Providing Travel Assistance Services

Are you facing an emergency case and need assistance?

You can immediately contact the assistance team

24/7

This **policy** is for United Arab Emirates **Residents** who travel from their **country of residence** United Arab Emirates. This **policy** does not cover claims relating to **pre-existing medical conditions.**

24hr emergency medical assistance:	**Claims Call Center**
Telephone: **+971 4 270 8705** WhatsApp No:**+971 56 216 4563**	All claims: Submit a claim online Or through the following link: https://travelclaims.tatsh.cloud/index.aspx

Note:

Should **you** hospitalized or **your** medical fees are likely to exceed $250, **you** must always call the 24-hour **emergency** line to provide medical assistance.

This policy includes the (COVID-19) cover under emergency medical expenses and related benefits

Privacy notice can be viewed below:

https://www.magroup-online.com/KUA/AE/EN/Travel_Privacy_Notice_en.pdf

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Travel Policy Table of Covers

The following is the table of covers of the Travel **Policy**. **You** should read the rest of this **policy** for the full terms and conditions.

Benefits (limit / person)				
Section 1: Assistance	**Middle East and Europe**		**All over the world**	
	Limits	**Excess**	**Limits**	**Excess**
Emergency medical (and repatriation) expenses including COVID-19 cover.	USD 70,000	USD 140	USD 140,000	70 USD
Accommodation costs related to COVID-19 quarantine: If you are diagnosed with COVID-19	$100 per day (up to 14 days)		$100 per day (up to 14 days)	
Section 2: personal possessions				
Valuables	USD 350	100 USD	USD 700	70 USD
Single item, pair or set limit	USD 175		USD 350	
Personal possessions	USD 1000		USD 2000	
Delayed Personal Possessions	USD 100	Nil	USD 200	Nil
Section 3: Personal accident We will not pay more than one of the benefits resulting from the same injury under the Personal Accident section.				
Personal accident Death due to an accident (including shared transportation) (**We** will not pay more than 10% of the benefits shown in the table of covers of **your** insurance if you are aged 17 or under at the time of the accident.	USD 20,000	Nil	USD 40,000	Nil
Section 4: Travel Inconvenience				
Journey cancellation / curtailment due to emergency circumstances	Ticket cost	20% of the ticket cost	Ticket cost	10% of the ticket cost
Delayed departure	USD 50 6-hours	6-hours	USD 100 6-hours	6-hours
Missed Departure	USD 200	Nil	USD 400	Nil

Important information

Thank **You** for taking out **travel insurance** with **Alliance Insurance P.S.C.**

Your certificate of insurance shows the sections of the **policy** cover available, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. **You** should read this **policy** carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should call us on telephone **UAE +971 4 270 8705** or via WhatsApp **+971 56 216 4563**or through the online Claims Center through the following link:

https://travelclaims.tatsh.cloud/index.aspx

❖ The insurer/Insurance Company

Your travel **insurance** is underwritten by **Alliance Insurance P.S.C**.

How your policy works

Your insurance policy and certificate of insurance form an agreement between **you**, Alliance Insurance P.S.C and **us**. **We** will pay for any claim **you** make provided it 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 **insured person**. **Your policy** does not cover all events and expenses of any uncovered cases.

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 insurance **policy**.

❖ Telling us about relevant facts

- At the time of taking out this **insurance, you** must tell **us** about anything that may affect **your** cover, including but not limited to:

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

- **Your redundancy.**

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

❖ Policy Cancellation Rights:

- **You** can request to cancel the **policy** and get refunded of insurance premiums only in the following cases by contacting **us** on:
  UAE No. +971 4 270 8705 or WhatsApp +971 56 216 4563:

  - If the embassy of the country to which **you** are travelling requires **you** to have an **insurance policy** for the purposes of obtaining a visa while **you** are unable to obtain the required visa, then **you** must inform **us** within 48 hours of receiving **your Certificate of Insurance** or the inception date of the **policy** whichever comes first, and return all **your** documents along with a written rejection letter from the concerned embassy.

  - If the embassy of the country to which **you** are travelling does not require **you** to have an insurance **policy** for the purposes of obtaining a visa, then **you** must submit a written cancellation request letter and return all **your** documents within 48 hours of receiving **your Certificate of Insurance** or the inception date of the **policy** whichever comes first.

- The **insurer** may cancel the **policy** at any time by means of a letter sent by post and without resorting to court if the insured person in bad faith conceals something or submits an incorrect statement in a way that reduces the importance of the insured risk or leads to a change of its subject matter, or if the insured person fraudulently breaches its obligations. The company hereby has the right to claim any amounts paid by the company to the insured person, and the company is entitled to all the **policy** premiums up to the date of cancellation. If any of the information is found to be incorrect or the insured person gives the company wrong or incomplete information, unintentionally or without a bad faith, then the company shall be entitled to cancel this **policy** and the company hereby has the right to claim any amounts paid by the company to the insured person in return for refunding the insurance premium paid by the insured person or refunding part of the insurance premium to the extent that the company does not bear a risk, in accordance with the provisions of the UAE Law.

  - Insurance premiums are not refunded if:

- **You** or any other person covered by the insurance **policy** traveled within the 48-hour period of receiving **your insurance policy** or the inception date of the **insurance policy,** whichever comes first.
- **You** have made or intend to make a claim.

❖ **Data protection**

Information about **your policy** may be shared between **us**, Alliance Insurance P.S.C, the reinsurer or any member of Allianz Travel Group for insurance purposes.

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

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

❖ **Applicable law:**

This **policy** will be in Arabic. This **policy** will be governed by the law of UAE.

❖ **The Rights of Others**

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

Definition of words

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

Word	Definition

Accident	An unexpected event caused by something external and visible, which results in physical bodily injury.
Accommodation expenses	Additional hotel expenses following an event covered by insurance, excluding all expenses related to food and beverages
Geographical Area of cover	• **Worldwide** including USA, Canada and the Caribbean • **Europe** - Albania, Andorra, Austria, Belgium, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Spain, United Kingdom, Serbia and Montenegro, Slovenia, Sweden, Switzerland and Ukraine. • **The Middle East** - Bahrain, Cyprus, Egypt, Iraq, Saudi Arabia, Kuwait, Lebanon, Qatar, Oman, Syria, Turkey and United Arab Emirates. • **Schengen countries** - Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland.
Beneficiary	The person who initially acquired the rights of **the insurance policy** or legally transferred to him. In case of death of the **Insured Person**, **the beneficiary** herein shall be the legal heirs of the **Insured Person**
Business associate	Any person in **your country of residence** that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your journey** and return earlier than scheduled time due to **emergency** circumstances.
Certificate of insurance	The document issued by **the Insurer** that is used to verify the existence **of your** travel **policy**.
Insurance Policy	It is **the insurance policy** that is made and entered into by and between the **Insurer** and the **insured Person** which includes the **policy** terms, obligations, liabilities and rights of the parties or the rights of the **beneficiary** and any appendix to this **policy**
Departure point	The airport where **your journey** from **your country of residence** to **your** destination begins and where the final part of **your journey** back to **your country of residence** begins.
Doctor	A legally qualified **doctor** holding the necessary certification in the country in which they are currently practicing, other than **you** or a **close relative**.
Emergency	A medical condition resulting from illness or **an accident** that requires **emergency** hospitalization, and which delay in treatment until after the next

	official working day may lead to a significant and permanent deterioration in the life and health of the **Insured Person**, his bodily functions and / or damage to one of his organs.
Excess	The deduction **we** will make from the amount payable under this **policy** for each insured person, for each section, for each claim incident.
Funeral expenses	Up to the amount shown in the table of Covers of **your insurance policy** for reasonable cost, **we** will pay either the expenses of transporting **your** body or **your** burnt body remains to **your country of residence** or the expenses of **your funeral** at the place of death outside **your country of residence**.
Your Country of Residence	**Your** usual place of residence in UAE, which is the place **you** reside in.
Incapacitating Agents	A factor that produces temporary physiological and/or mental effects, rendering individuals unable to exert a concerted effort in the performance of their assigned duties.
In-patient	A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
Insurer/Insurance Company	Alliance Insurance P.S.C
Journey	A trip that takes place during the **period of insurance** which begins when **you** leave home or workplace (whichever occurs later) and ends when **you** get back home to a hospital, nursing home or workplace in **your country of residence**, whichever is earlier. • For single **trip** cover - **You** will only be covered if **you** are aged 65 or under at the date **your policy** was issued, unless **you** have paid the appropriate additional premiums in order for **you** to be covered by insurance when **you** are over the age of 65. - Trips within **your country of residence** are not covered. - Any other trip which begins after **you** get back is not covered.
Medically Necessary	A service or treatment commensurate with the diagnosis, in accordance with generally accepted medical standards, which cannot be omitted without adversely affecting the condition of the **Insured Person** or the quality of the medical care provided to him/her.
Out-Patient / day-patient	A patient who is admitted and discharged from the hospital on the same day.

Pair or set	A number of items of **personal possessions** (excluding ski gear) that belong together or can be used together.
Period of insurance	<u>For single trip cover</u> • Trip cancellation cover mentioned in the table of covers of **your insurance policy** (outbound trip) begins from the issue date shown on **your Certificate of Insurance** and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey** or at the expiry date of **your policy**, whichever occurs earlier.
Personal possessions	All of **your** bags and any similar boxes (including its contents) and items that **you** wear or carry in hand (including **your valuables**).
Pre-existing medical conditions	**Pre-existing medical conditions** means: • An ongoing medical or dental treatment or dental condition which **you** are aware or related complication **you** have, or the symptoms of which **you** are aware • A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist and chiropractor) prior to the issuance of the **policy**. • Any condition for which **you** take prescribed medicine or see a **medical** specialist. • Any condition for which **you** have had surgery.
Pandemic	**An epidemic** that is recognized as a **pandemic** by the World Health Organization (WHO) or an official government authority in **your country of residence** or **your** trip destination.
Epidemic	A contagious disease recognized by the World Health Organization (WHO) or an official government authority in **your country of residence** or **your** trip destination.
Quarantine:	Mandatory confinement of a maximum of 14 days, intended to stop the spread of a contagious disease to which **Insured Person** has been exposed.
Close Relative	**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, fiancé(e), son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, half-brother or half-sister.
Resident	A UAE citizen or a person **residing** in UAE travels from and back to UAE.

Travelling companion	Any person that has booked to travel with **you** on **your journey**.
Terrorism / Terrorist Act	• Subject to the definition of **Terrorism** financing contained in Article 2 of the applicable Law on Anti-Money Laundering and the Financing of **Terrorism**, **terrorism** is a loss, damage, cost or expense of whatever nature resulting from or having a direct or indirect relationship with any **terrorist act** regardless of any cause or another event at the same time or at any later time is contributing to this loss. • **An act of terrorism** means, for example, but not limited to, acts of force, violence and/or threatening any person or group of people, whether they represent themselves or on behalf of or in contact with any organizations or governments, as these acts are committed for political, religious, ideological purposes or for the same purposes, including the intention to influence any government and/or scare the public or any public sector.
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, laptops, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.
We, our, us	Nextcare, and Allianz Travel Limited which administers the **insurance** on behalf of the **insurer**.
You, your, insured person	The person who signed **the policy** with the **insurer** and each person shown on the **Certificate of Insurance**, for whom the appropriate insurance premium has been paid.

24-hour emergency medical assistance

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

money from **us** when **you** return. **You** can call **us** or e-mail us 24 hours a day 365 days a year

Phone UAE +971 4 270 8705
WhatsApp +971 56 216 4563

Please give **us your** name, age and **your policy** number. Say that **you** are insured with **Alliance Insurance P.S.C** Below are some of the ways the 24-hour **emergency** medical assistance service can help.

❖ Confirmation of payment

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

❖ Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your country of residence** or to a hospital or nursing home in **your** home country, **you** will normally be transferred by regular airline or road ambulance. Where **medically necessary** in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **to your country of residence** 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

❖ Exclusions relating to your health

- **Your insurance policy** does not cover for any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this **insurance** or booking **your journey** (whichever is later), **you**:
  1- Are being prescribed regular medication;
  2- Have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months.;
  3- Are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
  4- Are awaiting treatment or the results of any tests or investigations;
  5- Are waiting as **Out-Patient** / **day-patient** or as an **in-hospital patient**, or **you** receive routine treatment.
- **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**.
- **You** will not be covered for any directly or indirectly related claim if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- **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.
- **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your policy** was issued.
- **You** will not be covered if **you** are traveling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment.
- **You** will not be covered for any directly or indirectly related claims arising from a congenital condition.
- **You** will not be covered for any claim related to pregnancy, childbirth, abortion and all their consequences or complications, not limited to: voluntary interruption of pregnancy, delivery, and miscarriage
- **You** will not be covered for any claims related to artificial insemination or any sterility treatment and contraception expenses.
- **You** will not be covered for any claim related to sexually transmitted diseases.

- **You** will not be covered for thermal cure expenses, heliotherapy, physiotherapy, and aesthetic treatment.
- **You** will not be covered for prosthesis expenses, equipment, implant as well as optical expenses, not used for intraoperative conditions.
- **You** will not be covered for any vaccination expenses.
- **You** will not be covered for any scientifically and medically non-recognized care or treatments.
- **You** will not be covered for any treatment or care administered **by a close relative.**
- **You** will not be covered for epilepsy or convulsions, from which **you** suffer, as well as any medical event which diagnosis, symptoms or causes are of psychic, psychological or psychiatric nature.
- **You** will not be covered for cost related to tests and treatment of Obesity, weight reduction and nutrition related illnesses.

❖ **Exclusions relating to the health of someone not insured under this policy, but whose health may affect your decision whether to take or continue with your Journey:**

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

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

Note:

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions, and the **company** shall at its discretion specify the medical reference approved by it to determine such conditions. No other medical reference, whether **a doctor** or medical board or committee has the right to determine the same. For example:

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

Medical cover provided

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

General Exclusions

The following exclusions apply to the whole of **your policy**. **We** will not cover **you** for any claim arising from, or consisting of, the following:

1- War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, **terrorism**, weapons of mass destruction.
2- Any **epidemic** or **pandemic,** except as expressly covered under **Emergency** Medical expenses and Related Benefits.
3- **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
4- Ionizing, radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
5- Any fluctuation in currency exchange rate.
6- No claim shall be covered if it involves felony or misdeameanor.

7- **You** being under the influence of alcohol, solvents (including but not limited to thinner, acetone) or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
8- Cancellation or curtailment of the **Journey** simply because **you** are not enjoying **your Journey** or not wanting to travel.
9- Any loss that is not covered by the **policy** even if is caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings as a result of an **accident** or illness covered by this **policy** unless it says differently in the **policy**.
10- **You** participate in a sport or leisure activity that is not covered by the **policy** under the sports and leisure activities and/ or participate in winter sports and activities that fall under the sports and leisure activities.
11- Claims relating to pregnancy or childbirth, where the pregnancy is more than 24 weeks at the beginning of **your Journey**.

Conditions

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

1- **You** are a **Resident** of UAE.
2- **You** take reasonable care to protect **yourself** and **your** property against **accident**, injury, loss and damage and act as if **you** are not covered by this **policy** and to minimize any potential claim.
3- **You** have a valid **insurance policy**.

4- **You** accept that **we** will not extend the **period** of **your insurance policy** in any of the following cases (except some cases as mentioned in the definition of " **period of insurance**" under the "definition of words" section):
   - **For single trip cover**: if the original **policy** plus any extensions have either ended, has been inforce for more than 90 days, or **you** know **you** will be making a claim.
   - **For annual multiple trips cover**: After the **period** of **your policy** has expired.
5- **You** contact **us** as soon as possible, and within the period stipulated in the Civil Code, without delay and provide **us** with full details of anything that may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
6- **You** accept that no alterations to the terms and conditions of the **policy** apply, unless **we** confirm them in writing to **you**.
7- If **your** aged 0-65 at the date **your policy** was issued, unless **you** have paid the appropriate additional premium to be covered by insurance when **you** are aged over 65.

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** intentionally tell **us** something that is not true or provided an incorrect statement in a way that reduces the importance of the insured risk or leads to a change in its subject matter, which influences **our** decision as to whether **cover** can be offered or not depending on the circumstances **we** may report the matter to the legal authorities.
2- Cancel the **policy** and make no payment if **you**, or anyone acting for **you**, make a claim under this **policy** knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration, or hide any information in bad intention, deliberate mis-statement or fail to provide any relevant facts when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the legal authorities.
3- Cancel the **policy** if the **insurer** was unable to complete the verification requirements of the identity and the activity of the beneficiary, and notify the Anti-Money Laundering Unit according to the provisions of the Anti-Money Laundering and **Terrorism** Financing Instructions of the applicable insurance activities.

4- Only cover **you** for a **Journey** where an appropriate **insurance policy** has been purchased and **we** shall not issue a **policy** if **you** have already started **your Journey**.
5- Subrogate **you** against the party who caused the harm with what **we** pay in terms of guarantee for the damage that the claim resulted from according to this **policy** and pursuant to the provisions of the Civil Law unless the party who caused the harm is one of **your** ascendants, descendants, spouses, in-laws, lives with **you** or a person who **you** are responsible for his actions. **You** should provide **us** with all the information and documents require by **us** for such purpose.
6- With **Your** permission, get information from **your** medical records to help **us** or our representatives' deal with any claims. This could include a request for **you** to be medical examined 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 organization without **your** agreement.
7- Send **you to your place of residence** at any time during **Your Journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
8- Not accept liability for costs incurred for **repatriation** or treatment if **you** refuse to follow advice from the treating **doctor** or **our** medical advisers.
9- The **company** shall not be liable for any claim under this **policy** (except the claims that fall under Personal Accident Section) for any amounts covered by another **insurance policy** whether the **policy** is with **us** or with others except for **our** share of the claim, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or **accommodation** provider, home contents insurer or any other claim amount recovered by **you**.
10- **We** ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this **policy**.

Sports and Leisure activities

❖ **This policy includes the following activities without any additional premium.**

Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, baseball, basketball, canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls , cricket, cycling (for non-professionals and not the main mode of transport), bike tour (not to exceed 16 days), deep sea fishing, football or soccer, frisbee golf, hiking, glacier walking, playing golf, high ropes

activities, diving from heights (platform only 10 meters high), long walks, trekking or walking up to 4,000 meters, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating), marathon or triathlon jogging (for non-professionals), mountain biking (on the road), parasailing and paragliding (over water), horse hiking, rap jumping, ringo (water activity), roller skating (wearing protective gear and helmets), rowing , safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, water-skiing, whitewater rafting (up to three degrees of rivers), boardsailing, zipline trekking(including on snow), zorbing.

- **The following activities are also covered by the insurance**:
  Camel riding, catamaran sailing (for experience), pigeon hunting, sailing in boats, riding elephants, karting, jet-boating, water skiing, paintball (wearing eye protection gear), quad biking, rifle shooting, sailing (if he has experience and only in regional waters), shooting, skidooing, small bore target shooting, snowmobiling, yachting (if he has experience and only in regional waters).

❖ **The following activities are not covered by your insurance policy:**

- base-jumping, the sport of large inflatable boating inside the underground caves, bouldering climb, boxing, bungee jumping, canyoning, exploring the caves for fun, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), freestyle mountaineering, Gliding (insurance does not include working with cabin crew or piloting a plane - a captain), hang gliding, high diving (more than 5 meters), hunting, hydrospeeding (whitewater rowing), martial arts, micro lighting, car racing or motorsport (all types on land or water), motorbike scrambling or riding motorcycles in the mountains (and any kind of motorcycle riding in rough terrain), Mountain climbing (using ropes or with guides), parachuting, parasailing and paragliding (over land), riding on a luge, river bugging, rock climbing, horse-riding or rodeo, diving with a shark (in a cage), ski diving or ski surfing, water ski jumping, whitewater canoeing, white water sledging.

- Also, the **policy** does not include:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional sporting activity;
- Any kind of racing, except racing on foot; or
- Any kind of manual work.

The following activities are not covered by your insurance policy:

Cat-skiing, skeleton sledding, ski acrobatics, ski-flying, ski-jumping, ski-racing, ski-stunting or snowcat skiing, or riding on a luge.

Also, the **policy** does not include:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- Any professional winter sports activity; or
- Any kind of racing.

Hazardeous activities

- Abseiling, archery, athletics, ballooning (organized rides just for fun), boating, jumping ropes and canoeing (only up to two degrees of rivers and not in Whitewater), climbing walls , cricket, deep sea fishing, football or soccer (only kids clubs in the resort), hiking, glacier walking, playing golf, High ropes activities, long walks, trekking or walking up to 4,000 meters, hockey (use of plastic sticks for those under 16), horseback riding (not participating in competitions , racing, jumping, hunting, equestrian, polo or rodeo), ice skating (not speed skating), mountain biking, parasailing and paragliding (over water), horse hiking, rap jumping, ringo (water activity), roller skating (wearing protective gear and helmets), rowing, safari by car (organized tour), safari on foot (organized tour), diving up to 30 meters, sledging (pulled by dogs, horses or reindeer), snorkeling, windsurfing, tug-of-war in water, volleyball, wake-boarding, water polo, water-skiing, whitewater rafting (up to three degrees of rivers), boardsailing, zipline trekking (on snow), zorbing.

  The following activities are not covered:

- Participate in any sporting activity where the organizers' instructions have not been followed; or
- any professional sporting activity;
- any kind of racing, except racing on foot; or
- Any kind of handicraft that refers to an art or practical skills that includes the idea of working with the skill of hand using different materials.

- **We** may be able to cover **you** in connection with other activities not mentioned above. Please call **us** on phone No. **+971 4 270 8705** or through the online Claims Center through the following link: https://travelclaims.tatsh.cloud/index.aspx **You** may need to pay an extra premium.

Making a Claim

TO CLAIM:

Please contact UAE No. +971 4 270 8705 or WhatsApp +971 56 216 4563 or through the online Claims Center through the following link: https://travelclaims.tatsh.cloud/index.aspx

You should fill in the form and send it to **us** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us.** Claims shall not be considered after the period stipulated by the Civil Law being passed.

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.
- Submit additional evidence to support **your** claim.

❖ **For claims related to Section 1 - Free Assistance:**

- Always contact **our** 24-hour **emergency** medical service when **you** are hospitalized (including being due to COVID-19), require **repatriation** or where medical fees are likely to exceed $250.
- Medical evidence from the treating **doctor** to confirm the illness or the injury and treatment given, including hospital admission / 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.

❖ **For claims relating to Section 2 - Personal Possessions:**

- Report the theft, damage or loss to the police within 24 hours of discovery without delay, unless the delay is for an acceptable excuse, and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

❖ **For loss or damage in transit claims, including delayed personal 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.

❖ **For claims related to Section 3 - Personal Accidents:**

- 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.

❖ **For claims related to Section 4- Travel Inconvenience:**

1. **Journey cancellation / curtailment and return before the scheduled date. due to emergency circumstances**

- If **you** need to cut short **your journey** and return before the scheduled time due to **emergency** circumstances, **you** must immediately call the UAE number +971 4 270 8705 or via WhatsApp +971 56 216 4563 in order to obtain **our** prior approval.
- Original **journey** cancellation invoices detailing all charges incurred for canceling the **trip**.
- For claims related to any illness or injury, the medical certificate must be completed by the treating **doctor**. A certified copy of the death certificate is required in case of death.
- If **your** claim was for any other circumstances, please provide evidence of these circumstances.

2. **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.

3. **Missed Departure**

- Detailed account of the circumstances was 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.

Making a complaint

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

In the first instance, please contact:
Customer Services Manager
Nextcare
Eiffel Boulevard Limited Building (Eiffel 2)
1st floor, Umm Al Sheif,
Sheikh Zayed Road, P.O. No. 80864,
Dubai, United Arab Emirates
Telephone: +971 50780724
Please provide **us** with **your** name, address, **policy number** and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

Section 1- Assistance including Covid19 Cover

If **you** are taken into hospital or **you** think **you** may have to come to **your country of residence** early or extend **your journey** because of illness or **accident**, or if **your** medical

expenses are over $250 **we** must be told immediately - see under the heading '24-hour **emergency** medical assistance' for more information.

❖ WHAT YOU ARE COVERED FOR

We will pay **you** or **your beneficiary** for the following necessary and unforeseen **emergency** expenses: if **you** die, are injured, have an **accident** or are taken ill during **your journey** (including due to COVID-19).

It is mandatory to contact **us** on the number provided in the **policy** as soon as possible in case **you** tested positive for COVID-19. **Your** expenses will only be settled directly to the hospital, clinic or other medical or **quarantine** facility. **We** will not cover or reimburse any expenses paid by **you** directly to the hospital, clinic or other medical or **quarantine** facility if have not been organized by **us**, unless it is for an acceptable excuse.

We will pay up to the maximum amount shown in **your** table of covers for reasonable fees or charges covered under this **policy** and **you** incur for:

- **Treatment**

Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your country of residence**.

- **Transportation and accommodation expenses if you are hospitalized for more than 5 days**

We will pay up to the maximum amount shown in table of covers for the transportation costs (an economy class return ticket) and **accommodation expenses** for one **close relative** to travel and stay with **you**.

- **Accommodation costs related to COVID-19 quarantine**

If **you** are placed in individual **quarantine** during the **trip** by order or other requirement of a government, public authority, or travel supplier based on a positive COVID-19 epidemic/pandemic test, **we** will cover **your accommodation** costs on direct billing, up to the maximum amount stated in the table of covers of **your policy.**

However, this does not include any **quarantine, total closure or curfew** that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where **you** are traveling to, from, or through.

❖ WHAT YOU ARE NOT COVERED FOR

- An Excess of the amount shown in **your** table of covers.
- The cost of replacing any medication **you** were using when **you** began **your Journey**.
- Any condition stated under "Health declaration and health exclusions".
- Extra transport and **accommodation** costs which are of a higher standard to those already used on **your Journey**, unless **we** agree.
- Anything caused by:
  - **You** travelling in an aircraft not-licensed for passenger-carrying and **you** were aware of that;

- **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the UAE law in force.
  - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all insured persons are wearing crash helmets.

- Any costs incurred appear 12 months after the date of **your** death, and/ or occurs 12 months after the date of **your** injury or illness**.** Any costs for taxi fares and phone calls (including mobile calls) arising from **an accident** claimed under this section.
- Services or treatments **you** receive within **your country of residence**.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your country of residence**.
- Medical costs over $250, **in-patient treatment**, **repatriation** or Express Mail costs which **we** have not authorised.
- The extra costs of having a single or private room in a hospital or nursing home.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **your country of residence**.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- COVID-19 in the following cases:

  - **You** travel to a destination in violation of a travel ban issued by the government of **your country of residence** or a travel ban issued by a local authority at your trip destination (unless such government or authority has provided exceptional permission for such travel). A travel ban does not

include travel advice issued by such government or authority (for example, advice against all but essential travel to a destination).
- When the care is not **medically necessary** according to the medical report of the attending **doctor** who diagnosed **you**.
- Any care provided after **your** coverage ends.
- Non-**emergency** care or services for which the definition of "**emergency**" as mentioned in the word definition section does not apply.
- Any test cost related to COVID-19 (PCR or any other test) is not covered.

- The consequences of exposure to any of the following factors that require a **quarantine** period or specific preventive or monitoring measures by the local and/or national health authorities of the country in which **you** are staying:
  - Chemical agents of a combat gas type.
  - **Incapacitating agents** (as explained in the "word definition" section).
  - Neurotoxic agents or agents with residual neurotoxic effects.
- **You** participate in hazardeous activities other than sports and leisure activities mentioned under Sports and leisure activities.
- Dental treatment involving the use of precious metals

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

Section:2- Personal Possessions

❖ WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in the table of covers for **your personal possessions** damaged, stolen, lost or destroyed on **your journey**, provided that the **incident you** have been exposed to has been reported to the police and a case number was obtained within 24hrs of the **incident** without delay, unless the delay was for an acceptable excuse. If the police report was not obtained, **your** claim may be denied.

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

Valuables that consist of electronics, such as mobile phones, MP3 players, tablets and laptops are subject to a depreciation according to consumption level. The decision to apply depreciation according to consumption level to **valuables** is up to us. The consumption level is as follows:

1- 0-6 months = 0% (100% of the valuable to be paid)
2- 6 months and day-18 months: 20% (80% of the **valuable** to be paid).
3- 18 months and one day-36 months = 40% (60% of the **valuable** to be paid).

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

- The cost of repairing **your** items, however **we** will not pay for repairs more than the value of the **valuables** after depreciation;
- To replace **your personal possssions** with equivalent items; or
- The cost of reimbursing **your** items, knowing that **we** shall only pay the value of the **valuables** after depreciation within the limits specified in **your summary of cover**.

❖ WHAT YOU ARE NOT COVERED FOR

- An excess of the amount shown in **the table of covers of your policy.**
- More than the part of the **pair** or **set** that is stolen, lost or destroyed.
- More than $50 for tobacco, alcohol, fragrances and perfumes.
- 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 insured person.
- 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**.
- More than a one mobile phone.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal possessions** unless they areon uour 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.
- Travel documents (see Section 4 - Travel Inconvenience).

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

Delayed Personal Possessions

WHAT YOU ARE COVERED FOR

We will pay up to the maximum amount shown in the table of covers for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily delayed for more than 6 hours from when **you** arrived at **your** destination.

> **Note**:
> **You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the **Personal Possessions** section – 2.

❖ WHAT YOU ARE NOT COVERED FOR

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

Section 3- Personal Accident

❖ WHAT YOU ARE COVERED FOR

We will pay **you** or **your beneficiary** one of the following amounts for **an accident** during **your journey** which led to total and permanent loss of **your** eye sight, total and permanent loss of the ability to use of limb or permanent disablement or death.

Death due to an accident (including common carrier)

The amount shown in **your** table of covers for death. (**We** will not pay more than 10% of the benefits shown in the table of covers of **your** insurance if **you** are aged 17 or under at the time of the **accident**.

Total and permanent loss of sight or limbs

The amount shown in **your** table of covers 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.

- Permanent total disablement

The amount shown in **your** table of covers for a permanent physical disability as a result of which there is no paid work which **you** are able to do.

Note:

Death benefit payments will be made to **your beneficiary**.

❖ WHAT YOU ARE NOT COVERED FOR

- Any condition stated under Health declaration and health exclusions.
- Submit any claim resulting from the original **accident** after the period stipulated in the Civil Law has passed.
- Anything caused by:
  - **Your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your certificate of insurance**;

- **You** travelling in an aircraft not-licensed for passenger-carrying and **you** were aware of that;

- **Your** suicide, unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that the **insured** was losing will at the time of his suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the UAE law.
  - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **insured persons** are wearing crash helmets;
  - **You** participate in hazardeous activities other than sports and leisure activities mentioned under Sports and leisure activities.
  - **We** will not pay more than one of the benefits resulting from the same injury under the Personal Accident section.

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

Section:4 Travel Inconvenience

Trip cancellation or curtailment due to emergency circumstances

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

❖ **WHAT YOU ARE COVERED FOR**

We will pay up to the amount shown in **your** table of covers for **your** part of **your** personal **accommodation expenses** that were paid by **you** and not used, 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.

If there is another policy from another place, **we** will only pay our relative share of the claim.

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

Journey 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 **close relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is wanted 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 country of residence** or their home or usual place of business in **your country of residence**.

Journey Curtailment due to emergency circumstances

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

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

Note:

We will calculate the claims related to the curtailment of **your journey,** starting from the date that is necessary for **you** to return to **your country of residence** or from the date **you** are hospitalized as an **in-patient** for the rest of **your journey**. **We** will pay for unused personal **accommodation** and other travel expenses based on every 24 hours that **you** did not benefit from. If **you** need to be **repatriated**, **we** will not refund the cost of **your** unused return travel tickets. **We** will pay the value of these tickets towards the extra transport costs **we** have to pay.

❖ WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment (Cutting short your trip)

- An excess of the amount shown in **your table of covers**.
- Any condition stated under Health declaration and health exclusions.
- More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer

points, air miles, loyalty card points, redeemable vouchers or another similar scheme.

- Anything caused by:
  - **You** not having the correct passport or visa;
  - **Your** carriers' refusal to allow **you** to travel for whatever reason; any restriction caused by the law of any country or people enforcing these laws;
  - Bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you** and **you** were aware of that;
  - 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 not-licensed for passenger- carrying and **you** were aware of that;
- **Your** suicide, Unless if the suicide was without choice or perception or due to any reason that leads to loss of will, and the **beneficiary** must prove that **the insured** was losing will at the time of his suicide, self-injury or deliberately putting **yourself** at risk (unless **you** were trying to save another person's life) in accordance with the provisions of the UAE law.
  - The death of any pet or animal;
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are **booked** to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country and **you** were aware of that.

Under Cancellation

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

Under Curtailment (cutting short your trip)

- Cutting short **your journey** unless **we** have agreed.
- Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were **staying**) which says it was necessary for **you** to return to **your country of residence** 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 license and all **insured persons** are wearing crash helmets;
- **Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

Delayed departure

❖ **WHAT YOU ARE COVERED FOR**

Compensation of the amount shown in the table of coversof **your policy** if the flight, train or sea going vessel**you** are booked on is delayed at its **departure point** by more than 6 hours from the time shown in **your travel itinerary** (plans) because of:

- A serious fire, storm or flood damage to the **departure point**;
- Strike;
- Bad weather
- Mechanical breakdown of the international train or ship.
- The grounding of the aircraft due to a mechanical or a structural defect.

❖ **WHAT YOU ARE NOT COVERED FOR**

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

- Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- Any delay caused by a riot, civil commotion, strike which began or was announced before **your policy** or travel tickets for **your journey** were bought (whichever is later).
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to **travel**, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country and **you** were aware of that.

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

Missed Departure

❖ WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in the table of covers of **your policy** for the cost of extra **accommodation** and transport which **you** have to pay to get to **your journey** destination or back home because **you** are delayed by more than 6 hours in getting to the **departure point** by the time shown in **your** travel itinerary (plans) because:

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

❖ WHAT YOU ARE NOT COVERED FOR

Any claim unless you:

- Get a letter from the 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 **you** left home or where **you** could have reasonably made other travel arrangements.
- 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.