



Allianz Global Assistance

**Multiassistance
Portugal**

Travel Insurance

General Conditions

SATA

Multiassistance Travel Insurance – Portugal

This is a brief summary of the General Conditions, agreed between AGA International SA – Sucursal em Portugal and SATA Internacional – Serviços e Transportes Aéreos, SA. In case of any additional information, please contact the Airline Company with a copy of the General Conditions.

Chapter I

Defined Terms and scope of contract

Definitions

In this contract, the terms and expressions provided below are given the following meanings:

- a) **Accident:** a fortuitous, sudden and unusual event resulting from an external and violent cause, outside the control of the Policyholder, the Beneficiary or the Insured Person, which occurs during the journey of the Insured Person and causes physical injuries that can be objectively verified through medical examination, that cause permanent disability or death.

Allergic reactions and illnesses in general, in other words, changes in health for reasons other than trauma, as well as the conditions and disabilities that cannot be verified through medical examination, or are related to a nervous or mental condition that does not reveal specific symptoms rendering diagnosis unequivocal and indisputable, shall not be considered an accident;

- b) **Policy:** written document that provides evidence of the existence of the insurance contract entered into by the Policyholder and the Insurer.
- c) **Luggage:** items of clothing and personal hygiene that are usually transported during journeys, as well as the respective suitcases, bags or other similar articles;
- d) **Beneficiary:** the person in whose favour the Insurer's provision shall revert;
- e) **Maximum Benefit:** maximum level of cover of the benefits that will be paid by the Insurer;
- f) **General Conditions:** the set of contract provisions that define the framework and the main principles of the insurance contract;
- g) **Specific Conditions:** the set of contract provisions added to the general conditions of the insurance contract in order to complete or modify them;
- h) **Individual Certificate:** membership insurance document delivered to the insured
- i) **Airline:** the legal entity that performs the transport of people and baggage in airplanes. For the purposes of this Policy, the Airline is SATA Internacional– Serviços e Transportes Aéreos, SA
- j) **Pre-existing Health Condition:** illness that the Insured Person must have, or should have, been aware of at the date that the Policy was underwritten, due to being subject to medical action or prior treatment or revealing evident signs / symptoms;
- k) **Residence:** the location where the Insured Person has established their usual place of residence and specified in the Specific Conditions.
- l) **Relatives:** the spouse or civil partner, children, grandchildren, parents, grandparents, brothers, parents-in-law, sons and daughters-in-law and brothers and sisters-in-law of the Insured Person;

- m) Excess: the sum that, in the event of a Claim, shall be borne by the Insured Person if payment is made by the Insurer;
- n) Theft: Appropriation of moveable property by someone, with the unlawful intention of making it their own or giving it to another;
- o) Permanent disability: an irreversible situation, due to anatomical or functional loss of limbs or organs, that can be objectively verified through medical examination, resulting from physical injury caused by an Accident;
- p) Insured Person or Insured Party: natural person in whose benefit the insurance contract is executed.

The Insured Person or Insured Party are persons indicated in the Specific Conditions

- q) Premium: the Premium is the consideration given for the agreed coverage and includes all the sums that are payable by the Policyholder under the terms of the contract, namely the costs with covering the risk, the acquisition, management and collection costs, and the charges related to issuing the Policy. The Premiums specified in the Specific Conditions correspond to total premiums, for which reason they include tax and other costs of similar nature to be borne by the Policyholder;
- r) Risk: uncertainty associated to a future event, whether in relation to its actual occurrence, the time when it occurs or the losses that may result therefrom;
- s) Robbery: stealing moveable property, or coercion of the Insured Party to hand that property over, by someone who, with the unlawful intention of making it their own or giving it to another, employs violence against the Insured Party, by threatening with imminent danger to their life or physical integrity, or putting them in a situation where resistance is impossible;
- t) Insurer: the entity that is authorized by law to perform the activity of insurer and that enters into this insurance contract with the Policyholder;
- u) Seguro de Grupo: seguro de um conjunto de pessoas ligadas ao Tomador do Seguro por um vínculo que não seja o de segurar;
- v) Claim: occurrence, totally or partially, of the event that leads to the activation of the risk coverage that is provided in the contract;
- w) Policyholder: the person or entity that executes the insurance contract with the Insurer, and is responsible for the payment of the Premium.

The titles of the articles in this Policy are merely indicative and shall not be used as a basis for the interpretation or integration of this contract.

If any of the provisions of this Policy are declared void or in any way invalid, ineffective or unenforceable, by an entity with authority to do so, such nullity, invalidity, ineffectiveness or unenforceability shall not affect the validity of the remaining provisions of this Policy, whereby the Parties shall agree, in good faith, to replace that provision with another which, to the extent possible, has similar effects.

Article 2 - Scope

1. For the purposes of this insurance contract, the Insurer shall provide cover for certain risks of the Policyholder or a third party, specified in Chapter VIII, undertaking to perform the agreed actions in the event of the occurrence of an unforeseeable event provided in the contract, and the Policyholder undertakes to pay the respective Premium, fixed in the Specific Conditions.

2. Without prejudice to that provided in the above number, coverage of the risks specified in Chapter VIII by the Insurer shall only be guaranteed if the duration of the stay outside the country does not exceed over 31 (thirty-one) consecutive days.

3. This Policy shall only apply to journeys by the Insured Person that are not made for business purposes.

4. Under no circumstances shall this Policy cover connection flights or the reservation of journeys made during the stay at the destination indicated in the Specific Conditions.

Chapter II

Article 3 - Start, Effective Term and Territorial Scope of the Contract

Article 3 - Start and Effective Term of the Contract

1. Coverage for cancellation of journey shall commence 24 (twenty-four) hours after underwriting the Policy. This shall occur on the same date as the reservation with the Airline, and shall be effective until the time and date that the first journey indicated in the Specific Conditions starts.

2. The coverage regarding curtailment, baggage, travel assistance, golf, winter sports, surf and personal accidents shall become effective between the dates and times of the journeys indicated in the Specific Conditions.

3. In the event that the Policyholder has only acquired a one way trip, the coverage mentioned in the above number shall be effective up to 24 (twenty-four) hours before the day of arrival at the destination specified in the Specific Conditions.

4. The Policyholder may freely terminate the contract within 14 (fourteen) days without indicating a justification, as long as the journey indicated in the Specific Conditions has not already started.

Article 4 – Territorial scope

Coverage is valid for flights with the destination indicated in the Specific Conditions. **However, travel assistance coverage shall only enter into force when more than 30 Km away from the Residence of the Insured Person, or more than 15 Km away if that Residence is located in Islands.**

Chapter III

Duties of the Parties and the Insured Party

Article 5 – Duties of the Insurer

In addition to the other obligations that result from the law or from this Policy, the Insurer shall:

- a) Guarantee exact performance and provision of the services set forth in this Policy;
- b) Keep all the information it becomes aware of within the scope of the execution or performance of the contract under confidence, as well as ensure that directors, workers, agents and other associates observe the duty of confidence, which shall subsist beyond the termination of their duties;
- c) Provide the Policyholder and the Insured Party with all the explanations required to correctly understand the procedures to adopt in the event of a claim.

Article 6 – Duties of the Policyholder, the Insured Party and the Beneficiary

1. In addition to the other obligations that result from the law or from this Policy, the Policyholder shall:

- a) Pay the Insurer the Premium fixed in the Specific Conditions ;
 - b) Declare exactly all circumstances of which they are aware and should consider significant for the Insurer to assess risk;
 - c) Inform the Insurer, while the contract is in force, as to alterations in risk within the scope of the information provided;
2. In addition to other obligations that result from the law or from this Policy, the Insured Party, the Policyholder and / or the Beneficiary further undertake to:
- a) In the event of a Claim, adopt the measures and take all the steps within their power to avoid further losses;
 - b) Comply with the procedures provided in this Policy in the event of a Claim.

Chapter IV

Procedures in the event of a Claim

Article 7 – Procedures in the event of a Claim

- 1. The occurrence of the Claim shall be communicated to the Insurer by the Policyholder, the Insured Party or the Beneficiary, within the period of time established in the contract for each type of coverage and benefit or, if this is not possible, during the 8 (eight) days immediately following the day they become aware of it.**
- 2. The Policyholder, the Insured Person or the Beneficiary shall use the telephone number (+351) 21 000 41 14, available 24 (twenty-four) hours a day, both when in Portugal or abroad.**
- 3. The communication made shall explain the circumstances under which the Claim occurred, its probable causes and the respective consequences.**
- 4. The Policyholder, the Insured Party or the Beneficiary shall also provide the Insurer all the relevant information it requests with regard to the Claim and its consequences.**
- 5. Requests for assistance that were not made to nor organized by the Insurer shall not entitle to reimbursement, compensation or indemnity of any kind.**
- 6. Failure to observe the duties established in the above numbers shall result in the reduction of the benefits provided by the Insurer in view of the damage caused by the failure to comply with the duties established in this article.**
- 7. Intentional failure to observe or incorrect performance of the duties established in this article, causing significant damage to the Insurer, shall result in loss of coverage.**

Article 8 – Due care

- 1. In the event of a Claim, the Policyholder and the Insured Party shall employ all the means within their power to prevent or limit losses.**
- 2. That provided in the above number shall also apply to a party who is aware of this insurance as the Beneficiary.**
- 3. Failure to observe the duties established in the above numbers shall result in the reduction of the benefits provided by the Insurer in view of the losses caused to this party by the failure to comply with the duties established in this article.**
- 4. Intentional failure to observe or incorrect performance of the duties established in this article, causing significant damage to the Insurer, shall result in loss of coverage.**

Chapter V Premiums

Article 10 - Premium and Premium due date

1. As consideration for the agreed coverage, the Policyholder undertakes to pay the Insurer the Premium fixed in the Specific Conditions.
2. The Premium corresponds to the effective term of the contract, whereby it is owed in its entirety.
3. The Premium is payable on the date of execution of the contract.

Article 11 – Failure to pay premiums

1. **Payment of the Premium is condition precedent for the coverage of risks.**
2. **Failure to pay the Premium shall result in the immediate termination of the contract as of the date of its execution.**
3. The termination of the insurance contract due to failure to perform payment of the Premium, or part of an installment thereof, shall not release the Policyholder from the duty to pay the Premium corresponding to the period during which the contract has already been in effect, in addition to applicable late payment interest.

Article 12 – Payment by a third party

The Premium may be paid by a third party according to the law or the Specific Conditions of the Policy, whether or not they are a third party in interest with regard to the performance of the obligation, applying the insurance contract legal regimen.

Chapter VI Termination

Article 13 - Means of termination

The insurance contract shall cease to be effective according to the law, namely due to expiry, mutual termination, notice of termination and termination for cause.

Chapter VII General Provisions

Group Insurance

1. Communication and Notices
 - a) Communications and notices by the Policyholder or the Insured Party under the terms of this Policy shall be considered and effectively performed if sent to the registered office of the Insurer.
 - b) The Insured party should inform the policyholders in case of any change including beneficiaries.

- c) The insured party has to prove that provided the information referred in the previous items.
 - d) The insurer is only required to send communications provided in the contract if the addressee is duly identified in the contract,
2. Failure on information duty

The failure on information duty shall incur the policyholder for liability under the general conditions of civil responsibility.

Article 14 – Multiple insurances

- 1. When the same risk, in relation to the same interest and during an identical period, is covered by more than one insurer, the Policyholder or the Insured Party shall inform all the insurers as to that fact, as soon as they become aware of this, as well as when they submit a Claim.**
- 2. Fraudulent non disclosure of the information stated in the above number shall exempt the Insurer from its respective duties.**
- 3. This Policy only operates as a complement to other insurance contracts entered into beforehand and providing coverage for the same risks.**

Article 15 – Subrogation and complementariness

1. After paying the indemnity or organizing the services provided in the Policy, the Insurer shall be entitled to subrogation, up to the value of the sum paid or the value of the services organized, of the rights of the Insured Party against a third party liable for the claim.
2. The Policyholder, the Insured Party or the Beneficiary shall be liable, up to the value of the indemnity paid or the value of the services organized, due to any omission that prejudices the rights provided in the above number.
3. A partial subrogation shall not prejudice the rights of the Insured Party or the Beneficiary in relation to the part of the risk that was not covered, when it has right to recoup together with the Insurer against a liable third party.
4. That provided in number 1 shall not apply:
 - a) Against the Insured Party if they are answerable for the third party responsible, according to the law;
 - b) Against the spouse, civil partner, parents and children of the Insured Party who live in their household, unless those third parties were intentionally responsible or if covered by insurance contract.
5. The benefits and indemnities provided in this Policy are paid in addition and as a supplement to other insurance taken out, indemnities by the organizers of the journey, payments from Social Security or any other welfare institution of which the Insured Person is a beneficiary.
6. The Insured Person undertakes to take all the steps necessary in order to obtain the benefits and payments mentioned in the above number and to return them to the Insurer if and to the extent that they were given to them in advance.

Article 16 – Period of prescription

The rights arising from the insurance contract may no longer be invoked after five years counted from the date that the holder became aware of those rights, without prejudice to their standard prescription counted from the date of the fact that caused them

Article 17 – Applicable law

This insurance contract shall be governed according to Portuguese law.

Article 18 – Complaints and arbitration

1. Complaints within the scope of this contract may be presented to the services of the Insurer identified in the contract as well as the Portuguese Insurance Institute (www.isp.pt).

2. Without prejudice to later recourse to the Courts, any disputes that may arise in relation to the applicability of this insurance contract, namely litigation regarding the validity, interpretation, performance or nonperformance of the insurance contract may be settled by means of arbitration, according to the applicable law.

Article 19 – Jurisdiction

Without prejudice to the exceptions established in civil procedure law, the courts with jurisdiction to settle disputes arising from this contract are those established in civil law.

Article 20 – Force Majeure

1. Any unforeseeable or inevitable event, outside the control of the parties, to which they did not contribute and that impedes the performance of duties or renders their performance extraordinarily difficult, is considered *force majeure*, for example:

- a) Natural disasters, such as quakes, floods, lightning or hurricanes;
- b) Serious accidents, such as explosions or landslides;
- c) Acts of war, declared or otherwise, or of sedition, declaration of state of siege, alert or emergency;
- d) Civil unrest, such as those caused by epidemics, insurrection, revolts, riots, strikes at companies / third parties, “lock-out”, public and social demonstrations;
- e) Decisions taken by the authorities, such as embargoes, bans or restrictions of any nature, partial or total mobilization, quarantines and requisitioning.

2. The liability of the Parties due to the nonperformance or defective performance of the duties arising from this insurance contract, or the losses resulting therefrom, when that nonperformance or defective performance arise directly from the occurrence of a situation of *force majeure* as defined above, shall not apply.

3. In the event of the occurrence of a fact which, under the terms of this article, should be qualified as *force majeure*, the Parties shall develop their best efforts in order to adopt solutions that permit achieving the intended purpose for the execution of this insurance contract.

Chapter VII Risk coverage

Section I Cancellation of journey

1. The Insurer guarantees, up to the Maximum Benefit, the reimbursement of the value of the tickets acquired from the Airline when the Insured Person cancels their journey before departure due to:

- a) Serious illness, serious accident or death of the Insured Person or their Relatives, as defined in article 1.

Serious illness shall be construed as any involuntary alteration in the health of the Insured Person or their Relatives, diagnosed by a doctor and that implies hospitalization or confinement to bed, rendering starting the journey on the planned date clinically impossible or, in relation to a serious illness of Relatives, implies risk of their death;

- Hospitalization with a minimum of 24 hours and that this situation happens within seven (7) days prior to the trip, making it impossible to start the trip on schedule;
- Temporary disability to remain in the seven (7) days prior to the trip, making it impossible to start the trip on schedule.

Serious accident shall be construed as physical injury caused to the Insured Person, of an accidental, sudden and unforeseeable nature, due to reasons outside the control of the Insured Person and which, according to medical opinion, implies hospitalization or confinement to bed, rendering starting the journey on the planned date clinically impossible or, in relation to a serious accident suffered by a Relative, implies risk of their death;

- Hospitalization with a minimum of 24 hours and that this situation happens within seven (7) days prior to the trip, making it impossible to start the trip on schedule;
- Temporary disability to remain in the seven (7) days prior to the trip, making it impossible to start the trip on schedule.

Cancellations of journeys due to a pre-existing condition are covered whenever the condition worsens after the date that the Policy is underwritten.

- b) Serious damage, due to theft, fire or flooding at their Residence or place of business, whether owned by them or rented, if the Insured Person directly operates those facilities or is a self-employed professional who works there. The damage must have rendered the Insured Person's Residence or place of business inhabitable or create serious risk of further damage which justifies, indispensably and urgently, the presence of the Insured Person on dates when the journey was scheduled;
- c) Insured Person or Relatives, as they are defined in article 1, summoned for organ transplant, if called to perform the organ transplant after the reservation of the journey and underwriting the Policy and the transplant is to occur on the travel dates or, if before those dates, render the transplant on the scheduled date impossible;
- d) Insured Person or Relatives, as they are defined in article 1, summoned to perform important surgery: if called to perform the surgery after the reservation of the journey and underwriting the Policy and the surgery is to occur on the travel dates or, if before those dates, render performing the surgery on the scheduled date impossible;
- e) Cancellation of meeting of the Insured Person due to:
 - i) Serious illness of the Insured Person, as well as of any of the participants, if their presence is essential at that meeting. Serious illness or accident shall be construed as that which implies hospitalization or risk of imminent death and that situation persists for 7 (seven) days before the journey;
 - ii) Serious damage as a result of theft, fire and flooding in the facilities where the meeting is programmed to take place. The damage in question must imply that the use of the referred facilities is impossible;
 - iii) Termination of the employment contract of the Insured Person at the employer's initiative, as well as of any of the participants, if their presence is essential at that meeting, after the date of the reservation of the journey and underwriting the Policy. **Dismissal for cause, termination during probation period, expiry or mutually agreed termination are excluded from coverage, as well as the termination or notice of termination at the Insured Person's initiative.**

2. In the event that any of the causes provided in the above number occurs and the Insured Person intends to transfer the journey to another person, the Insurer shall cover the additional costs involved in the alteration of the reservation, if the costs of such alteration are lower than the indemnity due to the cancellation of the journey.

Exclusions

Cancellations of journeys that occur as a result of the following are excluded from coverage:

- a) **Use of alcohol, drugs and narcotics, except those prescribed by a doctor and taken according to the indications;**
- b) **Psychological, mental or nervous illnesses that do not require hospitalization for more than 7 (seven) days;**
- c) **Intentional acts, negligence by the Insured Person, as well as self-inflicted lesions, suicide or attempted suicide;**
- d) **Accidents resulting from taking part in wagers, competitions, duels and brawls (except in the event of self-defense);**
- e) **Epidemics, pandemics, quarantine, pollution and natural disasters;**
- f) **Civil war or foreign war, declared or not, riots, civil movements, terrorist acts, as well as inobservance of state bans;**
- g) **All the effects caused by radioactive, biological or chemical source;**
- h) **Failure, for any reason, to present the documents required in order to travel, such as passports, visas or tickets;**
- i) **Lack or impossibility of vaccination and medical unavailability to take the necessary precautions before journeys to certain countries;**
- j) **Birth or abortion;**
- k) **Pregnancy complications and miscarriage after the 7th month of gestation;**
- l) **Medical appointment or certificates, periodic inspections, rehabilitation sessions, cures or beauty treatments;**

The additional costs that arise from delays in informing the Insurer as to the cause for cancellation

Procedures in the event of a Claim

Without prejudice to that provided in Chapter IV, in the event of a Claim, the Insured Person shall formally cancel the journey with the Airline, as quickly as possible, and demand the reimbursement of the costs borne. At the same time, the Insured Person shall activate their coverage with the Insurer, as well as provide this party with all the information and documents they request, in order to confirm the occurrence of the Claim and its causes, circumstances and consequences.

Section III

Baggage

Description of coverage

1. The Insurer guarantees, up to the Maximum Benefit, the payment of indemnity to the Insured Person as a result of:

- a) Theft Baggage;
- b) Partial or total loss or destruction of baggage during its transportation by a public passenger transport company.

2. The Insured Person must always demand reimbursement from the Airline or the handling company.

Maximum Benefit and calculation of indemnity

1. The Indemnity is calculated based on the purchase value of the objects claimed, deducting their depreciation due to their age and wear or tear, under the following terms:

- a) **Baggage under 1 year old: 15%;**
- b) **Baggage above 1 year old: 15% devaluation during the first year and 5% in the following years, up to a maximum limit of 75%.**

2. The maximum indemnity for the following objects is 50% of the Maximum Benefit, taking the following aspects into account:

- a) **Jewelry, objects crafted with precious metals, gems, pearls and watches are only covered against Robbery and if the Insured Person is wearing them when the Claim takes place or if they are deposited in the hotel safe;**
- b) **Photographic, cinematographic, recording or sound or image playing material as well as accessories, furs or hunting rifles, are only covered against Robbery and if the Insured Person is wearing them when the Claim takes place or if they are deposited in the hotel safe.**

3. The Maximum Benefit specifies the maximum indemnity per Insured Person and for all the Claims suffered by the Insured Person during the insurance period.

4. In the event of total or partial destruction of the baggage, or its loss during transfer performed by a transporter, the Insurer shall offer compensation in addition to the indemnity payable by the transporter, up to the Maximum Benefit

Personal Effects

1. The Insurer shall also reimburse the Insured Person, up to the Maximum Benefit, for expenses borne with the purchase of essential belongings, in the event of delay above 12 (twelve) hours in the delivery of the Baggage on the outward journey.

2. For the purposes of this coverage, essential belongings shall be construed as the articles used by the Insured Person in their personal hygiene and clothing.

3. This indemnity shall not accrue with the indemnity payable due to loss or destruction of baggage by a public passenger transport company.

4. The Insured Person shall hand over to the Insurer the documents that provide proof of purchase of articles of basic necessity and the length of the delay in the delivery of the baggage.

Exclusions

1. The following situations are excluded from coverage:

- a) Any robbery, destruction or loss:
 - i) Caused intentionally by the Insured Person or resulting from grave negligence;
 - ii) Resulting from determination by the appropriate authorities, during civil or foreign war, declared or not, civil uprisings and riots, strikes, acts of terrorism and any effects caused by radioactive, chemical or biological source.
 - iii) Resulting from change of accommodation.
- b) Robbery committed by the workers of the Insured Person during the performance of their duties;
- c) Theft of objects left unwatched in public locations;
- d) Destruction resulting from a defect in the object, normal wear and tear, spillage of liquids, oils, dyes or corrosive materials that are part of the Insured Person's baggage;
- e) Theft, loss, forgetting or simply misplacing objects;
- f) Objects stolen from inside a private vehicle, except rental vehicles;
- g) The purchase of basic necessity articles during the return journey to the Residence of the Insured Person;
- h) Claims caused as a result of earthquake, seaquake, flooding, volcanic eruptions, volcanic ash, epidemics, quarantine, hurricane, fall of heavenly bodies, meteorites and acts of terrorism.

2. The following objects are excluded from this coverage:

- a) Documents, identity cards, credit and cash point cards, magnetic cards, transport tickets, cash, debt certificates and keys;
- b) Bicycles, hunting rifles, Windsurf boards, Skis or Snowboard boards and all types of sports equipment;
- c) Material of professional nature;
- d) Musical instruments, artworks, antiques, collections and merchandise;
- e) Glasses, contact lenses, prosthetics and any type of orthopedic devices;
- f) Telephones and electronic devices, as well as their accessories;
- g) Any type of computing material.

Procedures in the event of a claim

1. Without prejudice to that provided in Chapter IV, in the event of a Claim the Insured Person shall proceed in the following manner:

- a) In the event of robbery, the Insured Person shall report this, on that very day, to the police authorities closest to the location where the crime took place, identifying the stolen objects and their value;
- b) In the event of total or partial destruction during transport by a public passenger transport company, the Insured Person shall request that the transporter hand over documentation that provides proof of that total or partial destruction, as well as a list of the destroyed objects;

- c) In the event of loss during transport by a public passenger transport company, the Insured Person shall request that the transporter hand over documentation that provides proof of loss of the Baggage.

2. If the stolen or lost items are found or recovered, the Insured Person shall proceed in the following manner:

- a) Inform the Insurer, in writing, from the moment that they become aware of the fact;
- b) In the event that the Insurer has not yet performed the reimbursement, the Insured Person shall take possession of the objects. The Insurer shall only indemnify potential deterioration of the objects or partial losses if they are covered by the Policy;
- c) If the Insurer has already performed the reimbursement, the Insured Person may choose to relinquish the objects, whereby they shall become the possession of the Insurer, or may choose to keep the objects, returning the value of the indemnity received to the Insurer, deducting the value corresponding to the deterioration or partial loss of objects. If the Insured Person does not get in touch with the Insurer within fifteen days, the Insurer shall construe this to mean that the Insured Person has chosen to relinquish the objects.

Section IV Travel assistance

Description of coverage

1. Transport or repatriation in the event of illness or accident

If the Insured Person suffers and accident or suddenly becomes ill during the journey specified in the Specific Conditions, the Insurer shall take care of:

- a) The costs with transport by ambulance or another appropriate means, from the location of the occurrence until the nearest clinic or Hospital;
- b) Surveillance by their medical team, together with the Insured Person's doctor, in order to determine the appropriate measures regarding the best treatment to be applied and the best means for transfer, if applicable, to a more appropriate hospital centre or to their Residence;
- c) The costs of that transfer, by the most appropriate means of transport, to the approved hospital centre or to their Residence.
- d) Organization of the repatriation of the Insured Person and insured relatives or another also insured companion, if, due to medical requirements, the severity of which shall be determined by the Insurer's medical team, the Insured Person cannot use the means of transport provided for their return to their Residence. In this case, the Insured Person shall contact the Insurer beforehand, requesting assistance for the case at hand;
- e) Organization of transport to their initially defined destination, if the Insured Person, after their recovery, as well as the companion or their insured relatives, intend to proceed with the journey, and the health of the Insured Person allows this, as long as the costs of this journey does not exceed the costs with the return journey to their Residence.

Any medical transport and / or repatriation, as well as medical supervision, if applicable, shall be performed with the prior agreement between the Insured Person's doctor and the Insurer's medical team.

The means of transport used shall be determined by the Insurer's medical team.

Transport or repatriation in the event of death

In the event of the death of the Insured Person, the Insurer shall support the payment of:

- a) Costs with transporting the body, from the place of death to the location of interment in Portugal;
- b) Expenses with the mandatory preparation for transporting the body, up to the Maximum Benefit;
- c) Travel expenses for the return of the Relatives or a companion of the Insured Person by 1st class train ticket or tourist class airplane ticket, in as far as the means initially provided for their return cannot be used due to the repatriation of the Insured Person.

Extended hotel and accommodation

If, after the occurrence of sudden illness or accident, the state of the Insured Person, according to medical opinion, does not justify hospitalization but does not permit their immediate transportation or repatriation to their Residence, the Insurer shall support the expenses with accommodation of the Insured Person and a companion, from the time that the initially planned stay for the journey cannot be used and until that transportation or repatriation becomes possible, all up to the Maximum Benefit.

Return ticket for one Relative and respective Accommodation

When the Insured Person has been hospitalized and their stay is expected to last longer than 5 (five) days [or 3 (three) days in the event of minors or disabled persons], and there are no relatives or another person who can accompany them at the location, the Insurer shall support the travel expenses of a relative with a return journey 1st class train ticket or tourist class airplane ticket departing from Portugal, in order to stay with them, and shall also cover accommodation expenses, all up to the Maximum Benefit.

The expenses with accommodation shall only be borne when the Insured Person is hospitalized outside their country of Residence.

Medical expenses Portugal in case of Illness or accident in Portugal

If due to accident or sudden illness occurring during the journey indicated in the Specific Conditions, the Insured Person needs medical assistance, surgery, pharmaceutical or hospital assistance abroad or at their country of Residence, the Insurer shall support, up to the Maximum Benefit:

- a) Medical and surgery expenses and fees;
- b) Expenses with pharmaceutical products prescribed by a doctor;
- c) Hospitalization costs, until such time as the repatriation of the Insured Person is clinically possible and advisable.

This coverage is dependent on the prior intervention by Social Security or any other entity required to provide assistance, with regard to which the Insured Person undertakes to inform the Insurer.

The Insured Person shall obtain a European Health Insurance Card whenever they visit one of the European Union Member-States, or Iceland, Liechtenstein, Norway or Switzerland.

In situations of medical care in Portugal the insured will be forwarded to the AGA's medical network.

Emergency dental care in Portugal

The Insurer shall guarantee, up to the Maximum Benefit, the reimbursement of dental expenses that arise outside the country of Residence and that as a result of infection, trauma or pain, require emergency treatment.

Communication of urgent messages

The Insurer, following a Claim covered by the Policy, shall transmit the urgent messages that are requested by the Insured Person, as well as support the costs with urgent messages that the Insured Person transmits directly. In this latter case, the Insurer shall only support the expenses arising from the transmission of urgent messages after the Insured Person presents the corresponding invoice and justification for the urgent nature of the message.

Flight delay

If the departure of the flight(s) indicated in the Specific Conditions is / are delayed at least 12 (twelve) hours, the Insurer shall support, up to the Maximum Benefit and following submittal of the respective documents that provide proof of this, the costs with hotel, food and transport during the delay.

The Insured Person shall provide the Insurer with the documents providing proof of the delay of the flight issued by the Airline, as well as the documents providing proof of the costs paid.

This coverage shall only be activated if the Airline does not agree to the payment of any indemnity.

The costs paid at a place other than where the delay takes place are excluded. Flight cancellations are also excluded, in other words, the non-occurrence of a programmed flight and regarding which at least one seat had been reserved.

Missed connection flights

If, as a result of a delay in the flight used for the journey indicated in the Specific Conditions, the Insured Person misses a later connection flight that had already been reserved in order to proceed with their journey, the Insurer shall indemnify the Insured Party, at the latter's discretion, with regard to the hotel expenses and meals that occur while waiting for the next connection flight of a new ticket in order to complete the connection or return to the Residence, all of which up to the Maximum Benefit.

The Insured Person shall provide the Insurer with the justification documents issued by the Airline admitting to the delay, the document proving the departure time of the connection flight, as well as the documents that demonstrate the expenses borne.

This coverage shall only be activated if the Airline does not agree to the payment of any indemnity.

Accommodation expenses shall only be supported by the Insurer as long as the next available connection flight does not take place on the same day.

This cover shall not apply if the Insured Person did not ensure a minimum interval of at least two hours between flights.

Interruption of journey

If, during the flight identified in the Specific Conditions, the Insured Person is repatriated for any reason provided in this Policy, the Insurer shall guarantee, up to the maximum value of the Insured Value, the reimbursement of the costs borne with the journey, for the period of time during which it was not used.

Serious illness shall be construed as any involuntary alteration in the health of the Insured Person or their Relatives, diagnosed by a doctor and that implies hospitalization or confinement to bed, rendering starting the journey on the planned date clinically impossible or, in relation to a serious illness of Relatives, implies risk of their death;

Serious accident shall be construed as physical injury caused to the Insured Person, of an accidental, sudden and unforeseeable nature, due to reasons outside the control of the Insured Person and which, according to medical opinion, implies hospitalization or confinement to bed, rendering starting the journey on the planned date clinically impossible or, in relation to a serious accident suffered by a Relative, implies risk of their death;

Cancellations of journeys due to a pre-existing condition are covered whenever the condition worsens after the date that the Policy is underwritten.

The Insured Person shall inform the organizers of the journey (travel agents, hotels, etc.) with regard to the interruption of the journey as soon as possible and demand the reimbursement of the sums regarding the period of the journey that was not used.

Luggage delay (> 24 hours)

The Insurer shall also reimburse the Insured Person, up to the Maximum Benefit, for expenses borne with the purchase of essential belongings, in the event of delay above 24 (twenty-four) hours in the delivery of the Baggage on the outward journey.

For the purposes of this coverage, essential belongings shall be construed as the articles used by the Insured Person in their personal hygiene and clothing.

- a) This indemnity shall not accrue with the indemnity payable due to loss or destruction of baggage by a public passenger transport company.**
- b) This indemnity shall not accrue with the indemnity Personal Effects.**

The Insured Person shall hand over to the Insurer the documents that provide proof of purchase of articles of basic necessity and the length of the delay in the delivery of the baggage.

Exclusions

1. In addition to the other exclusions provided, all the actions that were not requested to the Insurer or that were organized directly by the Insured Person, without the prior agreement of the Insurer, are expressly excluded from all travel assistance coverage, except in case of proven *force majeure* or effective impossibility to do so.

2. In addition to the other exclusions provided, the following situations are expressly excluded from travel assistance coverage:

- a) Illness, accidents or death resulting from the use of alcohol, drugs and narcotics, except those prescribed by a doctor and taken according to the instructions;**
- b) Intentional acts, negligence by the Insured Person, as well as self-inflicted lesions, suicide or attempted suicide;**
- c) The Claims occurring as a result of war, declared or not, riots, uprisings or events of similar nature, except when the Insured Person is caught by surprise by the start of the conflict abroad. Under these circumstances, the insurance coverage shall cease 14 days after the start of the conflict;**

- d) All the effects caused by radioactive, biological or chemical source;
 - e) The claims resulting from natural disasters, such as, earthquake, seaquake, flooding, volcanic eruptions, volcanic ash, unusual storms, fall of heavenly bodies and meteorites;
 - f) Epidemics, pandemics, quarantine;
 - g) Acts of terrorism;
 - h) Activities related to blowguns, archery, hot air balloon rides, windsurf, kite surf, sailing in sailboat or motor boat, fishing, mountain biking, canoeing, kayaking, mountaineering, orientation, horse riding excursions, quads, 4x4 vehicle excursions, karts, trekking, paintball, jet skis, lightweight aviation, helicopters, water skiing, rafting, paragliding, parachuting,, snowboard. Practicing any sport professionally, remunerated or otherwise, competing or training. The Claims that occur while participating in an airborne sport, including sky diving, paragliding and hang gliding, or any of the following sports: skeleton, bobsleigh, sky-jumping, mountaineering, climbing, diving, bungee-jumping, sky-diving or activities related to speleology;
 - i) Any type of journey for therapeutic purposes;
 - j) Search and rescue of persons at sea, mountain or desert areas;
 - k) Costs with burial or funeral ceremonies;
 - l) Consequences of the treatment of an uncured illness regarding which the Insured Person is not recovered when the journey starts, or which, according to the medical team of the Insurer, was specified as medically unsuitable regarding the performance of that journey;
 - m) Repatriation or health transport performed as a result of mental illness that does not require hospitalization at the destination for more than 24 hours.
3. In addition to the other exclusions provided, in particular those mentioned in the above number, the following situations are expressly excluded from coverage of medical expenses:
- a) Any medical expenditure produced in the country of residence or of nationality of the Insured Person, with a cost lower than the value of the excess established in the table of coverage and benefits attached hereto;
 - b) Pre-existing conditions, whether the Insured Party was aware of them or not. Any decline in pre-existing conditions that may occur during the journey are covered;
 - c) Treatment of illnesses known beforehand;
 - d) Spa treatments, sun therapy, heliotherapy, weight treatment, springs, youth treatment or any beauty and well-being treatments;
 - e) Implants, artificial limbs, glasses or other prosthesis, and the respective costs with placement / development, as well as the costs with rehabilitation and physiotherapy;
 - f) Costs with vaccination, dental treatment and those that derive from any non-urgent treatment;
 - g) Expenses with contraception and abortion;
 - h) Expenses which, according to the Insurer's medical team, are not suitable with the pathology that the Insured Person possesses;
 - i) Expenses occurring less than 30 Km away from the Residence of the Insured Person, or less than 15 Km away if that Residence is located in the Azores Is. or Madeira Is.;

- j) Expenses with preventive medicine;
- k) Expenses regarding a chronic disease or pregnancy complications;
- l) Expenses with treatments started in the country of origin;
- m) Expenses with any mental illnesses;
- n) The consequences with harmless illnesses or lesions that may be treated at the destination without any sort of inconvenience for the Insured Person;
- o) Costs with Homeopathy, Osteopathy, Naturopathy and other treatments directly or indirectly related to traditional or alternative medicine;
- p) Any medical expenditure performed in the country of residence of the Insured Party below the limit established as the excess in the table of coverage and benefits attached hereto;
- q) Any costs occurring after the date that the journey ends.

Procedures in the event of a claim

1. Without prejudice to that provided in Chapter IV, in the event of a Claim, the Insured Person shall inform the Insurer immediately at to what occurred, through the telephone numbers mentioned in Chapter IV, indicating where they are, their telephone number and the type of assistance they require.
2. If the Claim involves activating civil liability coverage the Insured Person shall:
 - a) **Immediately contact the Insurer after becoming aware of any action performed to activate their civil liability;**
 - b) Send the Insurer all the documentation related to the Claim, namely a letter explaining the circumstances of the Claim together with photographs or videos if possible;
 - c) Deliver the personal data of witnesses and if possible, written statements made by those witnesses;
 - d) Cooperate with the Insurer in view of their defense;
 - e) Not admit any liability without the prior consent of the Insurer.

Section VIII Personal accidents

Description of coverage

Travel accident: The Insurer shall guarantee the Insured Person, up to the Maximum Benefit, the payment of the indemnities owed due to death or permanent disability, caused by an Accident that occurs during the journey.

Covered indemnity:

- a) **Death:** The Insurer shall pay the Beneficiary an indemnity corresponding to the Maximum Benefit, if the death of the Insured Person occurs immediately or within 1 (one) year counted from the date of the Accident.

The Policy shall not provide cover, under any circumstances, for the risk of death to under 14 (fourteen) year olds or those who due to mental illness or for some other reason are revealed unable to manage or administrate their own property and affairs.

- b) **Permanent disability:** In the event of Permanent disability, resulting from an Accident covered by this Policy, that comes to affect any of the Insured Persons, within 1 (one) year counted from the date on which it occurs, the Insurer, after definitive clinical verification of the disability, shall pay the percentage of the Insured Capital corresponding to the loss suffered, according to the Table of Injuries, which is an integral part of this Policy.

Procedure in the event of a claim

Without prejudice to that provided in Chapter IV, in the event of a Claim the Insured Person shall inform the Insurer with regard to the Accident, as well as submit all the information and documents requested in order to confirm the occurrence of the Claim and its causes, circumstances and consequences, namely, in the event of death, death certificate, Medical report indicating the causes of death, judicial procedures or documents that certify the death by accident, document certifying who the Beneficiaries are or, in the event of permanent disability, the clinical evidence prescribed by the doctor who accompanied their treatment and confirm the extent of the injury and the treatment prescribed, including admission / release from hospitals.

In any case, the Insured Person agrees to undergo a medical examination performed by the Insurer's doctors.

Exclusions

Risks resulting from the following are excluded from personal accident coverage:

- a) **Use of alcohol, drugs and narcotics, except those prescribed by a doctor and taken according to indications;**
- b) **Accidents resulting from the Insured Party's participation in wagers, brawls, competitions or contests except in the event of self-defense of themselves or third parties, whether people or property;**
- c) **Accidents resulting from performing any sport professionally, for remuneration, in competitions or training, as well as sports that are considered high risk. Sports expeditions are also excluded;**
- d) **Accidents arising from the performance of risk sports or any type of adventure activity;**
- e) **Performing any type of sport that requires skills and equipment control materials, licenses or administrative authorization;**
- f) **Epidemics, pandemics, pollution and natural disasters;**
- g) **Civil war or foreign war, declared or not, riots, civil movements, terrorist acts, all the effects caused by a source of radiation, as well as inobservance of state bans;**
- h) **Piloting aircraft with or without engine;**
- i) **Use of two-wheel land motor vehicles, with engine larger than 49 c.c.;**
- j) **Intentional acts, negligence by the Insured Person, as well as self-inflicted lesions, suicide or attempted suicide;**
- k) **Accidents that are caused as a result of blindness, paralysis, epilepsy, or any type of mental illness;**
- l) **When the Insured Party is the victim of sunstroke, congestion or frozen, unless these are because of a covered accident;**
- m) **Accidents resulting from the performance of activities inherent to the professional activity of the Insured Party;**

- n) Accidents occurring during military training or service and in the event of mobilization or conscription, the effects of the Policy shall be suspended.

Persons above 70 years old are not covered and children below 14 years old and disabled persons are only included in the event of permanent disability.

**TABLE OF INJURIES SERVING AS BASIS FOR CALCULATION OF INDEMNITIES PAYABLE DUE TO PERMANENT DISABILITY
RESULTING FROM AN ACCIDENT**

	%		%
A. HEAD			
1. Central neurological disorders		2.5.3. Loss of uterus	35%
1.1. Total deterioration of higher brain function	100%	2.5.4. Deformation of external female genitalia	
		2.5.4.1. With functional alterations	40%
1.2. Persistent vegetative state	100%	2.5.4.2. Without functional alterations	25%
1.3. Complete Aphasia (Total alteration of ability and understanding of language)	40%	2.6. Male reproductive system	
1.4. Total anterograde Amnesia	40%	2.6.1. Deformation of the penis	
		2.6.1.1. With functional alterations	40%
1.5. Post-traumatic epilepsy requiring continuous treatment	20%	2.6.1.2. Without functional alterations	25%
2. Bone structure		2.6.2. Loss of testicles	35%
		C. UPPER LIMBS	Dom inant
2.1. Loss of bone matter requiring cranioplasty	15%	1. Loss of use of both arms and hands	100%
		2. Loss of arm or hand and lower limb	100%
2.2. Loss of bone matter without need for cranioplasty	4%	3. Amputation at humerus level	60%
		4. Amputation of forearm or hand	50%
2.3. Significant irreparable loss of bone matter structure in the upper and lower jaw, with functional loss	30%	5. Anchylosis or total loss of movement:	
		5.1. of Shoulder	30%
		5.2. of Elbow	25%
3. Olfactory System		5.3. Pronation-supination	
3.1. Partial loss of nose	10%	5.4. of Wrist	12%
3.2. Total loss of nose	25%	6. Complete paralysis of the circumflex nerve,	12%
3.3. Loss of sense of smell (Anosmia)	5%	Subscapular or cutaneous muscle	15%
4. Mouth		7. Full paralysis of the median, radial or cubital nerve:	10%
4.1. Loss of all upper and lower teeth	10%	7.1. of Arm	25%
			20%
4.2. Total amputation of the tongue	30%	7.2. of Forearm, wrist	15%
			10%
4.3. Loss of sense of taste (Ageusia)	5%	8. Non-consolidated fracture or humerus or cubitus and	25%
4.4. Ablation of the lower jaw	25%	radius	22%
5. Ear			18%
		9. Amputation of thumb	22%
5.1. Loss of one ear	10%	10. Amputation of second finger	15%
5.2. Loss of both ears	30%	11. Amputation of another finger	8%
5.3. Total deafness in one ear	15%	D. LOWER LIMBS	15%
5.4. Total deafness in both ears	50%	1. Loss or uselessness of both hands or both feet	100%
6. Eyes		2. Loss of leg or foot and one upper limb	
			100%
6.1. Blindness of one eye	30%		
6.2. Blindness of two eyes	100%	3. Amputation at hip level	70%
B. TRUNK		4. Amputation above the knee	60%
1. Skeleton		5. Amputation below the knee	45%
1.1. Backbone		6. Amputation of the big toe	10%
1.1.1. Total loss of mobility of the backbone	60%	7. Amputation of another toe	3%
1.1.2. Cervical section: Total loss of flexibility, stretching, rotation and bending movements	25%	8. Total loss of hip movement:	
		8.1. In a functional position	30%
		8.2. In unfavourable position	40%
1.1.3. Dorsal-lumbar section: Total loss of flexibility, stretching, rotation and bending movements	30%	9. Complete loss of knee movement:	
		9.1. In a functional position	20%
		9.2. In unfavourable position	30%
1.2. Ribcage		10. Loss of movement of ankle and foot:	
1.2.1. Rib fractures with persistent deformations of thorax and functional alterations	10%	11. Anchylosis of tibial tarsal articulation:	
		11.1. In a functional position	10%
2. Organs		11.2. In unfavourable position	20%
2.1. Larynx and trachea		12. Subastragalar anchylosis	5%
2.1.1. Paralysis of a vocal cord (Dysphonia)	10%	13. Non-consolidated fracture of the femur, of the tibia or	
2.1.2. Paralysis of two vocal cords (Aphonia)	30%	fibula	30%
2.1.3. Tracheotomy with cannula	30%	14. Extirpation of the knee cap (Patellectomy)	
2.2. Lung		14.1. Total	15%
2.2.1. Loss of a lung	25%	14.2. Partial	10%
2.3. Kidney		15. Post-traumatic deformations of the foot	10%
2.3.1. Loss of one kidney	25%	16. Shortenings:	
2.3.2. Loss of both kidneys	70%	16.1. Up to 1.5 cm	2%
2.4. Spleen		16.2. From 1.5 cm to 3 cm	5%
		16.3. From 3 cm to 6 cm	10%
2.4.1. Loss of spleen (Splenectomy), with hematological repercussions	20%	16.4. More than 6 cm	15%
2.4.2. Loss of spleen (Splenectomy), without hematological repercussions	10%	17. Total paralysis of the sciatic nerve	60%
2.5. Female reproductive system		18. Total paralysis of the external popliteal sciatic nerve	25%
2.5.1. Loss of mammary glands	25%	19. Total paralysis of the internal popliteal sciatic nerve	15%

Table of coverage and benefits

Covers	Maximum Benefits	Excess
Trip Cancellation		
Trip Cancellation (p/ person)	750€	-
Luggage		
Theft, partial or total loss or destruction of luggage (p/ person)	600 €	-
Personal Effects	250 €	-
Assistance		
Transport or Repatriation in case of Illness or accident	Unlimited	-
Transport or Repatriation in case of death	Unlimited	-
Extended Hotel	65€ p/ dia, máx.: 7 dias	-
Return ticket for one relative and respective accommodation		
Transport:	Unlimited	-
Hotel:	65 € p/ dia, máx.: 7 dias	-
Medical Expenses Portugal in case of accident, illness in Portugal	25.000 €	25 €
Emergency dental care in Portugal	400 €	90 €
Sending message urgently	Unlimited	-
Flight delay (>12 hours)	50 € p/ dia, máx.:3 dias	-
Missed flight connection	50 € p/ dia, máx.:3 dias	-
Trip Interruption	750 €	-
Luggage delay (> 24 hours)	200 €	-
Personal Accident		
Personal Accident in case of accident	25.000 €	-

How can we help?

Allianz Global Assistance

Quinta da Fonte,

Edifício Bartolomeu Dias,

2774-535 Paço de Arcos

Telefone: +351 21 004 92 00

Fax: +351 21 796 54 05

www.allianz-assistance.com.pt

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AGA International S.A.

Seguro de Viagem

Global Assistance

Allianz 

Boletim de Viagem

Número de Apólice

Sugestões de Viagem

Sugerimos que durante a viagem leve sempre consigo o Boletim de Viagem, indicando no espaço em branco o número de Apólice.

- Sempre que viajar de avião lembre-se que para voos domésticos deverá comparecer até 90 minutos antes do horário de partida e para voos internacionais, entre 2 a 3 horas. Tenha ainda presente os alertas ou avisos do Ministério dos Negócios Estrangeiros.
- Na eventualidade de levar medicação, aconselhamos que identifique na embalagem a dosagem e a sua periodicidade.
- Na identificação da sua bagagem opte por colocar a morada do seu local de trabalho ao invés da sua residência.

- Se viajar com crianças leve sempre consigo fotografias actuais, se possível grave-as no seu telemóvel.

- Aconselhamos a deixar em casa joias ou pertences de valor elevado.

- Coloque o seu dinheiro, cartões de crédito e passaporte/documentos de identificação numa bolsa à parte da principal.

- Esteja atento aos carteiristas, actuam geralmente em grupo com o intuito de dispersar a sua atenção.

Informe-se previamente das leis do país/ região para onde vai viajar.

- Caso não fale a língua local memorize algumas palavras-chave, na eventualidade de necessitar de ajuda.

Lembre-se que poderá sempre contactar a linha de assistência 24h da Allianz Global Assistance, através do número: 21 000 41 14.

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