a. a contagious disease other than an *epidemic* or *pandemic*; or
 - b. an *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. the *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. the *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
5. *You or a traveling companion* is in a *traffic accident* (not including a *mechanical breakdown*).

One of the following conditions must apply:

- a. *You or a traveling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.
6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer or paralegal, this would not be covered).
7. *Your primary residence* becomes *uninhabitable*.
8. *You or a traveling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip dates*.
9. *You or a traveling companion* is a traveller on a hijacked aircraft, train, vehicle, or vessel.
10. *You, a traveling companion, or a family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
11. *You* miss at least 50% of the length of *your trip* due to one of the following:
 - A. a *travel carrier* delay, not including a *travel carrier* cancellation without rebooking;
 - B. a *work strike*, unless threatened or announced prior to the purchase of *your policy*;
 - C. a *natural disaster*;
 - D. roads are closed or impassable due to *severe weather*;
 - E. lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
 - I. *you* must provide evidence of *your* efforts to obtain replacement documents through appropriate authorities.
 - F. civil disorder.
12. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your destination*.
13. *You* need to attend the birth of a *family member's* child.
14. *Your destination* becomes *uninhabitable*.
15. Family outside *your* country of residence cannot accommodate *you* during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
16. Government authorities order a mandatory evacuation at *your destination* while *you* are on *your trip*.
The following condition applies:
 - a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.
17. *You or a traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip*, which results in the vehicle being unable to be driven safely.
18. *You or a traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip*, is stolen.
19. A *terrorist event* happens within 100 kilometres of any city *you* are traveling to during *your trip*, as indicated on *your* original itinerary from *your travel supplier*.
The following condition applies:
 - a. A *terrorist event* must not have occurred within 40 kilometres of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

TRAVEL DELAY COVERAGE

If *your* or a *traveling companion's trip* is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary for travel delay:

- i. *your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary, as follows:
 - if *you* do not provide receipts, the No Receipts Daily Limit applies; or
 - if *you* provide receipts, the With Receipts Daily Limit applies.
- ii. if the delay causes *you* to miss the departure of *your* cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- iii. if the delay causes *you* to miss the departure of *your* flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

NOTE: We will not reimburse you for any expenses that are your travel carrier's or travel supplier's responsibility.

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following covered reasons:

1. a *travel carrier* delay;
2. a *work strike*, unless threatened or announced prior to the purchase of *your policy*;
3. *quarantine* during *your trip* due to having been exposed to:
 - a. a contagious disease other than an *epidemic* or *pandemic*; or
 - b. an *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. the *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. the *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. a *natural disaster*;
5. lost or stolen travel documents;
6. hijacking, unless it is a *terrorist event*;
7. civil disorder, unless it rises to the level of *political risk*;
8. a *traffic accident*; or
9. a *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

BAGGAGE COVERAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for *baggage* loss in *your* Coverage Summary:

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* at the current market price for the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
- d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, we will only cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device.

The following items are not covered:

1. **animals, including remains of animals;**

2. cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. hearing aids, prescription eyewear, and contact lenses;
5. artificial teeth, prosthetics, and orthopedic devices;
6. wheelchairs and other mobility devices;
7. consumables, medicines, medical equipment/supplies, and perishables;
8. tickets, passports, deeds, blueprints, stamps, and other documents;
9. money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;
10. rugs and carpets;
11. antiques and art objects;
12. fragile or brittle items;
13. firearms and other weapons, including ammunition;
14. intangible property, including software and electronic data;
15. property for business or trade;
16. property *you* do not own;
17. *high value items* stolen from a car, locked or unlocked; and
18. *baggage* while it is:
 - a. shipped, unless with *your travel carrier*;
 - b. in or on a car trailer;
 - c. unattended in an unlocked motor vehicle; or
 - d. unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;
19. *baggage* that is misplaced, forgotten, or lost while in *your* possession.

BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for *baggage* delay.

The following conditions apply:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under *baggage* delay in *your* Coverage Summary.
- b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* coverage summary. Only available for *your* outbound travel (not *your* return travel).

EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip abroad* for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. while on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. while on *your trip abroad*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* Emergency Medical/Dental Coverage.

IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit *your* claim directly to *us*. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.

The following conditions and exclusions apply in addition to General Exclusions :

- a. the care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, *dentist*, *hospital*, or other provider authorized to practice medicine or dentistry.

- b. this coverage will not pay for any care provided after *your* coverage ends.
- c. this coverage will not pay for any care provided for longer than days after *your* return from *your trip* abroad to *your* country of residence.
- d. this coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip* abroad;
- e. this coverage will not pay for non-emergency care or services in general and the following care and services in particular:
 - 1. elective cosmetic surgery or care;
 - 2. annual or routine exams;
 - 3. long-term care;
 - 4. allergy treatments (unless the allergic reaction is life threatening);
 - 5. exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 - 6. physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
 - 7. experimental treatment; and
 - 8. any other non-emergency medical or dental care.

EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- We are not, and shall not be deemed to be, a provider of medical or emergency services.
- We act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip*, we will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If we determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition;
2. we will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. we will arrange and pay for a *medical escort* if we determine one is necessary.

The following conditions apply to items 1, 2, and 3 above:

- a. *you* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange;
- b. all decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
- c. *you* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and we reserve the right to not provide coverage;
- d. one or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, we will:

1. arrange and pay for *you* to be transported via a commercial transportation carrier in the same class of service that *you* originally booked, unless otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *your primary residence*;
 - b. a location of *your* choice in *your* country of residence; or

- c. a medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel);
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
- c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
- d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
- e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to *your* chosen destination;

Transport to Bedside (Bringing a friend or *family member* to *you*)

If *you* are told by the treating *doctor* during *your trip* that *you* will be hospitalized for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening during *your trip*, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange.

Return of Dependents (Getting minors and dependents home)

If *you* die or are told by the treating *doctor* *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or dependents requiring *your* full-time supervision and care to one of the following:

1. *your primary residence*; or
2. a location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *traveling companions* under the age of 18 or dependents;
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange.

Repatriation of Remains (Getting *your* remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. a funeral home near *your primary residence*; or
2. a funeral home located in *your* country of residence.

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements. We will not assume any responsibility for any transportation arrangements that we did not authorize or arrange; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, we will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for Search and Rescue Coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel assistance services during *your trip*, we are available 24 hours a day. With *our* global reach and multi-lingual staff, we are here to help *you*.

Finding a Doctor or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can assist *you* in finding one.

Monitoring Your Care

If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. We can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

Lost Travel Documents Assistance

If *your* passport or other travel documents are lost or stolen, we can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

Emergency Language Translation

We can assist *you* with translation services in the event *you* need help in a foreign country.

Emergency Cash Assistance

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, we can assist in arranging the transfer of funds from *your* family or friends.

Legal Referrals

We can help *you* find local legal advice if *you* need it while *you* are traveling.

Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.

GENERAL EXCLUSIONS

This section describes the General Exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

If *you* have traveled against an order or advice against travel issued by *your* home country's or *trip* destination's government or local authority, this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth, except when normal, complication-free pregnancy or childbirth is expressly referenced in and covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;
5. Fertility treatments or elective abortion;
6. A mental or nervous health disorder, such as Alzheimer's disease, anxiety, dementia, depression, neurosis, psychosis, or their related physical symptoms. This exclusion applies only to trip cancellation coverage and trip interruption coverage;
7. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional or semi-professional sporting competition;
11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Base jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. Climbing sports or free climbing;
 - f. Any high-altitude activity;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 20 meters or without a dive master.
12. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
13. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under *Trip Cancellation Coverage*, *Trip Interruption Coverage* or *Emergency Medical/dental Coverage*;
14. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under *Trip Cancellation Coverage*, or *Trip Interruption Coverage*, or *Travel Delay Coverage*;
15. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
16. Nuclear reaction, radiation, or radioactive contamination;
17. *War* or *acts of war*;
18. Military duty, except when and to the extent that military duty is expressly referenced and covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;
19. Civil disorder or unrest, except when civil disorder or unrest is expressly referenced in and covered under *Trip Interruption Coverage* or *Travel Delay Coverage*;
20. *Terrorist events*, except when *terrorist events* are expressly referenced in and covered under *Trip Cancellation Coverage*, *Trip Interruption Coverage*, or *Travel Delay Coverage*. This exclusion does not apply to *Emergency Medical* or *Emergency Transportation Coverage*;
21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under *Trip Cancellation Coverage* or *Trip Interruption Coverage*;

22. *Political risk;*
23. *Cyber Risk;*
24. *Any travel supplier's complete cessation of operations due to financial condition, with or without filing for bankruptcy;*
25. *Travel supplier restrictions on any baggage, including medical supplies and equipment;*
26. *Ordinary wear and tear or defective materials or workmanship;*
27. *An act of gross negligence by you or a traveling companion;*
28. *Your intent to receive health care or medical treatment of any kind while on your trip.*

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. *Your travel carrier tickets do not show travel date(s); or*
2. *The travel dates in your Insurance Policy do not represent your actual travel dates (does not apply to insurance purchased with a one-way booking).*

CLAIMS INFORMATION

Reporting a claim

Before reporting a claim, please check *your* Insurance *Policy* and Summary of Cover. Please note that not every claim is covered, even if it arises suddenly and unexpectedly.

To submit *your* claim online:

1. go to www.my-assistance.com;
2. enter *your* Insurance *Policy* number;
3. check which forms and documents are required and upload them;
4. if *you* submit *your* claim via www.my-assistance.com, *you* can check the processing status of *your* file at any time.

To submit *your* application by phone or email:

E-mail: daune@mondial-assistance.at

Phone: 0040 31 229 50 38

What do *you* do if *you* want to submit a Claim for Reimbursement?

You are obliged to keep claim as low as possible, avoid unnecessary expenses and provide proof of the event. Therefore, please always obtain appropriate supporting documents regarding the occurrence of the claim (e.g. claims confirmation, Medical Certificate, Police Report, Travel Guide Statement) and the scope of the claim (e.g. invoices, receipts). Please send *us* *your* claim report immediately with relevant supporting documents.

The following documents are required for all submissions:

1. the original confirmation of the *trip* booking which must contain details of the service booked, travel participants, dates and price of *trip*, including the penalty *policy* applied in the event of cancellation of *trip*;
2. invoices, receipts and confirmations of payment for all costs incurred;
3. information on the possession of other travel insurances, such as those included in a credit card or car driver's club card, private health insurance, etc.;
4. all other relevant and useful documents confirming the application;
5. bank details - full name, account number (IBAN), account currency, SWIFT code and payee's home address.

When submitting documents via the online portal, the exact supporting documents required for *your* application, specific to *your* event, can be found in the "Documents required" section.

To make things easier, *you* will find here an overview of the necessary documents.

For the analysis of the claims in case of cancellation or interruption of *trip*, we need the following documents:

For all events covered:

1. the initial confirmation of the travel booking, stating the service booked, the travel participants, the dates and price of the *trip*, the penalty *policy* applied in case of cancellation/interruption of the *trip*;
2. cancellation invoice(s) confirming the cancellation costs incurred, including an overview of the cancellation penalties of the tour provider(s);
3. full details of the event that caused *you* to cancel, interrupt or abandon *your trip* altogether;
4. confirmation of payment(s) of all expenses claimed;
5. information and supporting documents for any reimbursement.

Medical causes:

1. detailed medical documentation, including medical history of illness; (e.g. patient file, treatment documentation, discharge report, findings);
2. confirmation of sick leave issued by an accredited Health Insurance *doctor*, if applicable;
3. certified/certified copy of the death certificate, if applicable;
4. documents proving the degree of kinship (Birth Certificate, Marriage Certificate);
5. registration form as proof of cohabitation (in case of an incident not involving relatives).

Quarantine:

1. isolation notice issued by the competent authority issued on behalf of *you* or *your traveling companion* that includes information about the *quarantine* period;
2. isolation notification issued by the competent authority on behalf of *you* or *your traveling companion* including information about the *quarantine* period.

Traffic accident:

1. police report describing and confirming the road *accident*;
2. *accident* report from the motor third party liability insurer.

Adoption proceedings:

Official summons to court proceedings.

If your residence has become *uninhabitable*:

Confirmation from the competent authority of the circumstances under which *your* home has become *uninhabitable*.

Terrorist Event:

Information about the terrorist act that caused the cancellation or interruption of *your trip* or activity.

Unexpected dismissal or termination:

Employment contract, notice of termination, social security cancellation statement (REVISAL).

Other events not listed here:

Relevant confirmations from offices, authorities, institutions - to be able to verify the event that prompted the claim.

In order to settle reimbursements for medical/dental services *abroad* we need the following documents:

1. *doctor's* report (must include patient's name, diagnosis, data on prescribed treatment);
2. *doctor* or *hospital* bill that shows payments made by statutory or private health insurance.
3. other invoices or receipts for confirmation of payment from the issuer for which reimbursement is requested.

For the settlement of reimbursements in case of delays, we need:

1. a description of the causes of the delay;
2. confirmation from the airline or carrier of the delay, including a description of the cause;
3. original flight ticket(s), train ticket(s), ticket(s);
4. receipts, invoices for additional transport and/or *accommodation* costs.

For the settlement of *refunds* in case of lost/damaged/stolen *baggage* we need:

1. a police report filed with the responsible security service;
2. a written confirmation from the travel service provider or *accommodation* provider;
3. a report from the airline or carrier on damage to property (PIR) in case of claim or loss of *baggage*;
4. original invoices, receipts or other appropriate proof of ownership of the items claimed;
5. repair invoice or cost estimate.

For the settlement of *refunds* in case of claim to delayed *baggage*, we need:

1. a written confirmation of the so-called Property Irregularity Report (PIR) from the airline or carrier of the temporary loss of *baggage*, including a description of when *you* received *your baggage* back;
2. invoices for new purchases for items not purchased until *your baggage* is delivered.

GENERAL PROVISIONS AND CONDITIONS

Applicable law

Austrian law applies, jurisdiction is Bucharest.

Loss of entitlement to compensation

We are exempt from enforcement if, on the occasion of the insured event, in particular in the notice of reimbursement, *you* deliberately provide untrue information, conceal circumstances essential to the event of the loss or falsify evidence, even if this causes *us* no disadvantage.

When do we pay the reimbursement?

Our cash benefits are due upon completion of the analysis necessary to determine the insured event and scope of coverage. The due date occurs regardless if, two months after *you* claim a cash benefit, *you* ask *us* for an explanation as to why *your* claim has not been settled and the one month analysis completion time from notification of the insured event has not been met.

If the completion of the analysis of *your* Claim for Reimbursement has not been completed within one month of notification of the insured event, depending on the situation, *you* may request advance payments of the amount *we* are due to pay.

Final agreements

No Intermediary is authorized to promise, in writing or verbally, any insurance protection which is an exception to the General Conditions or to undertake any assessment of a state of facts which is binding on *us*. Additional conditions, respectively exceptions or any other derogations are only valid if they are set out in writing and if they are drafted by *us*.