

Travel Protect Elite

Assistance Services during Travel

This policy is now including the COVID19 cover under Emergency Medical and Related Benefits.

For COVID-19 related claims: Phone: +971 4 270 8705 Email: COVID19assistance@nextcarehealth.com WhatsApp: +971 56 216 4563	For 24-hour emergency medical assistance: Phone: +971 4 270 8705 Email: travel.emergency@nextcarehealth.com WhatsApp: +971 56 216 4563
For non-medical related claims: Phone: +971 4 270 8705 Email: travel.claims@nextcarehealth.com WhatsApp: +971 56 216 4563	Open a claim online Click here or visit https://travelclaims.tatsh.com/index.aspx

This policy is for residents of Kuwait for travel from their home country. This policy does not cover claims relating to pre-existing medical conditions.

Note

Contact should always be made with the 24-hr **emergency** medical assistance line if **you** are hospitalised or where medical costs are likely to exceed **US\$ 250**. Failure to do so may mean that **you** will not receive the correct level of treatment or **your** claim may not be paid.

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Summary of Travel Protect Elite

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

Travel Protect Elite		
Benefits	Cover limit	Excess
Section 1. Assistance		
Emergency Medical Expenses (including being diagnosed with COVID-19)	\$100,000	Nil
Transportation and accommodation expenses in case you are hospitalized for more than 5 days	\$125 per day (Max.\$1,250)	Nil
Emergency Family Travel	1 X Economy ticket	Nil
Emergency dental care expenses	\$1,000 (\$150 max per tooth)	Nil
Accommodation costs related to COVID-19 quarantine: If diagnosed with COVID-19	Up to \$ 75 per day (Max 14 days)	Nil
Repatriation of Mortal Remains	Incurred expenses	Nil
Funeral Cost	\$7,000	Nil
Hospital Cash	\$5,000	Nil
Section 2. Personal Possessions		
- Valuables (including Laptop and mobile)	\$300	\$50
- Single item, pair or set limit	\$100	
Personal Possessions	\$1,000	
Delayed Personal Possessions	\$50/ 4 hours (Max.\$500)	4 hours
Section 3. Personal Accident		
- Death (including common carrier)	\$25,000	Nil
- Loss of sight or limb	\$12,500	
- Permanent total disablement	\$25,000	
Section 4. Travel Inconvenience		
Trip Cancellation/Curtailment	\$2,500	Nil
Delayed Departure	\$50 / 4 hours (Max \$500)	4 hours
Missed Departure	\$100	Nil
Loss of travel documents	\$300	Nil
Personal Money	\$500	Nil
Section 5. Personal Liability		
Personal Liability	\$50,000	Nil

Important information

Thank **you** for taking out travel insurance with Bahrain Kuwait Insurance – Kuwait.

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 4270 8705** or write to NEXtCARE Claims Management Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE or email: travel@nextcarehealth.com

The insurer

Your travel Insurance is underwritten by Bahrain Kuwait Insurance (Kuwait Office), PO Box 26728, Safat- State of Kuwait.

How your policy works

Your policy and **certificate of insurance** is an agreement between **you**, Bahrain Kuwait Insurance- Kuwait and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

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

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

Telling us about relevant facts

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

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

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

Cancellation rights

- **Travel Protect Elite:**

The policy can be cancelled and premium refund will be given only in the below cases:

If the embassy of the country to which you are travelling requires that you get an insurance policy for visa purposes, and you were unable to get the required visa, then you should inform us within 48 hours from receiving your certificate of insurance or at the start date of the policy whichever comes first, and return all the documents which belong to you along with a written refusal letter from the concerned embassy.

If the embassy of the country to which you are travelling does not require that you get an insurance certificate for visa purposes, then you should submit a written cancellation request and return all the documents which belong to you within 48 from receiving your certificate of insurance or at the start date of the policy whichever comes first,

You should call **us** on telephone **UAE +971 4270 8705** or (NEXtCARE), Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE or email: travel@nextcarehealth.com.

No premium refund will be given if

- **You** or any other **person insured** have travelled during this 48 hour period;
- **You** have made a claim or intend to make a claim;

Data protection

Information about **your** policy may be shared between **us**, Bahrain Kuwait Insurance – Kuwait, the reinsurers or members of Allianz Travel for underwriting purposes.

You should understand that the sensitive health information and other information **you** provide will be used by Bahrain Kuwait Insurance-Kuwait, **us**, **our** representatives (if appropriate), 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 third parties for marketing purposes. **You** have the right to access **your** personal records.

Governing law

This policy will be in English. The policy will be governed by the law of State of Kuwait.

Third party rights

This policy is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this policy shall be constructed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this 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 a covered event, except for all expenses related to food and beverages
Geographical Areas of cover	<ul style="list-style-type: none"> - Worldwide including - United States of America, Canada and the Caribbean - Worldwide excluding - United States of America, Canada and the Caribbean - Europe: Albania, Andorra, Austria, Belgium, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldavia, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Spain, United Kingdom, , Serbia and Montenegro, Slovenia, Sweden, Switzerland, Ukraine, United Kingdom - Middle East: Bahrain, Cyprus, Egypt, Iraq, Kingdom of Saudi Arabia, Kuwait, Lebanon, Qatar, Sultanate of Oman, Syria, Turkey, 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	Beneficiary will be the legal heirs of the person insured .
Business associate	Any person in your home country that you work closely with, whose absence from work means that the director of your business needs you to cancel or curtail your journey .
Certificate of insurance	The document issued by the insurer that is used to verify the existence of your Travel Insurance policy.
Departure point	The airport where your journey from your home country to your destination begins and where the final part of your journey back to your home country begins.
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	Medical condition resulting from sickness or accident and requiring emergency hospital admission, and for which delay in treatment beyond the next official working day could reasonably be expected to result in significant and permanent impairment to the life, health, bodily functions and or organ of the person insured .
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 your summary of cover for reasonable cost, we will pay either the expenses of transporting your body or ashes to your home or the expenses for your funeral, in the place where you die outside your home country.
Personal money	Cash, cheques, postal and money orders, current postage stamps, travelers cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.
Hazardous activity	The following activities are automatically covered: Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, bungee jumping, canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, deep sea fishing, football or soccer (children's club in resort only), glacier walking, golf, high rope activities, hiking (trekking and walking), hockey (under 16's using plastic sticks), horse riding (not competitions, racing, jumping, hunting, eventing, polo or rodeo), hot air ballooning (organised pleasure rides only),

	<ul style="list-style-type: none"> ice skating or blade skating (not speed skating), kayaking (up to grade 2 rivers only, not white water), mountain biking, parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, sail boarding or windsurfing, safari trekking in a vehicle (organised tour), safari trekking on foot (organised tour), scuba diving to 30m, sledging (pulled by dogs or horses or reindeer as a passenger), snorkelling, surfing, tug of war, volley ball, wake-boarding, water polo, water-skiing, white water rafting (up to grade 3 river), zip-trekking (including over snow), zorbing. <p>There is no cover for:</p> <ul style="list-style-type: none"> Taking part in any sporting activity where the organisers guidelines have not been followed; or Any professional sporting activity; or Any kind of racing except racing on foot; or Any kind of manual work. <p>We may be able to cover you for other activities that are not listed. Please contact us on telephone +971 4270 8705 or email travel@nextcarehealth.com. You may need to pay an extra premium.</p>
Home	Your usual place of residence in Kuwait where you live.
Incapacitating Agents	An agent that produces temporary physiological or mental effects, or both, which will render individuals incapable of 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.
Insurance Company/ Insurer	Bahrain Kuwait Insurance- Kuwait Office, PO Box 26728, Safat, State of Kuwait.
Journey	<p>A trip that takes place during the period of insurance which begins when you leave home or place of work (whichever is later) and ends when you get back home, to a hospital or nursing home or place of work in your home country, whichever is earlier.</p> <ul style="list-style-type: none"> For single trip cover <ul style="list-style-type: none"> You will only be covered if you are aged 64 or under at the date your policy was issued unless you have paid the appropriate additional premium to be covered over 64 years old. Trips within your home country are not covered. Any other trip which begins after you get back is not covered.
Medically Necessary	A service or treatment which is appropriate and consistent with diagnosis and which, in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the person insured's condition or the quality of medical care rendered.
Out – patient / Day - patient	A patient who attends hospital and discharged the same day.
Pair or set	A number of items of personal possessions (not including Ski Equipment) that belong together or can be used together.
Period of insurance	<p>Single trip cover</p> <ul style="list-style-type: none"> Cancellation cover 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 of your policy, whichever is earlier.

Personal Possessions	Each of your suitcases, trunks and similar containers (including their contents) and articles worn or carried by hand (including your valuables).
Pre-existing medical condition	<p>A pre-existing condition means:</p> <ul style="list-style-type: none"> • An ongoing medical or dental treatment or dental condition of 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 policy issuance. • Any condition for which you take prescribed medicine or see a medical specialist. • Any condition for which you have had surgery.
Close relative	Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, fiancé, partner, son (in-law), daughter (in-law), step child, foster child, grandparent or grandchild, uncle, aunt, step brother, step sister.
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.
Resident	A person who is a Citizen or who has Resident Status in Kuwait and are travelling from and returning to Kuwait.
Travelling companion	Any person that has booked to travel with you on your journey .
Terrorism / Act of Terrorism	Taking into account the definition of Terrorism Financing contained in Article 2 of the Anti-Money Laundering and Terrorism Financing Law and its amendments, Terrorism is a loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear.
Valuables	Jewelry, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, laptop, television, fax and phone equipment, MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes. DVDs, cartridges, video and audio tapes.
We, our, us	NEXtCARE and Allianz Travel which administers the insurance on behalf of the insurer .
You, your, insured person	Each person shown on the certificate of insurance , for whom the appropriate premium has been paid.

24-hour emergency medical assistance

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

Phone **UAE +971 4270 8705**

Email: travel.emergency@nextcarehealth.com

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

Confirmation of payment

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

Repatriation

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

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

Health declaration and health exclusions

Exclusions relating to your health

- **You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this insurance or booking **your journey** (whichever is later), **you**:
 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 awaiting **out – patient / day – patient, in – patient** or **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 if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**, and your claim was directly or indirectly related to it
- **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 travelling 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** are not 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** are not 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** are not 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 on this policy, but whose health may affect your decision whether to take or continue with your journey. **You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a **travelling companion**, someone **you** were going to stay with, a **close relative** or a **business associate** if at the time **your** policy was issued:

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

Note

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions, and the company shall at its discretion specify the medical reference approved in order to determine these conditions, and no other medical reference either in form of a physician or a medical board or committee shall have the right to do so For example if **you**:

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

Level of medical cover provided

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

General Exclusions

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

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

1. A relevant fact that **you** knew about before **you** travelled, unless **we** agreed to it in writing.
2. War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, **terrorism**, weapons of mass destruction.
3. Any epidemic or pandemic, except as expressly covered under Emergency Medical and Related Benefits
4. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
5. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
6. Any currency exchange rate changes.
7. The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognize 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).
8. **You** acting in an illegal or malicious way.
9. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
10. **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
11. **You** not enjoying **your journey** or not wanting to travel.
12. 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.
13. **You** taking part in a sports or leisure activity that is not listed as covered on page 11

14. **You** taking part in a winter sport and the activity is listed under sports and leisure activities on page 11
15. 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 Kuwait.
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 minimize any potential claim.
3. **You** have a valid policy schedule.
4. **You** accept that **we** will not extend the **period of insurance**:
 - For single trip cover if the original policy plus any extensions have either ended, been in force for longer than 90 days or **you** know **you** will be making a claim.
 - For annual multi-trip cover beyond the expiry of **your** policy.
5. **You** contact **us** as soon as possible, but within 30 days of **your** return **home** without any delay, unless the delay was due to an acceptable excuse, 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. Claims received after 30 days from **your** return **home** shall not be considered.
6. **You** accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.
7. **You** are aged between 0 - 64 at the date **your** policy was issued unless **you** have paid the appropriate additional premium to be covered over 64 years old.

We have the right to do the following

1. Cancel the policy if **you** do not tell **us** about a relevant fact or if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not. Depending on the circumstances **we** may report the matter to the 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 a 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 this policy in case the insurance company was unable to complete the verification requirements of the identity and activity of the beneficiary and notify the Anti Money Laundering unit according to the Anti Money Laundering in Insurance Activities Instruction No. 2 of 2016.
4. Only cover **you** for a **journey** where an appropriate **certificate of insurance** has been purchased and **we** shall not issue a policy/certificate of insurance if **you** have already started **your journey**.
5. Take over and deal with, in **your** name, any claim **you** make under this policy.
6. Take **legal action** in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any, which will help **us** to recover any payment **we** have made under this policy.
7. 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** specific agreement.
8. Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
9. Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
10. Not to pay any claim on this policy, except for our share of the expenses and tariffs on a pro rata basis (except under the Personal accident section), for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**.
11. If **we** pay any claim under Trip Cancellation/ Curtailment benefit, **your** policy will be cancelled without refunding **your** premium.
12. In case it was found that we have paid any amounts for **you**, and it was found later that they are not covered under your policy, we will ask you to pay them back to us.

Sports and leisure activities

The following activities are covered under this policy with no extra premium.

Abseiling, archery, athletics, ballooning - hot air (organised pleasure rides only), banana boating, baseball, basketball, canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, cycling (nonprofessional and not main mode of transport), cycle touring (no more than 16 days), deep sea fishing, football or soccer, frisbee golf, glacier walking, golf, high rope activities, high diving (platform only and up to 10 meters), hiking, walking or trekking up to 4,000 metres, hockey (under 16's using plastic sticks), horse riding (not competitions, racing, jumping, hunting, eventing, polo or rodeo), hot air ballooning (organised pleasure rides only), ice skating or blade skating (not speed skating), kayaking (up to grade 2 / 3 rivers only, not white water), marathon running or triathlon (nonprofessional), mountain biking (on road), parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rowing, sail boarding or windsurfing, safari trekking in a vehicle (organised tour), safari trekking on foot (organised tour), scuba diving to 30m, sledging (pulled by dogs or horses or reindeer as a passenger), snorkelling, surfing, tug of war, volley ball, wake-boarding, water polo, water-skiing, white water rafting (up to grade 3 river), windsurfing or sail boarding, zip-trekking (including over snow), zorbing.

- **The following activities are also covered however, cover under 'Section 5- Personal Liability' does not apply.**

Camel riding, catamaran sailing (if qualified), clay pigeon shooting, dinghy sailing, elephant riding, go karting, jet boating, jet skiing, paint balling (wearing eye protection), quad biking, rifle range shooting, sailing (if qualified and in territorial waters only), shooting, ski dooing, small bore target shooting, snow mobiling, yachting (if qualified in territorial waters only).

- **Your policy does not provide any cover for the following activities.**

Base jumping, black water rafting, bouldering, boxing, bungee jumping, canyoning, caving or pot holing, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), free mountaineering, gliding (no cover for crewing or piloting), hang gliding, high diving (over 5 meters), hunting (fox or drag), hydrospeeding, martial arts, micro lighting, motor rallying or motor sport (all types on land or water), motorbike scrambling or dirt biking (and any other off road motorbiking), mountaineering (using ropes or guides), parachuting, paragliding or parapenting, paragliding, parascending or parasailing (over land), pot holing or caving, riding on a luge, river bugging, rock climbing, rodeo, shark diving (in cage), sky diving or sky surfing, water ski jumping, white water canoeing, white water sledging or hydrospeeding.

There is also no cover for:

- Taking part in a sporting activity where the organizers guidelines have not been followed;
- Any professional sporting activity;
- Any kind of racing, except racing on foot; or
- Any kind of manual work.

- **Your policy does not provide any cover for the following activities.**

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

There is also no cover for:

- Taking part in a winter sports activity where the organisers guidelines have not been followed;
- Any professional winter sports activity; or
- Any kind of racing.

Making a claim

To claim:

Phone **UAE +971 4270 8705** and ask for a claim form or write to NEXTCARE Claims Management Eiffel Boulevard Limited Building (Eiffel 2) 1st floor, Umm Al Sheif, Sheikh Zayed Road P.O. Box 80864, Dubai, UAE

Or e-mail travel.claims@nextcarehealth.com

You should fill in the form and send it to **us** within 30 days of **your** return **home** with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**. Claims received after 30 days from **your** return **home** shall not be considered.

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 / Takaful contract **you** may have that may cover the same loss, such as household or private medical care.
- As much evidence as possible to support **your** claim.

Section 1. Assistance (including being diagnosed with COVID-19)

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

Section 2. Personal Possessions

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment / resort 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.

Section 3. 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.

Section 4. Travel Inconvenience

Trip cancellation / curtailment

- If **you** need to cut short **your** journey call **UAE +971 427 08705** or email travel.claims@nextcarehealth.com
- 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.

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.

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.

Loss of travel documents

- 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.

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 Claims Management L.L.C
Eiffel Boulevard Limited Building (Eiffel 2)
1st floor, Umm Al Sheif,
Sheikh Zayed Road, P.O. 80864
Dubai, UAE
Telephone: **+971 42708705**
Email: travel@nextcarehealth.com

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

Section 1. Assistance (including being diagnosed as COVID-19)

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

WHAT YOU ARE COVERED FOR (including being diagnosed as COVID-19)

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen **emergency** expenses if **you** die, are injured, have an **accident** or are taken ill during **your journey**. (including being diagnosed with 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 with the hospital, clinic or other medical facility. If you pay, you will not be able to claim these expenses later. Services which have not been organized by us will not be reimbursed or paid.

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

- **Treatment**
Medical, surgical, medication costs, hospital, nursing home or nursing services outside **your home** country.
- **Transportation and accommodation expenses in case you are hospitalized for more than 5 days**
We will pay the reasonable transportation costs (an economy return ticket) and **accommodation expenses** for one **close relative** to travel and stay at **your** bedside.
- **Dental**
Up to the amount shown in **your** summary of cover for **emergency** dental treatment to relieve sudden pain. The dental cover is also applicable if treatment is required due to **accident**, illness or injury within the scope of this section.
- **Repatriation of remains**
Up to the amount shown in **your** summary of cover for the cost of transporting the body of the **person insured** to their **home**.
- **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. This does not include any quarantine that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where you are traveling to, from, or through.

We will cover your accommodation costs on direct billing, up to the amount limits stated in the summary of cover.
- **Funeral expenses**
Up to the amount shown in your summary of cover for reasonable cost of transporting your body or ashes to your home or we will pay up to the amount shown in your summary of cover for your funeral expenses, in the place where you die outside your home country.
- **Hospital Cash**
We will pay you \$50 a day for each day you are hospitalized for over a continuous 48-hour period while you are overseas. However, no matter how long you stay in hospital, we will pay for all claims combined under this section up to limit mentioned in the table of benefits for your plan selected.

WHAT YOU ARE NOT COVERED FOR

- An **excess** of the amount shown in **your** summary of cover.
- The cost of replacing any medication **you** were using when **you** began **your journey**.
- Any condition stated under Health declaration and health exclusions.
- Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.
- Anything caused by:
 - **You** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
 - **Your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
 - **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** are wearing crash helmets;

- Any costs incurred 12 months after the date of **your** death, injury or illness.
- Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.
- Services or treatments **you** receive within **your home** country.
- Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.
- Medical costs over **US\$250**, in-patient treatment, repatriation or courier costs which **we** have not authorized.
- The extra costs of having a single or private room in a hospital or nursing home.
- The cost of all treatment which is not directly related to the illness or injury that caused the claim.
- **Your** burial or cremation within **your home** country.
- Replacing or repairing false teeth or artificial teeth (such as crowns).
- **You** taking part in any hazardous activity other than those sports and leisure activities mentioned on page 11.
- Dental work involving the use of precious metals.
- **COVID-19 exclusions**
- You travel to a destination in violation of a travel ban issued by the government of your home country 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
- Any care provided after your coverage ends
- Non-emergency care or services
- Any test cost related to COVID-19 (PCR or any other test)
- The consequences of exposure to any of the following:
 - chemical agents of a combat gas type,
 - incapacitating agents,
 - neurotoxic agents or agents with residual neurotoxic effects
- which 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.
- **Under Hospital Cash:**
 - We will not pay for the first 48 hours of your hospitalization
 - If you cannot claim for emergency medical expenses in Section 1

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

Section 2. Personal Possessions

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover for **your personal possessions** damaged, stolen, lost or destroyed on **your journey** provided that **your** incident was reported to the police and a case number was obtained within 24hrs of the incident. In the event that no police was obtained your claim may be denied.

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

Valuables which are electronic, such as mobile phones, MP3 players, tablets, laptops are subject to a depreciation scale. It is **our** decision to apply the depreciation scale to **valuables**. The depreciation scale is as follows:

1. 0 – 6 months = 0% (100% of the **valuable** item is payable)
2. 6 months and 1 day – 18 months = 20% (80% of the **valuable** item is payable)
3. 18 months and 1 day - 36 months – 40% (60% of the **valuable** item is payable)

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

- The cost of repairing **your** items however **we** will not pay more than the depreciated value of a **valuable** for repair;
- To replace **your personal possessions** with equivalent items; or
- The cost of reimbursing your items noting that **we** shall only pay up to the depreciated value of any **valuable** and within the limits shown in **your** summary of cover.

WHAT YOU ARE NOT COVERED FOR

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

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 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 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**).
- Travel Document (see Section 5. Travel Inconvenience)

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

Delayed Personal Possessions

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your** outward **journey** for more than 4 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** leading to **your** total and permanent loss of sight, total and permanent loss of use of limb, permanent disablement or death, within a year of its occurrence.

Accidental death (including common carrier)

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

Permanent loss of sight or limb

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

Physical disablement

The amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 17 or under or aged 64 or over at the time of the **accident**.)

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.

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 certificate of insurance**;
- You travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **Your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **You** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets;
- **You** taking part in any **hazardous activity** unless mentioned within sports and leisure activities on page 11.
- **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.

Section 4. Travel Inconvenience

Trip Cancellation / Curtailment

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

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover, for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

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

Cancellation

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

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

Curtailment

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

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

Note

We will calculate interruption claims from the date it is necessary for **you** to return to **your home** country or the date **you** are hospitalized 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 / Curtailment

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

Any condition stated under Health declaration and health exclusions.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, 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**;
- Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organizer is responsible for;
- **Your** vehicle being stolen or broke 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);

- Suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- The death of any pet or animal.
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Under Cancellation

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

Under Curtailment

- Cutting short **your journey** unless **we** have agreed.
- Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.
- The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.
- **You** travelling on a motorcycle, unless the rider holds an appropriate valid license and all **persons insured** 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 **your** summary of cover if the flight, train or sea going vessel **you** are booked on is delayed at its **departure point** by more than 4 hours from the time shown in **your** travel itinerary (plans) because of:

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

WHAT YOU ARE NOT COVERED FOR

- Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.
- Missed connections.
- Compensation unless **you** get a letter from the airline giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight.
- Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).
- The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

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

Missed Departure

WHAT YOU ARE COVERED FOR

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

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

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

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

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

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

Loss of travel documents

WHAT YOU ARE COVERED FOR

We will pay for the following travel documents if they are lost, stolen or destroyed on **your journey**.

Passport

- **Costs for issuing a temporary passport**

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

Visas

- **Costs for issuing a temporary visa**

Up to the amount shown in **your** summary of cover for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary visa to enable **you** to return to **your home** country.

WHAT YOU ARE NOT COVERED FOR

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

Personal Money

WHAT YOU ARE COVERED FOR

Up to the amount shown in your summary of cover for loss or theft of your personal money (but no more than the amount shown in your summary of cover in cash in total, whether jointly owned or not) while on your journey.

WHAT YOU ARE NOT COVERED FOR

1. An excess of the amount shown in your summary of cover.
2. You do not report the theft within 24 hours to the police or an office of the bus line, airline, shipping line or rail authority you were travelling on when the theft occurred. You can prove that you made a report by providing us with a written statement from authority you reported it to.
3. The cash or traveler cheques which were not on your person at the time they were stolen.
4. Depreciation in value of shortages due to error of omission.
5. Loss or damage due to confiscation or detention by customs or other authority.
6. An unexplained loss or mysterious disappearance.
7. Any loss or theft of personal money or travelers cheques when left unattended in a public place or in an unlocked vehicle.
8. Personal money or travelers cheques not on your person in transit.
9. Theft carried out directly or indirectly by close relative, business associate or a travelling companion.
10. Theft by deception.

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

Section 5 - Personal Liability

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 the amount shown in your summary of cover 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

1. An excess of the amount shown in your summary of cover.
2. 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.
3. Any claim incident occurring in your home country.
4. Any contractual liabilities.
5. Any liability for bodily injury suffered by you, a relative or travelling companion.
6. 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 watercraft or sailing vessels.

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