

DOCUMENTS TO THE PROOF OF INSURANCE
Mid-Range Comprehensive

| COVERAGE | COVERAGE SUMMARY | MAXIMUM BENEFIT |
|---|--|---|
| Travel Cancellation Coverage | <i>You have to cancel your trip before you depart.</i> Deductible: 10% of the reimbursable loss; with a minimum of \$25 per loss event per person or property. | \$5,000 |
| Travel Interruption Coverage | <i>Your travel plans are interrupted while you are on your trip.</i> (\$500 sublimit for other costs than flight tickets booked with Singapore Airlines, with \$100 max daily limit for 5 days) Deductible: 10% of the amount of cancellation charges covered - Minimum \$25 per person | \$5,000 |
| Travel Delay Coverage | <i>Your travel plans are delayed while you are on your trip.</i> Maximum reimbursement per 24-hour period of delay (minimum required delay: 4 hours) | \$50 / hour up to max (\$ 250 Max) |
| Baggage Coverage | <i>Your baggage is lost, damaged, or stolen while on your trip.</i> | \$1,500 |
| Baggage Delay Coverage | <i>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</i> Minimum Required Delay: 3 hours | \$300 per person (\$100 per hour) |
| Emergency Medical/Dental Coverage/ Funeral | <i>You have to pay for emergency medical or dental treatment while on your trip.</i> | |
| | -Medical expenses | \$ 300,000 |
| | -Dental expenses | \$75 / tooth (\$ 300 Max) |
| | -Funeral Expenses | \$2,000 |
| Emergency Transportation Coverage | -Emergency Family Travel / Visit of close relative | Actual cost |
| | -Emergency Medical Evacuation / Repatriation | \$1,500 per person per insured event |
| Loss of Travel Documents | <i>Your passport or visa are lost or stolen while you are on your trip.</i> | \$500 |
| Travel Accident Coverage | <i>You suffer a death or disability as a result of a travel accident during your trip.</i> | \$500,000 |

Travel Assistance

24/7 assistance in case of personal emergencies during *your* trip and information services during the term of *your* insurance contract

service without cost coverage

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

Important Notices and Definitions

- **Insurer:** Alliance Insurance PSC, P O Box 5501, Dubai, U.A.E
- **Mode of travel:** valid for all modes of travel.
- If not otherwise specified the benefit limits shown apply per named insured.
- **Insured duration of travel:** see insurance certificate / travel confirmation / booking confirmation. The insurance policies are valid for the duration of the *trip* (from commencement of the *trip* to the time of return); a maximum of 180 days is possible.
- **Notes on the conclusion of insurance:** The insurance is only valid for the booked travel as described in the travel confirmation. The insurance cover begins at the time of commencement of the insured travel, and ends at the agreed point in time. The insurance cover will end at the very latest with the completion of the insured travel. In the following case, the insurance cover will be extended beyond the agreed point in time: if *you* have insured the entire planned *trip*, and the end of the *trip* is delayed for reasons outside of *your* control.
- **PLEASE NOTE: If the insured event occurs, we will only be obliged to provide indemnity if the premium has been paid, or if *you*, as the policyholder, are not at fault for the non-payment of the premium. *You* are required to prove this to us.**

For customer service, please:

Call: +971 4 270 8705

Available 8am to 8pm GST time from Monday to Friday

To file a claim, please:

Visit: <https://travelclaims.tatsh.cloud/index.aspx>

Call: +971 4 270 8705

or chat with us on our Business

WhatsApp number: +971 56 216 4563

Available 8am to 8pm GST time from Monday to Friday

For 24/7 emergency assistance during your trip, please:

Call: Phone UAE +971 4 270 8705

WhatsApp +971 56 216 4563

GENERAL CONDITIONS

WHO WE ARE

Alliance Insurance PSC, P O Box 5501, Dubai, U.A.E
Telephone: +971 4 605 1111

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. We have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. We will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the “Definitions” section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of three parts:

1. The Specific Conditions document,
2. Coverage Summary
3. This General Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, and conditions that govern this policy.

NOTE:

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

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DEFINITIONS

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

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| Abroad | A <i>trip abroad</i> is a <i>trip</i> to a country where <i>you</i> do not have a permanent residence or where <i>you</i> did not stay longer than three months per year during the last three years. |
| Accident | An unexpected and unintended event that causes <i>injury</i> , property damage, or both. |
| Accommodation | A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense. |
| Adoption proceeding | A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child. |
| Baggage | Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> . |
| Climbing sports | An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing. |
| Cohabitant | A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. |
| Computer System | Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility. |
| Covered reasons | The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> . |
| Cyber Risk | Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> 1. Any unauthorized, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>; 2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>; 3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data. |
| Departure date | The date on which <i>you</i> are originally scheduled to begin <i>your</i> travel, as shown on <i>your</i> travel itinerary. |
| Doctor | Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , the sick or <i>injured</i> person, or that person's <i>family member</i> . |
| Epidemic | A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority. |
| Family member | <i>Your</i> : <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i>; 3. Parents and stepparents; |

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

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| Political risk | <p>Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to:</p> <ul style="list-style-type: none"> • Nationalization; • Confiscation; • Expropriation (including Selective Discrimination and Forced Abandonment); • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Civil commotion assuming to proportion of or amounting to an uprising; • Military and usurped power. |
| Pre-existing medical condition | <p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p> |
| Primary residence | Your permanent, fixed home address for legal and tax purposes. |
| Quarantine | Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed. |
| Reasonable and customary costs | The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers. |
| Refund | Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity. |
| Rental Car | An automobile or other vehicle designed for use on public roads that <i>you</i> have rented for the period of time shown in a <i>rental car agreement</i> for use on <i>your trip</i> . |

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| Rental car agreement | The contract issued to <i>you</i> by the rental car company that describes all of the terms and conditions of renting a <i>rental car</i> , including <i>your</i> responsibilities and the responsibilities of the rental car company. |
| Service animal | Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition. |
| Severe weather | Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms. |
| Terrorist event | An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your</i> country of residence that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war. |
| Traffic Accident | An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both. |
| Travel carrier | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or 4. <i>Local public transportation</i>. |
| Travel supplier | A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider. |
| Traveling companion | A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader. |
| Trip | <i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work, and it cannot last longer than 180 days. |
| Uninhabitable | A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use. |
| We, Us, or Our | AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance and/or Allianz Travel |
| You or Your | All persons listed as insureds in the Specific Conditions. |

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* coverage effective date and coverage end date are indicated in *your* proof of insurance. The *policy* is effective at 00:00 on the day we receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before the *departure date*.

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

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

Your policy ends on the coverage end date listed in your proof of insurance. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your* coverage end date will be the scheduled return date for *your trip*, as shown on *your* travel documents (not exceeding 180 days from the *departure date* shown on *your* travel documents).

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

1. when *you* cancel *your trip*; or
2. when *you* cancel *your policy*; or
3. when *you* end *your trip* (if *you* end *your trip* early); or
4. when *you* arrive at a medical facility for further care (if *you* end *your trip* due to a medical reason); or
5. At 23:59 on the 180th day of the *trip*

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

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

DESCRIPTION OF COVERAGES

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

A. TRIP CANCELLATION COVERAGE

If *your trip* is cancelled or rescheduled for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable trip payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for trip cancellation coverage listed in *your* Coverage Summary. Please note that this coverage only applies before *you* have left for *your trip*.

Also, if *you* prepaid for shared *accommodations* and *your travelling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees *you* are required to pay.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a *serious illness, injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following conditions applies:

A doctor advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following condition applies:

The illness, injury, or medical condition must be considered life threatening by a doctor, or require hospitalization.

3. *You*, a *traveling companion*, *family member*, or *your service animal* dies on or after *your policy's* Coverage Effective Date and before *your trip*.
4. *You* or a *traveling companion* is *quarantined* before *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the

person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

5. *You* or a *traveling companion* is in a *traffic accident* on the *departure date*.

One of the following conditions must apply:

- a. *You* or a *traveling companion* need medical attention; or
- b. *Your* or a *traveling companion's* vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:

- A. A *natural disaster*; or
- B. *Severe weather*;

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* trip cancellation coverage maximum benefit:

- i. The necessary cost of the alternative transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

9. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
- b. The employment must have been permanent (not temporary or contract); and
- c. The employment must have been for at least 12 continuous months.

10. *You* or a *travelling companion* secures new employment, after *your policy's* purchase date, for at least twenty hours a week after having been unemployed and receiving unemployment benefits. The new employment must require *your* or the *travelling companion's* presence at work during the originally scheduled *trip* dates.

11. *Your* or a *traveling companion's primary residence* is permanently relocated by at least 150 kilometers due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your spouse's* current employer.

12. *You* or a *travelling companion* serving as a first responder is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

13. *You or a traveling companion* receive a legal notice to attend an *adoption proceeding* during your *trip*.
14. *You, a traveling companion, or a family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
15. *You or a traveling companion* is medically unable to receive an immunization required for entry into a destination.
16. *Your or travel companion's* travel documents required for the *trip* are stolen.
This only applies if *you* provide evidence of *your* efforts to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates.

B. TRIP INTERRUPTION COVERAGE

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, we will reimburse *you*, less available *refunds*, up to the maximum benefit for trip interruption coverage listed in *your* Coverage Summary, for:

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Necessary transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
 - We will reimburse *you* either for the return *travel carrier* ticket to your *primary residence* or for the non-refundable portion of *your* original return ticket, but not both.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. **There is a per policy maximum of \$100 per day for 5 days.**

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You or a traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.
 - b. *You* must not have travelled against your home country's government advice or against local authority advice at your trip destination.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.

3. *You, a traveling companion, family member, or your service animal* dies during *your trip*.

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

5. You or a *traveling companion* is in a *traffic accident*.

One of the following conditions must apply:

- a. You or a *traveling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

6. You are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. Your *primary residence* becomes *uninhabitable*.
8. Your *travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
 - A. A *natural disaster*, or
 - B. *Severe weather*.

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* maximum trip interruption coverage maximum benefit:

- i. The necessary cost of alternate transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

9. You or a *travelling companion* serving as a first responder is called in for duty due to an accident or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.
10. You or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.
11. You, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

12. You miss at least 50% of the length of *your trip* due to one of the following:
- A. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
 - B. A strike, unless threatened or announced prior to the purchase of *your policy*;
 - C. A *natural disaster*;
 - D. Roads are closed or impassable due to *severe weather*;
 - E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
 - i. You must make diligent efforts and provide documentation of your efforts to obtain replacement documents
 - F. Civil disorder, unless it rises to the level of *political risk*.
13. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a traveling companion has a contagious medical condition (including an epidemic or pandemic disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.

C. TRAVEL DELAY COVERAGE

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

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary.
- ii. If the delay causes *you* to miss the departure of your cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.
- iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

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

- 1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
- 2. A strike, unless threatened or announced prior to the purchase of *your policy*
- 3. *Quarantine* during *your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic* or *pandemic*; or
 - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
- 4. A *natural disaster*;
- 5. Lost or stolen travel documents;
- 6. Hijacking, except when it is a *terrorist event*;
- 7. Civil disorder, unless it rises to the level of *political risk*; or

8. *A traffic accident.*
9. *A travel carrier denies you or a traveling companion boarding based on a suspicion that you or a traveling companion has a contagious medical condition (including an epidemic or pandemic disease such as COVID-19). This does not include being denied boarding due to your refusal or failure to comply with rules or requirements to travel or of entry to your destination.*

D. BAGGAGE COVERAGE

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

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

The following conditions apply:

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

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. Hearing aids, prescription eyewear, and contact lenses;
5. Artificial teeth, prosthetics, and orthopedic devices;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;
10. Rugs and carpets;
11. Antiques and art objects;
12. Fragile or brittle items;
13. Firearms and other weapons, including ammunition;
14. Intangible property, including software and electronic data;
15. Property for business or trade;
16. Property *you* do not own;
17. *High value items* stolen from a car, locked or unlocked;
18. *Baggage* while it is:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer;
 - c. Unattended in an unlocked motor vehicle; or
 - d. Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;

19. *Baggage* that is misplaced, forgotten, or lost while in *your* possession.

E. BAGGAGE DELAY COVERAGE

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

The following condition applies:

Your baggage must be delayed for at least the Minimum Required Delay listed under baggage delay in *your* Coverage Summary.

F. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

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

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

If *you* need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

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

The following conditions and additional exclusions apply:

1. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
2. This coverage will not pay for any care provided after *your* coverage ends.
3. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip abroad*;
4. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:
 - a. Elective cosmetic surgery or care;
 - b. Annual or routine exams;
 - c. Long-term care;
 - d. Allergy treatments (unless the allergic condition is life threatening);
 - e. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 - f. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);
 - g. Experimental treatment; and
 - h. Any other non-emergency medical or dental care.

5. You must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which you are traveling on your trip.

G. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

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

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

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

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

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

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

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

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

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in *your* country of residence; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.

2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

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

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

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

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
- b. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Return of Dependents (Getting minors and dependents home)

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

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

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

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

The following conditions apply:

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

- c. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Repatriation of Remains (Getting *your* remains home)

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

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

The following conditions apply:

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

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

H. LOSS OF TRAVEL DOCUMENTS COVERAGE

If *your* passport or visa is lost, stolen or destroyed while *you* are on *your trip*, *we* will reimburse *you*, up to the maximum benefit for 'Loss of Travel Documents' shown in the 'Cover Summary' for the following:

1. the cost of *your* necessary extra travel and accommodation expenses as well as administration cost for the issuing of the emergency passport and/or visa *you* need to continue *your trip* or return to *your primary residence*; and
2. the equivalent cost (based on the current standard replacement costs) of the period remaining on *your* passport that is lost or has been stolen or destroyed.

The following conditions apply:

You must:

- a. have taken necessary steps to keep *your* passport and/or visa safe and to recover it, where possible;
- b. file and retain a copy of a police report in the case of theft;
- c. have filed and retained a copy of a loss report from the consulate or embassy *you* reported it to; and
- d. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless *you* can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by *your* bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

I. TRAVEL ACCIDENT COVERAGE

If *you* have an *accident* during *your trip* that causes physical bodily injury to *you*, *we* will pay *you* or *your* heirs or to a beneficiary designated by *you* up to the amount shown in the Coverage Summary if the

accident results in one of the following:

1. Your death within one year of the accident; or
2. Your *permanent disability* within one year after the accident.

IMPORTANT:

Compensation under this cover will not be paid to beneficiaries who either caused the *accident* or are convicted in court for *your* murder or for causing your *permanent disability*.

In addition to the general program exclusions that apply to all covers, this *policy* will not provide coverage for accidents directly or indirectly caused by the following:

1. Operating motorcycles with 125 cm³ or bigger engine displacement;
2. Performing manual labour as a part of *your* occupation; or
3. Participation in military exercises.

J. TRAVEL SERVICES DURING YOUR TRIP

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

Finding a *Doctor* or Medical Facility

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

Monitoring Your Care

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

Emergency Message Delivery

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

GENERAL EXCLUSIONS

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

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

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

21. *Terrorist events*, except when and to the extent that *terrorist events* are expressly referenced in and covered under trip interruption coverage, or travel delay coverage.
22. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under trip interruption coverage;
23. Any travel supplier's complete cessation of operations due to financial condition, with or without filing for bankruptcy;
24. A *travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;
25. Ordinary wear and tear or defective materials or workmanship;
26. An act of gross negligence by *you* or a *traveling companion*; or
27. Travel against the orders or advice of any government or other public authority

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

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

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates in your proof of insurance do not represent your actual travel dates (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your* trip.

CLAIMS INFORMATION

To make a claim, please visit the website at <https://travelclaims.tatsh.cloud/index.aspx>. This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by:

- phoning 971 4 270 8705 or
- WhatsApp +971 56 216 4563

You should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. You must give *us* as much detail as possible so *we* can handle *your* claim quickly. Please keep copies of all the information *you* send *us*.

You will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

For all claims

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

Trip Cancellation

- 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 independent evidence of these circumstances.

Trip Interruption

- Your original booking invoice(s) showing *your* revised time and *date of departure* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

- 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.
- 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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or accommodation manager and ask for a written report.
- For delays, losses and damage whilst in the care of a *travel carrier*, report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged baggage.
- Keep any damaged items as *we* may need to inspect them. If *we* make a payment or *we* replace an item, the item will then belong to *us*.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with *your* network provider and obtain written confirmation of this action from them.

Baggage Delay

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation or where medical fees are likely to exceed \$500.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

Loss of Travel Documents Coverage

- A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if *your* passport or visa is stolen.

Travel Accident

- A detailed account of the circumstances surrounding the claim(s), including photographs and video evidence (if this applies).
- Medical certificate initially indicating the nature and probable consequences of the injuries.
- Take all measures to limit the consequences of the accident.

GENERAL PROVISIONS AND CONDITIONS

Withdrawal information

You have 14 days to review your *policy*. If, during this 14-day period, *you* are not completely satisfied for any reason, *you* may cancel your *policy* and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.

Means of compensation

We provide compensation for damage or loss by means of

- provision of a service, and/or
- replacement of the insured item, or
- provision of financial compensation.

How is damage and loss determined and compensated?

- We will let *you* know as soon as possible if *you* are eligible for compensation and for what amount.
- Your claim must be complete and truthful. Then we can correctly determine the amount of the damage.
- If we compensate *you* for damage to an insured object, we may ask you to transfer ownership of it to us.

What are *your* obligations in the event of damage (general obligations)?

You are obliged to:

- Limit the loss or damage as much as possible and avoid unnecessary costs;
- Notify us immediately and describe the insured event (e.g. event and extent).
- Provide us truthfully with all information necessary to clarify the facts and enable us to verify the cause and amount of the claim made. You must provide proof of the damage in the form of original invoices and documents.

When do we try to recover compensation paid?

- If a third party is liable for the damage *you* have suffered, we are entitled to recover the compensation we have paid from that third party.
- We can ask *you* to pay back any amounts we have paid out to *you*, which are not covered by this *policy*.

When is the *policy* invalid?

- We only insure people who live in a country where our license is valid. This means that *you* have to actually live in the country of your *primary residence* during the entire term of the *policy*.
- The *policy* is invalid if we have informed *you* beforehand that we do not wish to insure *you* or no longer wish to do so. In that case, we will refund the premium paid by *you*.
- If *you* have not paid the premium due in full and on time.

What is the limitation period of your claim for compensation?

Your claim for compensation expires after three years. The limitation period begins at the end of the year in which the claim was filed and *you* were aware of the circumstances justifying the claim, or should have been aware of such circumstances.

Which law applies?

The law of the country of your *primary residence* applies to your *policy*.

What should you do if you have a complaint?

General enquiries/Complaints:

Phone +971 4 270 8705

WhatsApp+971 56 216 4563

Email: travel@nextcarehealth.com

PRIVACY NOTICE

Privacy Notice

Allianz Partners its subsidiaries and branches (or "We"), appreciate your interest in our services. Protecting your privacy is a top priority for us. This privacy notice explains how and what type of personal data will be collected and use, process, transfer or store ("Use") , why it is collected and Used and to whom will be shared.

Please read this notice carefully.

By accessing Allianz Partners Websites you accept this "Privacy Notice". If you do not agree to this Privacy Notice, do not proceed to further web pages of Allianz Partners. This Privacy Notice may be updated from time to time. We therefore ask you to review our Privacy Notice on regular basis. The last line of this Privacy Notice below indicates when the Privacy Notice was updated.

Who are we?

Allianz Partners insurance is underwritten by one of our local Insurance Companies. This Insurance Company may vary depending on the country of your residence and the service that you require. You can find all details in your insurance policy.

Claims will be managed by an Allianz Partners appointed Third Party Administrator, which is duly licensed to provide specialized integrated management and technology solutions in the field of insurance management and administration.

What is the purpose and the scope of this Statement?

Allianz Partners is committed to safeguarding the personal data that we have received from users. Accordingly, Allianz Partners has developed this statement to describe how and what type of data will be collected and /or Used from users and the purposes for which Allianz Partners may Use such data. This Privacy Notice applies to the personal data collected and Used by Allianz Partners.

Allianz Partners also outlines reasonable precautions which are taken to keep your data secure.

What personal data will be collected?

When you visit Allianz Partners Websites, our web server automatically records details about your visit (for example, your IP address, the type of browser software used, Allianz Partners Website pages that you actually visit including the date and the duration of your visit).

At the time of your purchase, we collect and use your personal information such as Full name, Gender, Contact details (address, e-mail address, and phone/fax number), Age / date of birth, Nationality and credit / debit card or bank information.

In case of a claim, we will collect and Use various types of the personal data including but not limited to Marital status, Occupation, medical reports, death certificates, medical claims history, details of physical and psychological health or medical conditions, credit/debit card and bank account details.

We will Use your personal data provided to us for a number of purposes including but not limited to the below.

Allianz Partners will Use your personal data:

- For the purposes of technical administration and research & development of the Allianz Partners Website
- For customer and user administration and marketing,
- To inform you about our services and products and for such purposes as otherwise specified.
- For Insurance Claims Management.
- Fraud, Money Laundering and Terrorist Financing prevention and detection, Meet any legal obligations (e.g., tax, accounting and administrative obligations).

We will Use your personal data with your express consent unless applicable laws and regulations do not require us to obtain your express consent.

For those purposes indicated above where we do not require your express consent or where we otherwise require your personal data to underwrite your insurance and/or process your claim, we will process your personal data based on our legitimate interests and/or to comply with our legal obligations. These legitimate interests and/or legal obligations include the following reasons for the processing of your personal data without your express consent:

- For the performance of a contract, if the processing is necessary to perform the contract or if you request the processing in order to enter into the contract
- For the protection of your vital interests or the vital interests of another natural person
- Compliance with a legal obligation to which you are subject
- Where the processing of your personal data is necessary for the public interest or in the exercise of official authority of us; and
- Where the processing of your personal data is necessary for the legitimate interests of Allianz Partners or a third party (unless overridden by your interests, rights or freedoms).

We will need your personal data if you would like to purchase our products and services. If you do not wish to provide this to us, we may not be able to provide the products and services you request, that you may be interested in, or to tailor our offerings to your particular requirements.

We are the sole owners of the personal data collected on this website. We only Use the information that you voluntarily give us via email or any other channels of communication. We will not sell, rent or share this personal data with any third party other than as necessary to fulfill the Purpose.

For the purposes indicated above, we may receive your personal data from you directly or from any third party including but not limited to employer, policy sponsor, brokers , business partners, insurers, medical providers, fraud prevention agencies , investigators, Regulators search information providers, intermediaries or delegated authorities.

Who is the data controller?

A data controller is a natural, legal person public authority, agency or other body which, alone or jointly with others who controls and determines the purposes (the “why”) and essential elements of the means (the “how”) of the Processing of personal data.

Who is the data Processor?

A Data Processor is a natural or legal person which Processes personal data on behalf of a Data Controller.

Example: Allianz Partners (Data Processor) on behalf of the Insurance Company (Data Controller).

How will we obtain and use your personal data?

We receive your personal data from you directly or from any third party including but not limited to travel agencies who make a purchase on your behalf.

We will use your personal data with your express consent unless applicable laws and regulations do not require us to obtain your express consent.

We will use your personal data for a number of purposes including but not limited to:

- a) For Insurance Claims Management
- b) For technical administration and research & development
- c) For customer and user administration and marketing,
- d) To inform you about our services and products, and
- e) Fraud, Money Laundering and Terrorist Financing prevention and detection,
- f) Meet any legal obligations (e.g., tax, accounting and administrative obligations).

For the purposes indicated above we will Use your personal data based on our legitimate interests and/or to comply with our legal obligations.

These legitimate interests and/or legal obligations include the following reasons for the processing of your personal data without your express consent:

1. For the performance of the purpose, if the processing is necessary to perform the contract or if you request the processing in order to enter into any contract.
2. For the protection of your vital interests or the Compliance with a legal obligation to which you are subject.

Who will have access to your personal data?

We will ensure that your personal data is processed in a manner that is compatible with the purposes indicated above.

For the stated purposes, your personal data may be disclosed to the following parties who operate as third party data controllers:

- Regulators, Healthcare Providers, other Allianz Group companies, agents, other insurers, co-insurers, re-insurers. Insurance intermediaries/brokers, insurance fraud investigators and banks

For the stated purposes, your personal data may be disclosed to the following parties who operate as data processors under our instruction:

- Sub-contractors, other Allianz Group companies, medical doctors

Advertisers and advertising networks to send you marketing communications, as permitted under local law and in accordance with your communication preferences. We do not share your personal data with non-affiliated third parties for their own marketing use without your permission.

Finally, we may share your personal data to meet any legal obligation, including to the relevant ombudsman if you make a complaint about the product or service we have provided to you.

Where will my personal data be processed?

Your personal data may be processed inside Allianz Partners by the parties specified above, subject always to contractual restrictions regarding confidentiality and security in line with applicable local data protection laws and regulations. We will not disclose your personal data to third parties who are not authorized to process them.

Your Personal Data may be stored inside and outside of the European economic Area (EEA). Whenever we transfer your personal data to another Allianz Group company, we will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Where Allianz' BCR do not apply, we will instead take steps to ensure that the transfer of your personal data receives an adequate level of protection as it does in the EEA.

What are your rights in respect of your personal data?

Where permitted by applicable law or regulation, you have the right to:

- Access your personal data held about you and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed,
- Withdraw your consent at any time where your personal data is processed with your consent,
- Have us update or correct your personal data so that it is always accurate,
- Have us delete your personal data from our records if it is no longer needed for the purposes indicated above but only after the retention period
- Request that your personal data will be restricted from processing in certain circumstances, for example where you have contested the accuracy of your personal data, for the period enabling us to verify its accuracy,
- Obtain your personal data in an electronic format,
- Express any concern you have about the use of your personal data.

You may exercise these rights by adjusting your privacy preference settings where you have created an online account with us or contacting us as detailed below providing your name, email address, account identification, and purposes of your request.

How long do we keep your personal data?

We will retain your personal data as per our retention schedule from the receipt of your data or for any longer term required by the applicable Laws. We will not retain your personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.

How can you contact us?

In case of inquiries and grievances related to your personal data, you can contact us by email or post as follows:

Data Privacy Professional
Allianz Partners
Eiffel Boulevard Limited Building (Eiffel 2)

1st floor, Umm Al Sheif,
Sheikh Zayed Road, P.O.
80864 Dubai, UAE
Telephone: +971 4270 8705
Email: dataprivacy@nextcarehealth.com

How often do we update this privacy notice?

We regularly review this privacy notice. The last line of this Privacy Notice indicates when the Privacy Notice was updated.

What security measures have we implemented to protect your information collected through the Allianz Partners Website?

Allianz Partners has implemented reasonable technical and organizational security measures to protect your personal data collected by Allianz Partners via the Allianz Partners Website against unauthorized access, misuse, loss or destruction.

How do we treat electronic messages sent to and from Allianz Partners?

All electronic messages sent to and from Allianz Partners are protected by reasonable technical and organizational measures and may only be accessed in justified cases in line with applicable laws and regulations (e.g. court order, suspicion of criminal conduct, violation of regulatory obligations,) to specific persons in defined functions (e.g. Legal, Compliance, Risk).

What should you consider when sending data over the Internet?

The Internet is generally not regarded as a secure environment, and information sent via the Internet (such as to or from the Allianz Partners Website or via electronic message) may be accessed by unauthorized third parties, potentially leading to disclosures, changes in content or technical failures. Even if both sender and receiver are located in the same country, information sent via the Internet may be transmitted across international borders and be forwarded to a country with a lower data protection level than exists in your country of residence.

Please note that we accept no responsibility or liability for the security of your information whilst in transit over the Internet to Allianz Partners. In order to protect your privacy we would like to remind you that you may choose another means of communication with Allianz Partners, where you deem it appropriate.

Google Analytics

The Allianz Partners Websites may use Google Analytics, a web analytics service provided by Google, Inc. ("Google"). Google Analytics uses "cookies", which are text files placed on your computer, to help the website analyze how users use the site. The information generated by the cookie about your use of the website will be transmitted to and stored by Google on servers in the United States.

In case IP-anonymization is activated on this website, your IP address will be truncated within the area of Member States of the European Union or other parties to the Agreement on the European Economic Area. Only in exceptional cases, the whole IP address will be first transferred to a Google server in the USA and truncated there. The IP-anonymization is active on this website. Google will use this information on behalf of the operator of this website for the purpose of evaluating your use of the website, compiling reports on website activity for website operators and providing them other services relating to website activity and internet usage.

The IP-address, which your Browser conveys within the scope of Google Analytics, will not be associated with any other data held by Google. You may refuse the use of cookies by selecting the appropriate settings on your browser, however please note that if you do this you may not be able to use the full functionality of this website.

You can also opt-out from being tracked by Google Analytics with effect for the future by downloading and installing Google Analytics Opt-out Browser Add-on for your current web browser: <https://tools.google.com/dlpage/gaoptout>

Cookie Notice

We use cookies in order to provide you with a user-friendly, safe and effective website. By default, the cookie settings on this website are set to "Allow all cookies". If you continue, you consent to this. Please visit our Cookies information page (https://www.allianz-partners.com/en_US/cookies.html).

If you want to know more about our privacy and cookie policy and if you wish to learn how to disable cookies.

This privacy notice was last updated in June 2019.