

# Comprehensive Travel Insurance

## Insurance Product Information Document

Company: AWP P&C S.A. Product: (6365) - Air Malta Travel Insurance Integrated

AWP P&C SA has its registered office at 10 Premetis Str., Agios Dimitrios, Athens, Zip: 17 342 and operates in Greece as a legally established branch

**This document does not substitute the required by the applicable law pre-contractual information, nor the insurance contract and its Terms and Conditions.**

### What is this type of insurance ?

**Comprehensive travel insurance for trips up to 31 days**



#### What is insured ?

- ✓ up to 175,000 € for Medical & Hospitalization Expenses
- ✓ up to 175,000 € for Medical Repatriation
- ✓ up to 1,200 € for Loss/ Damage/ Theft of Personal Possessions
- ✓ up to 700 € for Missed Departure
- ✓ up to 300 € for Delayed Departure
- ✓ up to 25,000 € for Death or Disability following an Accident
- ✓ up to 5,000 € for Legal Expenses
- ✓ up to 500,000 € for Personal Liability
- ✓ up to 3,000 € for Trip Cancellation
- ✓ up to 700 € for Business Equipment



#### What is not insured ?

- ✗ Epidemics and Pandemics
- ✗ Natural Disasters, War, Terrorism
- ✗ Pre-existing Incidents, Illness, Accidents
- ✗ Purchase of Insurance after Check-In
- ✗ Trips longer than 31 days



#### Are there any restrictions on cover ?

- ! 30 € Excess for Medical & Hospitalization Expenses
- ! Damages or claims caused with deceit, illegal or malicious way
- ! Manual labor
- ! Only trips via Air Malta are covered
- ! Participation in hazardous activities, sports or competitions



## Where am I covered ?

✓ Worldwide, with the exception of destinations not covered by the insurance company due to travel directives



## What are my obligations ?

**To avoid the policy's cancellation and the claim's refusal, the insured must:**

- When taking out this policy
  - provide the insurer with relevant, true and complete information allowing the insurer to underwrite the policy;
  - pay the premium as detailed in the policy
- Once the policy is in effect
  - the insured must inform the insurer, within fourteen (14) days of any changes that arise and that may affect the cover
- In the event of a claim
  - the insured must contact the insurer to make the claim immediately after an event arises, in concordance with the terms and conditions and provide the insurer with all supporting documents enabling to process the claim
  - the insured must take reasonable care to prevent or reduce damage and follow the insurer's instructions



## When and how do I pay ?

The insurance policy must be issued and the premium paid before the start of the trip

Payments can be made via credit/debit cards



## When does the cover start and end ?

The Cancellation Cover is in effect from the issue date

The remaining covers are in effect upon departure for the trip

The Cancellation Cover expires upon check-in

The remaining covers expire upon return from the trip

For one way trips, the cover is valid for 24 hours



## How do I cancel the contract ?

Within 14 days of the issue date of the policy as long as the trip has not begun and there is no intention of filing a claim.



## Travel Insurance Policy

For residents of MALTA only when travelling with Air Malta.

### Important Telephone Numbers

24hr emergency medical assistance (for medical emergencies or curtailment requests) and claims:

**+ 30 210 99 88 105**

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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
Cancellation or curtailment	€ 3.000	€ 50
Emergency medical and associated expenses - In-patient benefit	€ 175.000 € 1.000	€ 30 No excess
Loss of passport	€ 300	No excess
Delayed personal possessions	€ 120	No excess
Personal possessions	€ 1.200	€ 30
Valuables	€ 600	€ 30
Single article, pair or set	€ 500	€ 30
Personal money	€ 750	€ 30
Personal accident	€ 25.000	No excess
Missed departure	€ 700	€ 35
Delayed departure	€ 300 – delay € 3.000 - abandonment	No excess € 50
Personal liability	€ 500.000	No excess
Legal expenses	€ 5.000	No excess
<b>Business cover</b>		
Replacement business associate	€ 1.400	€ 50
Business equipment	€ 700	€ 30
Business samples	€ 350	€ 30
<b>Golf cover</b>		
Loss of green fees	€ 420	€ 30
Delayed golf equipment	€ 350	No excess
Golf equipment	€ 1.200	€ 30
<b>Additional covers</b>		
<b>Winter sports cover</b>		
Ski pack	€ 350	€ 30
Delayed ski equipment	€ 350	No excess
Ski equipment (own)	€ 700	€ 30
Ski equipment (hired)	€ 350	€ 30
Piste closure	€ 350	No excess
Avalanche closure	€ 280	No excess

### Notes

- Winter sport cover is available at an additional premium.

- Some sections of cover also have extra sub limits, for example the personal possessions section has a single article and **valuables** limit.

## Important information

Thank **you** for taking out Air Malta 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. It is very important that **you** read the whole of this policy before **you** travel and make sure **you** understand exactly what is and is not covered and what to do if **you** need to claim.

### Insurer

**Your** Air Malta travel insurance is underwritten by AWP P&C SA, Greek Branch, with offices at 10 Premetis Str., 17342, Agios Dimitrios, Athens, Greece.

### 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**.

**Your** policy does not cover all possible events and expenses.

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

### Telling us about relevant facts

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

### Cancellation rights

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 [airmalta@mondial-assistance.gr](mailto:airmalta@mondial-assistance.gr).

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**.

### Data protection

Information about **your** policy may be shared between Air Malta Group and AWP P&C S.A. (Greece) for underwriting and claims handling purposes.

**You** should understand that the sensitive health and other information **you** provide will be used by **us**, Air Malta Group, **our** representatives, other insurers and industry governing bodies and regulators to process **your** insurance, handle claims and prevent fraud. **We** have taken steps to ensure **your** information is held securely.

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

### Governing law

Unless agreed otherwise, Greek law will apply and all communications and documentation in relation to this policy will be in English.

## 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.

### Appointed adviser

The solicitor or appropriately qualified person, firm or company, including us, who is chosen to act for **you** in **your** claim for compensation.

### Area of cover

**You** will not be covered if **you** travel outside the area **you** have chosen as shown on **your** policy schedule.

- **Europe**  
Europe, Countries bordering the Mediterranean, Madeira, Canary Islands, the Azores, the Republic of Ireland, Iceland, Russia, Estonia, Latvia, Lithuania, Belarus, Ukraine, Moldova and Georgia.
- **Worldwide**  
Any country.

### Business associate

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

### Business equipment

Computer, television, fax and phone equipment (including mobile phones) PDAs, and any other equipment which is needed to carry out **your** business duties.

### Business samples

Demonstration goods or examples of goods sold by **your** company.

### Claims handler

Mondial Assistance Services Hellas, the company that handles all claims.

### Doctor

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

### Departure point

The airport, international train station or port where **your** journey from Malta to **your** destination begins and where the final part of **your** journey back to Malta begins.

**Excess**

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

**Golf equipment**

Golf clubs, golf bag, golf trolley and golf shoes.

**Hazardous activity**

The following activities are automatically covered:

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

There is no cover for:

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

**Home**

**Your** usual place of residence in Malta.

**Insurer**

AWP P&C SA, Greek Branch, with offices at 10 Premetis Str.,17342, Agios Dimitrios, Athens, Greece.

**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 Malta, whichever is earlier.

- For single trip cover
  - any other trip which begins after **you** get back is not covered.
  - a trip which is booked to last longer than 31 days is not covered.
  - **you** will only be covered if **your** trip includes travel arrangements booked through Air Malta.

**Legal action**

Work carried out to support a claim that **we** have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by **you**:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgement or legally binding decision.

**Legal costs**

Fees, costs and expenses (including Value Added Tax or the equivalent local goods and services tax) which **we** agree to pay for **you** in connection with legal action. Also, any costs which **you** are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs **we** agree to pay.

**Malta**

Malta, including the Maltese islands Gozo and Comino.

**Pair or set**

A number of items of **personal possessions** (this does not include **golf equipment, business equipment, business samples** or **ski equipment**) that belong together or can be used together.

**Period of Insurance**

Cancellation cover begins from the issue date shown on **your** 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**.

**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** and passport).

**Redundancy**

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years 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 or civil partnerships) or fiancé(e).

**Resident**

A person who has their main **home** in Malta.

**Ski equipment**

This consists of skis, poles, boots, bindings, snowboards or ice skates.

**Ski pack**

Hired **ski equipment**, ski school fees and lift passes.

**Travelling companion**

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

**Valuables**

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

**We, our, us**

AWP P&C S..A.

**Winter sports**

The following activities are covered if **winter sports** cover is shown on **your** insurance receipt:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.  
Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighting, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing.

**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 for more than 24 hours 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. 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.

Telephone                    **+ 30 210 99 88 105**

Please give **us your** name, **your** insurance policy number and the issue date of the insurance. Say that **you** are insured with Air Malta 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, in case of hospitalisation for more than 24 hours, and 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 Malta, **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.

## 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 and understand the following.**

- 1 **You** will not be covered for any claim arising from a medical condition of someone **you** were going to stay with, a **travelling companion**, a **relative** or a **business associate** if **you** are aware of the medical condition at the time **your** policy was issued.
- 2 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment during **your journey** or **you** are travelling specifically to get medical treatment.
- 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 as an hospital in-patient or were under investigation for a medical condition when **your** policy was issued.
- 6 **You** will not be covered for claims relating to pregnancy or childbirth, where the pregnancy is more than:
  - 24 weeks at the end of a **journey** outside of Europe; or
  - 28 weeks at the end of a **journey** within Europe.

### Note

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

## General exclusions

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

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

- 1 A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
- 2 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.
- 3 Any epidemic or pandemic.
- 4 **You** not following any suggestions or recommendations made by any government or other official authority including the Foreign and Commonwealth Office during the **period of insurance**.
- 5 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7 Any currency exchange rate changes.
- 8 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 9 **You** acting in an illegal or malicious way.
- 10 **You** not enjoying **your journey**.
- 11 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.



## 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 Malta.
- 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 policy.
- 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 31 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 to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.

### We have the right to do the following

- 1 Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. A full premium refund will be given and depending on the circumstances **we** may report the matter to the police.
- 2 Cancel the policy and make no payment if **you** make a fraudulent claim. **We** may in these instances report the matter to the police.
- 3 Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
- 4 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 5 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department of Social Security forms), which will help **us** to recover any payment **we** have made under this policy.
- 6 With **your** permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 7 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 8 Not accept liability for costs incurred after the date the treating **doctor** and **our** medical advisers agree **you** should return to Malta, if you refuse to be repatriated.
- 9 Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance. In these circumstances **we** will only pay **our** share of the claim.
- 10 If **you** cancel or cut short **your journey**, all cover provided on **your** single trip policy will be cancelled without refunding **your** premium.
- 11 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 call +30 210 99 88 105 or send an email to plateau@mondial-assistance.gr.

It is essential that **you** provide **us** 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 +30 210 99 88 105 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 for more than 24 hours or require repatriation.
- 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**

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

#### **Personal possessions 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.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

#### **For loss or damage in transit claims, including delayed possessions**

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

#### **Personal accident**

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

#### **Missed departure**

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

#### **Delayed departure**

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

#### **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.

#### **Legal expenses**

- Detailed account of the circumstances surrounding the event (including, photographs and video evidence if this applies) within 90 days of the event causing **your** claim.
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

#### **Business cover**

##### **Replacement business associate**

- Medical evidence from the treating **doctor** to confirm **your** illness or injury and treatment given including hospital admission/discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** continue working because of medical reasons, **you** should obtain a medical certificate from them confirming this.

##### **Business equipment and business samples**

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

#### **Golf cover**

##### **Loss of green fees**

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.

- If **you** are advised by a **doctor** at **your** resort that **you** cannot play golf because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### **Golf equipment**

- All appropriate evidence requested under the headings 'Personal possessions and Personal in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your golf equipment** is delayed or misdirected.

#### **Winter sports**

##### **Ski pack**

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

##### **Ski equipment**

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

##### **Piste closure**

- Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

## **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 contact us and inform us about it so that **we** can do **our** best to solve the problem. Making a complaint is without prejudice and **your** legal rights will not be affected. 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 deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response **you** can refer the matter to the Consumer Complaints Manager (MFSA), Notabile Road, Attard BKR 3000, Malta. Enquiries or complaints must be made first and foremost to **our** Quality Control department.

## 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 **€ 3.000** in total (including up to **€ 225** 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.

The cancellation cover is valid only if the insurance is purchased within 48 hours of the ticket's purchase.

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

#### Cancellation

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

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in Malta or as a witness in a court in Malta.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in Malta.
- **You** or a **travelling companion** being advised not to travel by a **doctor** as a result of pregnancy.
- **Your redundancy**

#### 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 Malta or the date **you** 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 **€ 50**.

Any condition stated under Health declaration and health exclusions.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- the death of any pet or animal.

#### 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.

Claims relating to pregnancy or childbirth, where the pregnancy is more than:

- 24 weeks at the end of a **journey** outside of Europe; or
- 28 weeks at the end of a **journey** within Europe.

(unless the pregnancy was confirmed after the date **your** policy or travel tickets for **your journey** were bought, whichever is the later).

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.

Claims relating to pregnancy or childbirth, where the pregnancy is more than:

- 24 weeks at the end of a **journey** outside of Europe; or
- 28 weeks at the end of a **journey** within Europe.

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

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

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

Anything caused by **you** taking part in a **hazardous activity** or **winter sports** unless shown on **your** insurance receipt.

**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 or accident, **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 emergency expenses if **you** die, were injured or taken ill during **your journey**.

##### **Overseas cover**

Up to **€ 175.000** for reasonable fees or charges **you** incur for:

- **Treatment**  
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **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 Malta on medical advice.
- **Funeral expenses**  
The reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to **€ 2.500** for **your** funeral expenses, in the place where **you** die outside Malta.
- **Search and rescue**  
Mountain search and rescue services when deemed medically necessary.

**We** will also pay

- **In-patient benefit**  
**€ 25** for each 24-hour period that **you** are in hospital as an in-patient up to **€ 1.000** in total during the **journey** as well as any fees or charges paid under **Treatment**.
- **Dental**  
Up to **€ 600** for emergency dental treatment to relieve sudden pain.
- **Excursions**  
Up to **€ 225** 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**.

#### **WHAT YOU ARE NOT COVERED FOR**

##### **Under Overseas cover except In-patient benefit and Excursions**

An **excess** of **€ 30**.

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

##### **Under Overseas cover**

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);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);

- the direct or indirect effect of **you** using alcohol or solvents;
  - **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
  - **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** insurance receipt.
- Claims relating to pregnancy or childbirth, where the pregnancy is more than:
- 24 weeks at the end of a **journey** outside of Europe; or
  - 28 weeks at the end of a **journey** within Europe.

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 Overseas cover - Treatment**

Services or treatments **you** receive within Malta.

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

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 Overseas cover - Funeral expenses**

**Your** burial or cremation within Malta.

#### **Under Overseas cover - 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 **€ 300** 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 Malta.

#### **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**

**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 **€ 120** in total for essential replacement items, if **your personal possessions** (this does not include **valuables, golf equipment** or **ski equipment**) 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 € 1.200 in total for **your personal possessions** (this does not include **golf equipment, business samples, business equipment** or **ski equipment**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is € 600 in total whether jointly owned or not. There is also a single article, **pair or set** limit of € 500.

#### 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 € 30.

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

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

Loss or theft of, or damage to the following.

- Items for which **you** are unable to provide a receipt or other proof of purchase
- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle (no cover for **valuables**).
- **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 € 750 for loss or theft of **your personal money** (but no more than € 250 in cash in total, whether jointly owned or not) while on **your journey**.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of € 30.

Compensation unless **you** can provide receipts of 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 minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward 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** Personal Representative one of the following amounts for an **accident** during **your** journey.

#### Death

€ 25.000 for death. (We will not pay more than € 5.000 if **you** are aged 15 or under at the time of the **accident**.)

#### Permanent loss

€ 25.000 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

€ 25.000 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);
- **you** being under the influence of drugs (except those prescribed by a **doctor** but not for the treatment of drug addiction);
- the direct or indirect effect of **you** using alcohol or solvents;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **you** taking part in any **hazardous activity** or **winter sports** unless shown on **your** insurance receipt.

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 € 700 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

An **excess** of € 35.

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.

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

€ 30 after the first full 12 hours of delay and € 16 after each extra delay of 12 hours up to € 300 in total; or

#### Abandonment

up to € 3.000 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 Malta.

### 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).

#### Under Abandonment

An **excess** of € 50.

More than the minimum market value of equivalent travel tickets, if **your** travel tickets have been paid for using an airline mileage reward scheme.

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

## Personal liability - Section 10

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

### WHAT YOU ARE COVERED FOR

**We** will pay up to € 500.000 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

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 **your** ownership or possession of 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 water craft or sailing vessels.

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

## Legal expenses - Section 11

### WHAT YOU ARE COVERED FOR

If **you** die, are ill, or injured during **your journey** and **you** or **your** personal representative take **legal action** to claim damages or compensation for negligence against a third party **we** will do the following:

- Nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.
- For each event giving rise to a claim pay up to **€ 5.000** legal costs for **legal action** for **you** (but not more than **€ 10.000** in total for all **persons insured** on this policy).

#### Note

- **you** must conduct **your** claim in the way requested by the **appointed adviser**;
- **you** must keep **us** and the **appointed adviser** fully aware of all facts and correspondence including any claim settlement offers made to **you**;
- **we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- **we** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of the **legal action** could be more than the settlement.

### WHAT YOU ARE NOT COVERED FOR

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;
- involving **legal action** between members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **claims handler**, another **person insured** by this policy or **our** agent.

**Legal costs:**

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- that cannot be recovered by **us**, **you** or **your appointed adviser**, when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
- awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);
- for bringing **legal action** in more than one country for the same event.

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

## Business cover - Section 12

Where **your journey** is for business purposes

### WHAT YOU ARE COVERED FOR

#### Replacement business associate

Up to **€ 1.400** in total, for reasonable extra transport and accommodation costs for a **business associate** to finish **your** essential business commitments that **you** could not complete because of **your** death, injury or illness.

#### Business equipment and business samples

We will pay

- up to **€ 700** in total for **your business equipment**; and
- up to **€ 350** in total for **your business samples**

that are damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€ 280**.

#### 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

#### Under Replacement business associate

Anything mentioned under the heading '**WHAT YOU ARE NOT COVERED FOR**' within Cancellation and curtailment - Section 1.

#### Under Business equipment and business samples

Anything mentioned under the heading '**WHAT YOU ARE NOT COVERED FOR**' within Personal possessions - Section 5.

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

## Golf cover - Section 13

### WHAT YOU ARE COVERED FOR

#### Loss of green fees

We will pay up to **€ 420** in total for **your** pre paid green fees that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot play golf because of an injury or illness during **your journey**.

#### Delayed golf equipment

We will pay up to **€ 350** in total for the hire of alternative **golf equipment** if **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Golf equipment

We will pay up to **€ 1.200** in total for **your** own **golf equipment** that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€ 280** whether jointly owned or not.

#### 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

#### Under Loss of green fees

An **excess** of **€ 30**.

Anything mentioned under the heading '**WHAT YOU ARE NOT COVERED FOR**' within Cancellation or curtailment charges - section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - section 2.

#### **Under golf equipment**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - section 5.

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

## **Winter sports cover - Section 14**

This section is only in force if shown on **your** insurance receipt

### **WHAT YOU ARE COVERED FOR**

#### **Ski pack**

**We** will pay up to **€ 350** in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness during **your journey**.

#### **Delayed ski equipment**

**We** will pay up to **€ 25** for each full day up to **€ 350** in total for the hire of alternative **ski equipment** if **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### **Ski equipment**

**We** will pay up to **€ 700** in total for **your** own **ski equipment** and up to **€ 350** in total for **your** hired **ski equipment** and ski pass that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€ 350**, whether jointly owned or not.

#### **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.

#### **Piste closure**

**We** will pay one of the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- Up to **€ 25** for each full day up to **€ 350** in total for the cost of extra transport or lift passes to let **you** ski or snow board at another resort; or
- Up to **€ 25** for each full day up to **€ 350** in total if no other resort is available.

#### **Avalanche closure**

**We** will pay up to **€ 25** for each full day up to **€ 280** in total for extra accommodation and transport costs **you** need to pay to get **you** to **your journey** destination or back **home** because of an avalanche in **your** resort.

### **WHAT YOU ARE NOT COVERED FOR**

#### **Under ski pack**

An **excess** of **€ 30**.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - section 2.

#### **Under Delayed ski equipment**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Delayed personal possessions - section 4.

#### **Under Ski equipment**

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - section 5.

#### **Under Piste closure**

Any compensation for the first full 24 hours at **your** booked ski resort.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.

Compensation which **you** can get from **your** tour operator or anywhere else.

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** that takes place outside a recognised ski resort or the official resort opening dates.

**Under Avalanche closure**

Any claim unless **you** have a letter from the relevant authority or **your** tour operator's representative confirming the dates and location of the avalanche.

Compensation which **you** can get from **your** tour operator or anywhere else.

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

## DATA PRIVACY STATEMENT

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### I. INTRODUCTION

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The company with the trade name AWP P&C S.A., located in 10 Prementis Str., 173 42, Agios Dimitrios, Attica, (hereinafter «AWP» or «Company»), is Data Controller of your personal data that is collected in relation to our insurance products. We, in AWP, respect our clients' privacy and have set their data protection as a key priority.

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### II. WHAT PERSONAL DATA DO WE PROCESS?

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The collection and processing of your personal data in relation to our insurance products is conducted by our authorized employees or partners and is related to the information you provide us on the website <http://www.mondial-assistance.com>, or on our partners' websites or on our portal which is accessible by our partners, either when you request an offer or when an insurance contract is being issued. Said personal data might include:

a) When you request an offer, information such as:

- Type of travel,
- Country of Departure & Destination
- Departing & Returning Dates
- Number of travelers and their age
- Travel Costs

b) When the insurance contract is being issued, additional information such as:

- Identification Data (Name, Tax Number & Tax Office, ID & Date of issuance or Passport and Issuance Authority),
- Contact Data (post address, email, telephone numbers)
- Demographic Data (gender)

c) In case the insured risk has occurred, sensitive data might be also processed, such as:

- Incident description
- Medical expenses
- Medical history
- Medical report

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### III. WHAT IS THE PURPOSE OF YOUR PERSONAL DATA PROCESSING?

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Our Company processes the aforementioned personal data for the following purposes:

A) It is required for the issuance of the insurance contract and for the assistance:

- i. For identification purposes,
- ii. For communication purposes for any issue related to our contractual relationship
- iii. In order to assess any insurance risks, to agree on the general and specific terms of the insurance contract and the respective premium
- iv. In order to manage the insurance contract at all stages, from risk assessment to claims. Please note that in case we are required to process sensitive personal data for the aforementioned purposes, we will ask for your explicit consent. Objection to provide consent or the required information, as well as possible withdrawal of your consent in the future, will give the Company the right to immediately terminate the insurance contract and to refuse to fulfill any obligation arising from this contract. In any case, we remind you that you have the right

to withdraw your consent at any time, without of course prejudicing the legitimacy of the processing based on consent prior to its revocation.

B) In order to comply with our obligations deriving from applicable legal framework, in particular in relation to insurance and tax legislation.

C) In order to inform you about new products or/and services, provided that you have given your explicit consent, pursuant to the aforementioned.

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#### **IV. WHO ARE THE RECIPIENTS OF YOUR DATA?**

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The Company is committed that only natural or legal entities that are under its control and act only on its behalf and have the required professional qualifications have been authorized in writing to process your data and are fully bound by the confidentiality and obligations provided by legislation.

Your personal data might be transferred to other insurance companies, affiliated companies of Allianz Partners Group and to service providers, as long as it is required for the fulfillment of the insurance contract, such as agents, insurance intermediaries, compensation management companies, emergency transport companies and second medical opinion, logistics companies, customer service companies, lawyers, researchers, experts.

Finally, the Company may disclose your data to the competent public / judicial authorities to the extent required by the applicable legal and regulatory framework, if requested or if it is mandatory, without prior notice.

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#### **V. TRANSFER OF PERSONAL DATA**

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The Company may, in the course of its business transfer/receive personal data to and from insurance companies, affiliated companies of Allianz Partners Group if required.

The aforementioned transfer takes place in accordance with European legislation for companies located in countries within the European Union or the local legal framework for companies located outside the European Union.

The transfer of personal data to countries outside the European Union takes place only if these countries provide an adequate level of protection of personal data. If the third country outside the European Union does not provide an adequate level of protection of personal data, personal data may be transferred to that country only if protection is provided by a data transfer agreement or the criteria set under European and national legislation are met.

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#### **VI. RETENTION PERIOD**

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The personal data processed by the Company is retained throughout the duration of the processing. Upon expiration of this period, the data is kept in accordance with the applicable legal framework or for as long as it is required to defend the Company's rights before a Court or other competent Authority. The Company has in place a destruction procedure, which takes into consideration whether it is necessary to keep the data for compliance with legal and regulatory requirements or for the protection of the Company's interests, and is based on the instructions of the Data Protection Authority Of Personal Character (1/2005 DPA). The Company ensures that this process is also binding towards third parties providing services in the name and on behalf of it and any other persons with whom it cooperates in the context of outsourcing or other agreements.

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#### **VII. OUR COMMITMENTS**

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We will retain your personal data up-to-date and accurate, we will store and delete it with safety, we will not collect and retain data that is not necessary, we will protect your data against any unauthorized or accidental access, disclosure, processing, deletion, modification or other use and we will take all adequate technical and organizational measures to protect your data.

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#### **VIII. YOUR RIGHTS**

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According to applicable legislation you have and can exercise the following rights:

- right of access to your personal data, as well as to the information related to their processing,
- right to rectification of inaccurate or incomplete personal data,
- right to deletion,
- right to restriction of the processing of your personal data, where explicitly provided for by legislation,
- right to data portability in a structured, commonly used and machine-readable format (e.g. CD-ROM),

- right to have your data (directly) transmitted to another controller,
- right to object to the processing of your personal data, where explicitly provided for by legislation
- right not to be subject to a decision based solely on the automated processing and to request human intervention in such case, as well as
- right to withdraw any consent given at any time

In case of an automated decision-making, you have the right a) to receive specific information for such processing, b) justification of the respective decision, c) to be heard, and d) to object to such decision. You can exercise any of the abovementioned rights by submitting a written request to our Data Protection Officer, via email: [dpo@mondial-assistance.gr](mailto:dpo@mondial-assistance.gr) with subject "GDPR" or via post to AWP P&C S.A. to the following address 10 Premetis Str, PC 17342, Ag. Dimitrios Athens. We charge no fee for the exercise of the aforementioned rights, unless there is a repetition of requests or the volume of data is excessive and that results in administrative burden for our Company.

In any case, if you feel that the protection of your personal data is violated in any way whatsoever, you have the right to lodge a complaint to the Hellenic Data Protection Authority, using the following contact details:

Website: [www.dpa.gr](http://www.dpa.gr)

Postal Address: 1-3 Kifissias Ave., 115 23 Athens, Greece

Call Center: +30 210 6475600

Fax: +30 210 6475628

E-mail: [contact@dpa.gr](mailto:contact@dpa.gr)

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