



# Globelink Travel Insurance Policy Single or Annual Multi Trip Cover

## Welcome

Thank **you** for choosing **us** for **your** insurance. This document sets out what is and what is not covered.

Certain words shown in **bold** throughout this document and in the **Validation Certificate** have specific meanings and these are explained in the General Definitions Section.

This travel insurance has been arranged by Globelink (Cyprus) Insurance Agency & Sub-Agency Limited ("**Globelink International**"). Please contact **Globelink International** if **you** need any documents to be made available in braille and/or large print and/or in Audio format.

The insurer for all sections of this insurance with the exception of Section S1 – End Supplier Failure Insurance is Collinson Insurance Europe Limited. Collinson Insurance Europe Limited ("CIEL"). CIEL is incorporated in Malta and is authorised by the Malta Financial Services Authority to carry on business of insurance under the Insurance Business Act, 1998. Company Number: - C89977. Registered address: Collinson Insurance Europe Limited, Third floor, Development House, St Anne Street, Floriana, FRN 9010, Malta.

**Section S1 – End Supplier Failure Insurance.** This cover is provided by International Passenger Protection (Malta) Limited, Level 1, The Ramla Suite, 2 Sir Augustus Bartolo Street, Ta' Xbiex, XBX1091, Malta and is underwritten by Liberty Mutual Insurance Europe SE (**The Insurer**)

Medical Assistance Cases and Services are administered by Collinson Insurance Solutions Europe Limited

Claims and services are administered by Healthwatch S.A. Amygdalies 5, Nea Efkarpia, 56429, Thessaloniki, who are appointed by Collinson Insurance Solutions Europe Limited for this purpose. Collinson Insurance Solutions Europe Limited is incorporated in Malta C89980. It is authorised and regulated by the Malta Financial Services Authority to act as an Insurance Agent in terms of the Insurance Distribution Act (CAP 487). Registered address: Third floor, Development House, St Anne Street, Floriana, FRN 9010, Malta.

Section S1 – End Supplier Failure Insurance claims are handled by IPP Claims at Sedgwick. Postbus 23212, 3001 KE Rotterdam. The Netherlands

Please check that the cover explained in this document, and in the **Validation Certificate** meets **your** needs and that **you** understand it. If **you** have any questions about **your** insurance, please contact **Globelink International** at [globelink@globelink.eu](mailto:globelink@globelink.eu) or call +357 240 30337.

Subject to the policy terms and conditions, this insurance lasts for either the duration of a single **trip** or for a year if **you** have chosen annual multi trip cover. **Your period of insurance** is shown on the **Validation Certificate**.

Please take time to read Part 1 "Important Information" in this document. It tells **you** about things **you** need to check, actions which **you** need to take, and things which **you** need to tell **us** about once the insurance has started. Please note important contact details **you** may need in Part 1 'Important Information' and Part 3 'Making a Claim'.

This document gives details of many sections of cover. Some sections of cover only apply if **you** have chosen a certain level of cover or type of policy, and/or **you** have paid an additional premium. The sections of cover which **you** have chosen, and the level of benefit which will be payable in the event of a valid claim under each section of cover, are shown in the **Validation Certificate**.

To request any extension of the **period of insurance** after the commencement of travel **you** must contact **Globelink International** on +357 240 30337 and advise of any circumstances which at the time of **your** request could reasonably be expected to cause a claim under this insurance. **We** do not guarantee that any extension of cover will be provided.

This insurance is only available to persons who are currently legally resident in the European Union or European Economic Area (EEA) and registered with a **medical practitioner** or entitled to free public healthcare under reciprocal arrangements currently in place in the European Union or EEA.

If **you** are aged under 16 **you** are only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult).

**We** will not provide any cover if any person wanting to be insured does not meet the above requirements.

**You** must observe travel advice provided by an EEA recognised Government body. No cover is provided under any section of this insurance in respect of travel to a destination to which an EEA recognised Government body has advised against all or all but essential travel at the time of booking or travel.

All insurance documents and all communications from **us** about this insurance will be in English.

# The Contract of Insurance

This document, together with the **Validation Certificate** make up the contract between the **policyholder** and **us**. The contract does not give, or intend to give, rights to anyone else. No-one else has the right to enforce any part of this contract.

The insurance provided by this document covers liability, loss, damage, death or disability that happens during any **period of insurance** for which the **policyholder** has paid, or agreed to pay, the premium. This insurance is provided under the terms and conditions contained in this document or in any amendment made to it.

## PART 1 - IMPORTANT INFORMATION

The Intermediary who arranged this insurance is: **Globelink (Cyprus) Insurance Agency & Sub-Agency Limited (Globelink International)**.

140 Franklin Roosevelt Avenue, 3011 Limassol, Cyprus.  
Tel: +357 240 30337 / Email: [globelink@globelink.eu](mailto:globelink@globelink.eu)

**This is not a private medical insurance. If you need any emergency medical treatment or emergency travel assistance whilst abroad, please contact us. Not contacting us, or not following our instructions, could affect your claim. Full details are shown under the Making a Claim Section.**

There are conditions which apply to the whole of this insurance and full details of these can be found under the General Conditions and Exclusions Section. There are also conditions which relate specifically to making a claim, and these can be found under the Making a Claim Section. In the above Sections **you** will find conditions that **you** need to meet. If **you** do not meet these conditions, **we** may need to reject a claim payment or a claim payment could be reduced. In some circumstances the policy may be cancelled.

### Declaration of Medical Conditions and Health Changes

This travel insurance policy contains conditions and exclusions in relation to **your** health and of others who might not be travelling with **you** but whose well-being **your trip** may depend upon.

**You** must comply with the following conditions relating to **pre-existing medical conditions** and health changes in order to have the full protection of this insurance. If **you** do not comply with these conditions, **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

### Pre-existing medical conditions

It is a condition of this insurance that **you** will not be covered under Section A – Cancellation or curtailment charges, Section B – Medical, repatriation and other expenses, or Section C - Personal accident of this policy for any claims arising directly or indirectly from any **pre-existing medical condition** that **you** have unless the **pre-existing medical conditions** that **you** have are included in the list of “No Screen Conditions” shown in this policy and the words in brackets apply to **you**.

In relation to this policy, a **pre-existing medical condition** is:

- any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn’s disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by a **medical practitioner** and prescribed drugs or medication);

- any disease, illness or injury for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months;
- any disease, illness or injury for which **you** are taking prescribed drugs or medication;
- any disease, illness or injury for which **you** have received a terminal prognosis;
- any disease, illness or injury **you** are aware of but for which **you** have not had a diagnosis;
- any disease, illness or injury for which you are on a waiting list or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

### No Screen Conditions

**You** will be covered for any **pre-existing medical conditions** that **you** have, if they are included in this list and if the words in brackets apply to **you**. The condition must have been stable and well controlled for the last 12 months on medication administered by a **medical practitioner** and **you** must not have required a hospital admission or referral to a specialist because of a worsening of **your** condition.

• Acne
• ADHD - Attention Deficit Hyperactivity Disorder
• Any disabilities impairing mobility, vision or mental health providing <b>you</b> are accompanied by an appropriate carer for when any assistance is required
• Arthritis - Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter’s Syndrome, Rheumatism. (There must have been no hospital admissions within the last 12 months. The arthritis must not affect the back more than any other area of the body. <b>You</b> must not be taking more than 2 medications. <b>You</b> must not require any mobility aids, other than a walking stick. There must have been no dislocations or any joint replacements. <b>You</b> must not be awaiting surgery. <b>You</b> must have no lung problems/respiratory disorders.)
• Allergies (limited to Rhinitis, Chronic Sinusitis, Eczema, Food Intolerance & Hay Fever)
• Asthma (providing it was diagnosed before age 50, and <b>you</b> are taking/using no more than 2 medications/inhalers and have not been admitted to hospital in the last year)
• Bell’s Palsy
• Benign Positional Vertigo
• Bladder Infection
• Breast Cancer/Prostate Cancer (provided <b>you</b> : - were diagnosed more than 12 months ago - have not had any chemotherapy or radiotherapy in the last 12 months and the cancer has not spread outside the breast or prostate at any time - in the case of cancer of the prostate <b>you</b> must have a PSA of 3.0 or less)
• Bunions
• Carpal Tunnel Syndrome
• Cataracts
• Coeliac Disease
• Congenital Blindness
• Corneal Graft
• Cystitis (provided no ongoing treatment)
• Deafness
• Diabetes (providing there have been no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, leg or foot amputation, liver damage)
• Dry Eye Syndrome
• Deep Vein Thrombosis (DVT) – Diagnosed more than 12 months ago and currently stable and well controlled on anti-coagulant (blood thinning) medication (such as Warfarin) taken purely as a DVT preventative and not related to any heart related condition. If you are being treated as a result of a pulmonary embolism or have been prescribed anti-coagulants as a result of being at high risk of blood clots due to an abnormal heartbeat (atrial fibrillation) or because of a mechanical heart valve or similar cardiac device or having a

blood clotting disorder (such as thrombophilia) or as a result of a recent operation then there is no cover under this policy.
• Eczema
• Enlarged Prostate (benign only)
• Essential Tremor
• Folate Deficiency
• Fungal Nail Infection
• Gallbladder Removal (no complications)
• Gastric Reflux
• Glaucoma
• Goitre
• Gout
• Hay Fever
• Hiatus Hernia
• High Cholesterol
• Hormone Replacement Therapy - HRT
• Hypertension - High Blood Pressure
• Hypotension - Low Blood Pressure (Must not be associated with any underlying condition)
• Impetigo
• Insulin Resistance
• Macular Degeneration
• Meniere's Disease
• Migraine
• Osteoporosis - Osteopenia, Fragile Bones (There must have been no broken bones within the last 5 years)
• Pernicious Anaemia
• Raynaud Disease
• RSI (Repetitive Strain Injury/Tendinitis)
• Sinusitis
• Tendonitis
• Tinnitus
• Tonsillitis
• Underactive or Overactive Thyroid

### Health Changes

If **you** health changes after the start date of this insurance and the date **your** travel tickets or confirmation of booking were issued, **you** must contact **Globelink International** (see details below).

Changes to **your** health which **we** need to know about are:

- details of any new **medical conditions** **you** have been diagnosed with; or
- changes in diagnosis of any existing **medical condition**; or
- changes in the treatment (including changes in medication) **you** are receiving for any existing **medical condition**.

Globelink International: [globelink@globelink.eu](mailto:globelink@globelink.eu)

+357 240 30337

Mon to Fri 9am-5pm (excl. public holidays)

### Exclusions Relating to Health and Medical Conditions

There is no cover under Section A – Cancellation or curtailment charges, Section B – Medical, repatriation and other expenses, or Section C - Personal accident of this policy for any claims arising directly or indirectly from:

- Any **medical condition** **you** have with which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel;
- Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures);
- Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**;

- You** travelling against any health requirements stipulated by:
  - the airline with which **you** are travelling, by the airline's booking company, or by anyone else who provides services on behalf of the airline at the airport, or
  - any other **public transport** provider.

### Pregnancy

If **you** become pregnant, as confirmed by a **medical practitioner**, and **your** dates of travel fall within the 15 week period prior to the due date, then if **you** decide to cancel **your trip** and provided **you** contact **Globelink International** within 14 days of the confirmation of **your** pregnancy, **we** will provide cover for the **trip** cancellation under the terms and conditions of Section A - Cancellation or curtailment charges. If a claim is paid, **your** policy will terminate, and no further cover will be provided. **Globelink International** can be contacted at [globelink@globelink.eu](mailto:globelink@globelink.eu) or by calling +357 240 30337.

If **you** decide not to cancel **your trip**, cover under all sections of this policy will be provided under the standard terms and conditions as contained in this document. In relation to pregnancy, this means there is no cover under this policy in relation to pregnancy and/or childbirth unless during a **trip**:

- you** suffer a **bodily injury**; or
- you** contract an illness or disease; or
- complications of any kind with the pregnancy occur.

Cover for the above events will continue until the end of the 25th week of pregnancy with the exception that if **you** are pregnant following a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth, cover for the above events will continue until the end of the 23rd week of pregnancy.

The policy will not cover any costs relating to pregnancy or childbirth beyond the above dates even if **you** are already travelling and are more than 25 weeks pregnant (more than 23 weeks if **you** have had a course of in vitro fertilisation (IVF) or are pregnant with twins or other multiple birth) and have approval to travel from a **medical practitioner**.

### Important information you have given us

In deciding to accept this insurance and in setting the terms and premium, **we** have relied on the information **you** have given **Globelink International**. **You** must take reasonable care to provide complete and accurate answers to the questions asked when the policy is taken out, changed or renewed (if applicable). If the information provided by **you** is not complete and accurate:

- **we** may cancel the policy and refuse to pay any claim, or;
- **we** may not pay any claim in full, or;
- **we** may revise the premium and/or change any **excess**; or;
- the extent of the cover may be affected.

**We** will write to the **policyholder** if **we**:

- intend to cancel the policy; or
- need to amend the terms of the policy; or require the **policyholder** to pay more for this insurance.

If **you** become aware that information **you** have given is incomplete or inaccurate, **you** must inform **Globelink International** as soon as possible. Contact details are given on page 2 of this document.

## PART 2 GENERAL CONDITIONS AND EXCLUSIONS

### General Conditions

#### The following conditions apply to the whole of this insurance.

1. Other Insurance  
If, at the time of a valid claim under this policy there is another insurance policy in force which covers **you** for the same loss or expense (for example a Home Contents Policy), **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.
2. Precautions  
At all times **you** must take precautions to avoid injury, illness, disease, loss, theft or damage and take steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

### General Exclusions

#### The following exclusions apply to the whole of this insurance.

**We** will not pay for claims arising directly or indirectly from:

1. Coronavirus (COVID-19):  
This policy does not cover any claim arising directly, or indirectly, from any coronavirus disease (including but not limited to COVID-19) or any related or mutated form of the virus. This includes the fear or threat of catching coronavirus, and the advice or action of any government not to travel or preventing travel.  
  
This exclusion does not apply to losses under Section A – Cancellation or Curtailment charges, Events 1, 6 and 7, Section B – Medical, repatriation and other expenses, Section B1 – Hospital confinement benefit and Section D1 – Missed Departure, Events 5 and 6.
2. Participation in **winter sports**:  
**Your** participation in **winter sports** unless the appropriate **winter sports** premium has been paid where required, then cover will apply for:
  - a) the **winter sports** specified in Appendix B and
  - b) a period of no more than 17 days in total in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.
3. Professional sports or entertaining:  
**Your** participation in or practice of any professional sports or professional entertaining.
4. Other sports or activities:  
**Your** participation in or practice of any other sport or activity, **manual work**, driving any motorised vehicle in motor rallies or competitions or racing unless:
  - a) specified in the lists under Appendix A of this policy or
  - b) shown as covered in the **Validation Certificate** when the additional premium is paid to extend policy cover for specified activities.
5. Suicide, drug use, alcohol or solvent abuse and **you** putting **yourself** at risk:  
**Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than

drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction), and **you** putting **yourself** at risk (except in an attempt to save human life).

6. Unlawful action:  
**Your** own unlawful action in the country in which the **trip** is taking place.
7. Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance.
8. Armed Forces:  
Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. "Specified Events" of Section A – Cancellation or curtailment charges).
9. Travelling against World Health Organisation (WHO) WHO advice or against the advice of a European Union recognised Government body:  
**Your** travel to a country, specific area or event when the World Health Organisation (WHO) or regulatory or local government authority in a country to/from which **you** are travelling has advised against all, or all but essential, travel at the time of booking, or travel.
10. **Family** and **single parent cover** travel restrictions:  
If **you** are aged under 16 **you** are only insured when travelling with one or both of the insured adults (or accompanied by another responsible adult). If **you** reach the age mentioned above during the **period of insurance**, cover will continue until the next renewal date but not after that.
11. **War** or acts of **terrorism**:  
However, this exclusion shall not apply to losses under Section B – Medical, repatriation and other expenses, Section B1 – Hospital confinement benefit and Section C – Personal accident, unless such losses are caused by nuclear, chemical or biological attack, **your** participation in **active war**, or the disturbances were already taking place at the beginning of any **trip**
12. **You** engaging in **active war**.
13. Any claim caused by Cyber Terrorism.
14. **Nuclear risks**.
15. Sonic bangs:  
Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
16. Redundancy:  
**We** will not pay a claim under Section A – Cancellation or Curtailment charges, if **you**, either at the time a holiday was booked, or at the time the policy was purchased, were under notice of redundancy from an employer.

## PART 3 – MAKING A CLAIM

**Section S1 – End Supplier Failure Insurance claims are handled by IPP Claims at Sedgwick. Postbus 23212, 3001 KE Rotterdam. The Netherlands. Please see Section S1 for details on how to make a claim under this section.**

**For Medical Assistance, Claims or Services please see contact details below:**

#### What to do in a Medical Emergency Abroad

For medical emergencies, please contact **us** on:

**E-mail** [medicalops@collinsongroup.com](mailto:medicalops@collinsongroup.com)

**Telephone**

English language: +44 (0)333 333 6284  
 German language: +44 (0)333 333 7385  
 Spanish language: +44 (0)333 333 7876  
 French language: +44 (0)333 333 6389  
 Italian language: +44 (0)333 333 6537  
 All other EU languages: +44 (0)333 333 9301

Emergency Assistance lines are open 24 hours a day.

For out-patient treatment costing less than €200, it is recommended that **you** pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**.

**You** must contact **us** as soon as possible in the case of a serious medical emergency abroad where **you** will or may need to stay in hospital, have hospital treatment or other emergencies, for example the need to change travel arrangements and return **home** because a **close relative** has become seriously ill.

When calling **us** for help, please provide the following information:

- The policy number (shown on the **Validation Certificate**) and the **policyholder's** name.
- **Your** name and the address **you** are staying at.
- The phone number **you** are calling from.
- The nature of the emergency.
- The name and phone number of the doctor and hospital treating **you** (if appropriate).

Not contacting **us**, or not following **our** instructions, could affect **your** claim. **We** must agree, beforehand, any emergency travel expenses involving air travel. If it is not possible for **you** to make contact with **us** before hospital admission or before medical expenses are incurred because emergency treatment is required, contact must be made as soon as possible.

Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by **us**. **We** have the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **We** will also arrange transport **home** when this is considered to be medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate** at home.

If **you** are travelling to the United States of America, **you** or someone acting on **your** behalf must contact **us** as soon as **you** are aware **you** require medical treatment. For all other countries of travel, **you** or someone acting on **your** behalf must contact **us** once **you** are aware **you** will be admitted as an inpatient for at least one night's stay. If **you** do not contact **us** as soon as **you** are aware of **your** admittance and this failure causes our costs to increase, **We** will only pay for the costs **we** would have paid if **you** had contacted **us** straight away. No transportation or accommodation costs are covered unless they are pre-authorised by **us**.

Payment for medical treatment abroad

If **you** are admitted to a hospital/clinic while abroad, **we** will arrange for medical expenses covered by the insurance to be paid direct to the hospital/clinic. To take advantage of this benefit:

- Someone must contact **us** for **you** as soon as possible;

- Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, **you** should call **us** for guidance and authorisation of costs.

**Reporting all other claims**

**You** must report any claim as soon as possible, preferably within **31 days** of any incident which may lead to a claim under this insurance. Also, **you** must contact **us** as soon as **you** find out about any condition or circumstances which may cause a **trip** to be cancelled or cut short.

If **you** need to make a claim, please contact **us**:

**E-mail** [claims@healthwatch.gr](mailto:claims@healthwatch.gr)

**Fax** +00 30 231 025 6455

**Telephone**

English language: +00 30 231 308 4521  
 German language: +00 30 231 308 4523  
 Spanish language: +00 30 231 308 4525  
 French language: +00 30 231 308 4522  
 Italian language: +00 30 231 308 4524  
 All other EU languages: +00 30 231 308 4526

Monday – Friday, 9am – 5pm GMT (excluding public holidays)

**Providing information to support your claim**

**You** will need to provide certain information to enable a claim to be fully assessed. This information will vary depending on which section of cover **you** are claiming under. Examples of the types of information **we** will need are given below, but there may be other evidence required from **you**.

Further details are given within each section of cover listed in Part 4 of this policy, and **our** claims handlers will tell **you** exactly what information **you** need to give them in relation to **your** own claim.

**Unless we agree to pay for any information, for example a medical examination (which you must agree to undergo if required), the information will need to be provided at your own expense.**

Medical Certificates	A medical certificate from the treating <b>medical practitioner</b> or a consultant specialising in a relevant field explaining why <b>you</b> required medical attention, were unable to travel, forced to cancel, extend, cut short or forfeit any pre-arranged plans or paid for activities, or rearrange any travel plans.
Police (or other Authority) Reports	A report from the local police or other relevant authority in the country where the incident occurred confirming dates, circumstances and further details of the loss, theft, attempted theft, mugging, damage, quarantine, lawful or unlawful detention.
Travel Tickets & Baggage Tags	All travel tickets (including any unused travel tickets) and <b>baggage</b> tags.
Receipts, Bills, Valuations & Proof of Ownership	An original receipt, valuation or proof of ownership for items, currency or documents of any kind lost, stolen, damaged, repaired, replaced, purchased or hired as emergency temporary replacements.  Receipts or bills for any costs incurred for in-patient/out-patient treatment, telephone calls, emergency dental treatment,

	transport, accommodation, hospital or medical costs and any other charges or expenses which are to be considered as part of a claim.
Confirmation Letters, Reports, Invoices & Notices	Confirmation of the loss, delay, failure, cancellation or circumstance leading to the claim in the form of a letter, invoice, report or notice of cancellation from (as appropriate) <b>your</b> tour operator or their representative, airline, baggage handler, service provider, retailer, hotel or accommodation provider, emergency service, commanding officer, event organiser, <b>public transport</b> provider or relevant authority.
Death Certificates	For any claim involving <b>your</b> death or the death of any related party the original death certificate will be required.

**We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

- Fraudulent claims or misleading information  
**We** take a robust approach to fraud prevention in order to keep premium rates down so that **you** do not have to pay for other people's dishonesty. If any claim made by **you**, or anyone acting on **your** behalf is fraudulent, deliberately exaggerated, or is intended to mislead, **we** may:
  - not pay that claim; and
  - recover (from the insured person involved in the claim) any payments made in respect of that claim; and
  - terminate **your** insurance from the time of the fraudulent act; and
  - inform the police of the act.

If **your** insurance is terminated from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.

### Getting Medical Treatment Abroad

The European Health Insurance Card (EHIC) is no substitute for travel insurance as **you** will not necessarily be covered for all medical costs or for any emergency flights **home**. Private treatment is also not covered.

However, a European Health Insurance Card (EHIC) is free and enables access to free or discounted medical care in selected European Countries. The EHIC entitles **you** to the same state-provided healthcare that is generally offered to the local residents of the country **you** are visiting.

### Claims Conditions

- Claims procedure and notification:  
**You** must notify claims using the procedures and contact options detailed in this Making a Claim Section.

The claim notification must be made as soon as possible and preferably within 31 days following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this insurance.

**You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **our** claims handlers as soon as possible. **You**, or anyone acting on **your** behalf, must not negotiate, admit or repudiate (refuse) any claim without **our** claims handlers' permission in writing.

- Claims evidence  
**We** will require, at **your** own expense, all evidence needed to fully assess **your** claim. **You** must have any medical examinations **we** decide are necessary. **We** will pay for these. **We** may request and will pay for a post-mortem examination if required in the event of accidental death.
- Property  
**You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property for which **you** cannot provide evidence of loss such as an original receipt, a valuation, user manual or bank or credit card statements.
- Transferring of rights

## PART 4 – THE COVER

This document gives details of many sections of cover. Some sections of cover only apply if **you** have chosen a certain level of cover or type of policy, and/or paid an additional premium. The sections of cover which **you** have chosen, and the level of benefit which will be payable in the event of a valid claim under each section of cover, are shown in the **Validation Certificate**.

### Policy Excesses

Please note that under most sections of this insurance, claims will be subject to an **excess**. This means that **you** will be responsible for the first part of each and every claim per incident claimed for, under each section by each insured person, unless an additional premium has been paid so that an **excess** is not payable (as confirmed on the **Validation Certificate**).

If **family cover** or **single parent cover** applies, then **we** will not apply more than two **excess** charges to any incident claimed for.

## Section A – CANCELLATION OR CURTAILMENT CHARGES

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for any irrecoverable unused travel and accommodation costs, pre-booked excursion costs, and other pre-paid charges which **you** have paid or are contracted to pay, together with any additional travel expenses incurred if cancellation of the **trip** is unavoidable or the **trip** is **curtailed** before completion as a result of any of the following specified events:

#### Specified Events

- The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
  - yourself**
  - any person who **you** are travelling or have arranged to travel with
  - any person who **you** have arranged to stay with
  - your close relative**
  - your close business associate**.
- You** or any person who **you** are travelling with, or have arranged to travel with, are called as a witness at a Court of Law or called for jury service attendance.

3. **Your** redundancy or the redundancy of any person who **you** are travelling with or have arranged to travel with. The redundancy must qualify for payment under current redundancy payment legislation in **your home country**, and at the time of booking the **trip** there must have been no reason to believe anyone would be made redundant.
4. **You**, or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or an employee of a Government Department and have authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when the **policyholder** purchased this insurance or at the time of booking any **trip**.
5. The police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.
6. **You** are placed in **compulsory quarantine** whilst on **your** trip for a minimum of 24 hours by instruction of a **medical practitioner**. There is no cover if this instruction has been imposed on a community, geographic location or vessel by any government or public authority.
7. If at **your** departure point from **your home area**, **you** are tested and receive a positive result for coronavirus (COVID-19), following which you are not permitted to continue your trip.

If your claim relates to illness due to coronavirus (COVID-19); for your cancellation claim to be valid, we require evidence in writing that you, or the person causing you to cancel the trip, received a positive test result within 14 days before the start date of your trip. For curtailment claims, we require evidence in writing that you, or the person causing you to curtail the trip, received a positive test result and that it is necessary for you to curtail your trip.

#### Special Conditions Relating to Claims

1. **You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and our prior approval to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have been payable had such notification taken place.
3. If **you** cancel the **trip** due to **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at your own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.

#### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section A – Cancellation or Curtailment Charges

1. The **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or resignation or voluntary redundancy, or where **you** received a warning or notification of redundancy before this

- insurance was purchased or at the time of booking any **trip**
- b) Circumstances known to **you** before this insurance was purchased, or at the time of booking any **trip**, which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
3. Travel tickets paid for using any airline mileage or supermarket reward scheme, for example Air Miles, unless specific evidence of the monetary value of the tickets can be provided.
4. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme unless specific evidence of the monetary value of the accommodation costs can be provided.
5. Annual maintenance fees/charges for time share holidays or properties.
6. Any claim relating to **you** not wanting to travel or to continue with **your trip**.
7. Any claim resulting from **your** inability to travel due to **your** failure to hold, obtain or produce a valid passport or any required visa in time for **your trip**.
8. Any claim in respect of unused pre-paid return journey costs, such as flight, ferry, train or other travel costs when **we** have paid to repatriate **you**.
9. Any claims related directly or indirectly to coronavirus (COVID-19) apart from "What is Covered" Events 1, 6 and 7.
10. If you purchase this policy or book a **trip** after receiving a positive coronavirus (COVID-19) test result or while waiting for a coronavirus (COVID-19) test result and your trip starts within 14 days.
11. Claims due to coronavirus (COVID-19) arising from **you** following advice from a government to self-isolate. This includes, but is not limited to, **you** receiving a letter advising self-isolation for **you** or a family member, or **you** are contacted by a track and trace service.
12. The cost of any medical tests.
13. Claims where the same event is paid under Section D1 – Missed Departure.

**You** should also refer to "Declaration of Medical Conditions and Health Changes" and "Exclusions relating to Health and Medical Conditions" on pages 2-3 of this policy.

## Section B – MEDICAL, REPATRIATION AND OTHER EXPENSES

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the following expenses which are necessarily incurred during **your trip** as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or **compulsory quarantine**:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit shown in the **Validation Certificate** incurred outside of **your home area**.
3. Costs of telephone calls:
  - a) to **us** notifying and dealing with the problem for which **you** are able to provide receipts or other evidence to show the cost of the calls and the numbers **you** telephoned
  - b) incurred by **you** when **you** receive calls on **your** mobile phone from **us** for which **you** are able to provide receipts or other evidence to show the cost of the calls.
4. The cost of taxi fares for **your** travel to or from hospital relating to **your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **you** by the hospital.
5. If **you** die:

- a) outside **your home area**, either:
    - (i) the additional cost of funeral expenses abroad up to a maximum of €2,500 plus the cost of returning **your** ashes to **your home** or **home country**, or
    - (ii) the costs of returning **your** body to **your home** or **home country** subject to repatriation being authorised by **us**:
      - the cost of funeral director charges for preparing, co-ordinating and transporting **your** body to an airport;
      - the cost of any casket/coffin required for transportation of **your** body;
      - any fees/costs charged by the airline who take **your** body as cargo;
      - transport of **your** body from the airport where the aeroplane lands to a local funeral home where **your** body will pass into the care of the local/desired undertaker.
  - b) within **your home area**, the additional cost of returning **your** ashes or body to a chosen funeral director, up to a maximum of €750.
6. Additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, bed and breakfast, self-catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of **us**, additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with you or travel to **you** from **your home country** or escort **you**. Also, additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.
  7. With the prior authorisation of **us**, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the **outward journey** unless **we** agree otherwise.

#### Special Conditions Relating to Claims

1. **You** must tell **us** as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to **your home country** at any time during the **trip**. **We** will do this, if in the opinion of the **medical practitioner** in attendance, or **us**, **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

#### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section B – Medical, Repatriation and Other Expenses

1. The **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth and pregnancy would not constitute an unforeseen event or illness.
3. Any claims arising directly or indirectly for:

- a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
- b) Any expenses which are not medically necessary in the course of treating **your bodily injury**, illness or disease.
- c) Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **us** can be delayed reasonably until **your** return to **your home area**.
- d) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**.
- e) Additional costs arising from single or private room accommodation.
- f) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **us**.
- g) Any costs incurred by **you** to visit another person in hospital.
- h) Any expenses incurred after **you** have returned to **your home area**.
- i) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
- j) Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.

**You** should also refer to “Declaration of Medical Conditions and Health Changes” and “Exclusions Relating to Health and Medical Conditions on pages 2-3 of this policy.

## Section B1 – HOSPITAL CONFINEMENT BENEFIT

#### What is Covered

**We** will pay **you** the amount shown in the **Validation Certificate** Schedule of Cover for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation due to **your compulsory quarantine** on the orders of a **medical practitioner** outside **your home area**, up to the maximum amount shown in the **Validation Certificate** Schedule of Cover as a result of **bodily injury**, illness or disease **you** sustain.

**We** will pay the amount above in addition to any amount payable under Section B – Medical, repatriation and other expenses. This payment is meant to help **you** to pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.

#### Special Conditions Relating to Claims

1. **You** must tell **us** as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **medical practitioner**.

#### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section B1 – Hospital Confinement Benefit

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - i. relating to treatment or surgery, including exploratory tests, which are not directly related to



- the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
  - ii. relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
  - iii. following **your** decision not to be repatriated after the date when, in **our** opinion, it is safe to do so.
- b) Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
- i. relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and **us** can be delayed reasonably until **you** return to **your home area**.
  - ii. as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - iii. occurring in **your home area** and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by, or are recoverable from, the Health Authority in **your home area**.

## Section C – PERSONAL ACCIDENT

For the purposes of this Section C the following have the following meanings:

- Item 1 - accidental death
- Item 2 – **loss of limb** or **loss of sight**
- Item 3 – **permanent total disablement**

### What is Covered

**We** will pay one of the benefits shown in the **Validation Certificate** Schedule of Cover if **you** sustain **bodily injury** which solely and independently of any other cause, results within two years in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**.

### Special Conditions Relating to Claims

**Our medical practitioner** may examine **you** as often as he/she considers necessary if **you** make a claim.

### PROVISIONS

1. Benefit is not payable to **you**:
  - a) Under more than one of items 1, 2 or 3.
  - b) Under item 3. until one year after the date **you** sustain **bodily injury**
2. Item 1 will be paid to **your** estate.

### What is Not Covered

### The General Exclusions on page 4 apply to Section C – Personal Accident

**You** should also refer to “Declaration of Medical Conditions and Health Changes” and “Exclusions Relating to Health and Medical Conditions” on pages 2- 3 of this policy.

## Section D – TRAVEL DELAY AND ABANDONMENT

### What is Covered

- a) If, due to one of the Specified Events below, the departure of the **public transport** on which **you** are due to travel is delayed at the final departure point from or to **your home country**, or if any subsequent outbound or return connecting **public transport** is delayed, for at least 12 hours from the scheduled time of departure, then provided **you** still travel **we** will pay the amount shown in the **Validation Certificate** Schedule of Cover.

### Specified Events

1. An accident involving, or the mechanical breakdown of, or a technical fault occurring in, the vehicle on which **you** are booked to travel.
2. Strike, industrial action or adverse weather conditions.

The amount **we** will pay for a) the first full completed 12 hours of delay, and b) each additional full 12 hours of delay is as shown in the **Validation Certificate** Schedule of Cover. This benefit is intended to help **you** to pay for telephone calls made, and meals and refreshments purchased, during the delay.

- b) If, due to one of the Specified Events above, **your** pre-booked **public transport** is delayed at the final departure point from **your home country** for 24 hours, or if such **public transport** is cancelled, and **you** decide to cancel **your trip** before departure from **your home country**, then in addition to a payment for travel delay, **we** will pay up to the amount shown in the **Validation Certificate** Schedule of Cover for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay.
- c) If **you** decide to continue to travel following a delay of at least 12 hours due to one of the Specified Events above, **we** will also reimburse **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the cost of any pre-booked and pre-paid event(s) which **you** were unable to attend due to the travel delay.

### Notes:

- If the same expenses are covered under Section D1 (Missed Departure), **you** can only claim under one section of this insurance for the same event.
- There is no cover under c) above if the sole purpose of **your trip** is to attend a pre-booked and pre-paid event. Cover can be purchased separately for any such **trip(s)**.

### Special Conditions Relating to Claims

1. **You** must check in according to the itinerary given to **you**.
2. **You** must get written confirmation, at **your** own expense, from the relevant **public transport** provider of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator, or transport provider.

### What is Not Covered

### The General Exclusions on page 4 and the exclusions below both apply to Section D – Travel Delay and Abandonment

1. The **excess** shown in the **Validation Certificate** Schedule of Cover. The **excess** only applies to abandonment claims.
2. Any claims arising directly or indirectly from strike or industrial action existing or being publicly announced by the date the **policyholder** purchased this insurance or at the time of booking any **trip**.
3. Any claims arising directly or indirectly from an aircraft or sea vessel being withdrawn from service (temporarily or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
4. Any claim for reimbursement of the cost of pre-booked and pre-paid event(s) where the sole purpose of **your trip** was to attend such event(s).

## Section D1 – MISSED DEPARTURE

### What is Covered

- a) If, due to one of the Specified Events listed below, **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel for the international outbound and return legs of **your trip**, **we** will pay **you** up to the maximum amount shown in the **Validation Certificate** Schedule of Cover for any necessary additional accommodation (room only) and travel expenses incurred in reaching **your** overseas destination or returning to **your home country**.

### Specified Events

1. The failure of other **public transport**.
  2. An accident involving, or the mechanical breakdown of, or a technical fault occurring in, the vehicle in which **you** are travelling.
  3. An accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling.
  4. Strike, industrial action or adverse weather conditions.
  5. **You** arrive at your departure point at the recommended time to complete pre-boarding checks, but miss **your** booked transportation due to:
    - a. failing a health screening prior to boarding; or
    - b. waiting for the results of unplanned medical tests administered at **your** departure point.
- b) If, as a result of missing the departure of the **public transport** on which **you** are booked to travel for the international outbound and return legs of **your trip** due to one of the Specified Events listed above, **you** then miss any subsequent outbound or return connecting **public transport**, **we** will pay **you** up to the maximum amount shown in the **Validation Certificate** Schedule of Cover for any necessary additional accommodation (room only) and travel expenses incurred in reaching **your** overseas destination or returning to **your home country**. There must be a minimum of 2 and a half hours between the scheduled arrival time of the **public transport** on which **you** have travelled and the scheduled departure time of the subsequent outbound or return connecting **public transport**.
- c) If, as a result of one of the Specified Events listed above, **you** are unable to attend any pre-booked and pre-paid event(s) due to missing the departure of the **public transport** on which **you** are booked to travel for the international outbound and return legs of **your trip**, and/or any subsequent outbound or return connecting **public transport**, **we** will reimburse **you** up to the maximum amount shown in the **Validation Certificate** Schedule of Cover for the cost of such pre-booked and pre-paid event(s).

Before you make independent arrangements to continue **your trip** at an additional cost, **you** must discuss this with **your** airline or holiday provider as they may be able to provide assistance to continue **your** journey.

### Notes:

- If the same expenses are covered under Section D (Travel Delay and Abandonment), **you** can only claim under one section of this insurance for the same event.
- There is no cover under c) above if the sole purpose of **your** trip is to attend a pre-booked and pre-paid event. Cover can be purchased separately for any such **trip(s)**.

### Special Conditions Relating to Claims

1. **You** must be scheduled to arrive at the final departure point for the international outbound and return legs of **your trip** at least 2 and a half hours before the scheduled departure time of the **public transport** on which **you** are booked to travel.
2. There must be a minimum of 2 and a half hours between the scheduled arrival time of the **public transport** on which **you** have travelled and the scheduled departure time of the subsequent outbound or return connecting **public transport**.
3. If **you** make a claim caused by any delay happening on a motorway or dual carriageway, **you** must get, at **your** own

expense, confirmation or proof of the incident happening, and of the location, reason for and duration of the delay.

### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section D1 – Missed Departure

1. The excess shown in the **Validation Certificate** Schedule of Cover.
2. Any claims arising directly or indirectly from strike or industrial action existing or being publicly announced by the date the **policyholder** purchased this insurance or at the time of booking any **trip**.
3. Any claims arising directly or indirectly from an aircraft or sea vessel being withdrawn from service (temporarily or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
4. Claims arising directly or indirectly from an accident to or breakdown of the vehicle in which **you** are travelling when a repairer's report or other evidence is not provided.
5. Claims arising directly or indirectly from breakdown of any vehicle owned by **you** which has not been serviced and maintained in accordance with the manufacturer's instructions.
6. Additional expenses where the scheduled **public transport** provider has offered alternative travel arrangements within 24 hours of the original departure time and of a comparable standard and duration.
7. Any claim for reimbursement of the cost of pre-booked and pre-paid event(s) where the sole purpose of **your trip** was to attend such event(s).
8. Any claims related directly or indirectly to coronavirus (COVID-19) apart from "What is Covered" event 5.
9. If **you** purchase this policy or book a **trip** after receiving a positive coronavirus (COVID-19) test result or while waiting for a coronavirus (COVID-19) test result and **your trip** starts within 14 days.
10. The cost of any medical tests.
11. Claims where the same event is paid under Section A – Cancellation or Curtailment charges.

## Section E - BAGGAGE

### **Please Note:**

Under this policy "**baggage**" means the following:

Luggage, clothing, personal belongings, **valuables** and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

However, certain equipment and specific items are not covered. Please see exclusion 5, for a full list of equipment and specific items which are not covered.

### What is Covered

1. **We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the original amount you paid less a deduction for wear, tear and depreciation (see depreciation table below).

### **Depreciation Table**

\*Winters sports Equipment are subject to payment of the additional premium for the upgrade.

In the event that **you** have paid the additional premium to increase your valuables and electronic equipment limit, then the item listed will be considered under electronic equipment in terms of depreciation.

Age of Property	Clothing and Personal effects	Jewellery	Electronic Equipment	Cosmetics, toiletries & perfumes	*Winter Sports
0-1 month	0	0	0	50%	5%
1-6 months	5%	0	5%	50%	10%
7-12 months	10%	0	10%	50%	15%
1-2 years	15%	5%	20%	60%	35%
2-3 years	20%	10%	30%	70%	55%
3-4 years	25%	15%	40%	80%	70%
4-5 years	30%	20%	50%	90%	80%
6 years +	40%	25%	60%	65%	100%

The maximum **we** will pay **you** for the following items is:

- a) the amount shown in the **Validation Certificate** Schedule of Cover for any one article, pair or set of articles
  - b) the amount shown in the Validation Certificate Schedule of Cover in total for all **valuables and electronic equipment**
  - c) the amount shown in the **Validation Certificate** Schedule of Cover in total for all spectacles and sunglasses.
2. **We** will also pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the **public transport** provider, confirming the number of hours the **baggage** was delayed.

If the loss is permanent, **we** will deduct the amount paid from the final amount to be paid under this section.

If **you** have paid an additional premium to add Wedding Cover (Section Q) and it is shown as covered in **your Validation Certificate** items of **baggage** are also covered under Section Q – Wedding Cover. **You** can only claim for these under one section for the same event.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery, or as soon as practicable after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a **public transport** provider, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this insurance.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to provide evidence to support a claim.

### What is Not Covered

The General Exclusions on page 4 and the exclusions below both apply to Section E – Baggage

1. The **excess** shown in the **Validation Certificate** Schedule of Cover
2. Loss, theft of or damage to **valuables and electronic equipment** left **unattended** at any time unless left in the custody of a **public transport** provider, deposited in a hotel safe or safety deposit box, or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle unless:
  - i. it is locked out of sight in a **secure baggage area** and
  - ii. forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as food), bicycles, **ski equipment, golf equipment, business equipment, personal money** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, or breakage of china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
8. Loss, theft of or damage to **business equipment, business goods, samples, tools of trade** and other items used in connection with **your** business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, or mechanical or electrical breakdown.

## Section F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

### What is Covered

1. **We** will pay **you** up to the amounts shown below for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). **We** will also cover foreign currency during the 72 hours immediately before **your** departure on the **outward journey**.

The maximum **we** will pay for the following items is:

- a) the amount shown in the **Validation Certificate** Schedule of Cover for bank notes, currency notes and coins
  - b) the amount shown in the **Validation Certificate** Schedule of Cover for all other **personal money** and documents (including the cost of the emergency replacement or temporary passport or visa).
2. **We** will pay up to the amount shown in the **Validation Certificate** Schedule of Cover for additional travel and accommodation expenses necessarily incurred outside **your home area** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home area**.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as practicable after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money**, passports or documents are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this insurance.
3. If documents are lost, stolen or damaged while in the care of a **public transport** provider or authority, **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
  - b) keep all travel tickets and tags for submission to **our** claims handlers if **you** are going to make a claim under this insurance.

**You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to provide evidence to support **your** claim.

### What is Not Covered

#### The General Exclusions on page 4 and exclusions below both apply to Section F - Personal Money, Passport and Documents

1. The **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Loss, theft or damage to **personal money** or **your** passport or visa if left **unattended** at any time unless left in the custody of a **public transport** provider, deposited in a hotel safe or safety deposit box, or left in **your** locked accommodation.
3. Loss, theft or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provide a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due error or omission.

## **Section G – EXTENDED KENNEL AND/OR CATTERY FEES**

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover (€150 for **trips** in **your home country**) for any additional kennel/cattery fees incurred, if **your** domestic dog(s)/cat(s) are in a kennel/cattery during **your trip** and **your** return to **your home** has been delayed due to **your bodily injury**, illness or disease.

### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section G – Extended Kennel and/or Cattery Fees

1. Claims arising from **your bodily injury**, illness or disease that is not covered under Section B – Medical, repatriation and other expenses.

## **Section H – PERSONAL LIABILITY**

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

1. Accidental **bodily injury**, death, illness or disease to any person who is not in **your** employment, who is not a **close relative**, or who is residing with **you** but not paying for their accommodation.
2. Loss of or damage to property that does not belong to and is neither in the charge of nor under the control of **yourself**, a **close relative** and/or anyone in **your** employment. Cover is provided for any temporary holiday accommodation occupied (but not owned) by **you**.

### Special Conditions Relating to Claims

1. **You** must give **us** written notice of any incident which may result in a claim as soon as possible.
2. **You** must send **us** every writ, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise involving any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** must give **us** all information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section H – Personal Liability

1. The **excess** shown in the **Validation Certificate** Schedule of Cover. Under this section, the **excess** is €250.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which **you** were required to assume under the terms of any agreement or contract (such as a hire agreement).
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services including any voluntary or unpaid work including babysitting.
  - c) Ownership, possession or use of animals, aircraft, firearms or weapons of any kind.
  - d) Ownership, possession or use of any vehicle, watercraft or leisure equipment that is motorised or mechanically or jet propelled
  - e) The transmission of any contagious or infectious disease or virus.

## **Section I – LEGAL EXPENSES AND ASSISTANCE**

### What is Covered

**We** will pay up to the amount shown in the **Validation Certificate** Schedule of Cover for legal costs to pursue a civil action for compensation, against someone else who causes **your bodily injury**, illness or death.

Where there are two or more persons insured by this insurance, then the maximum amount **we** will pay for all such

claims shall not exceed the amount shown in the **Validation Certificate** Schedule of Cover.

#### **Special Conditions Relating to Claims**

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within the requested timescale.
3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission in writing.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this insurance. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

#### **What is Not Covered**

#### **The General Exclusions on page 4 and the exclusions below both apply to Section I – Legal Expenses and Assistance**

**We** shall not be liable for:

1. The **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Any claim where in **our** opinion there is insufficient prospect of success in obtaining compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, **public transport** provider, **us** (including any agents **we** use), or any service supplier detailed on the **Validation Certificate**, someone **you** were travelling with, a person related to **you**, or another person insured under this policy.
4. Legal costs and expenses incurred prior to **our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
7. Legal costs and expenses incurred if an action is brought in more than one country.
8. Any claim where in **our** opinion the estimated amount of compensation payment is less than €1,000 for each person insured under this policy.
9. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. The costs of any Appeal.
11. Claims by **you** other than in **your** private capacity.

### **Section J – MUGGING BENEFIT**

#### **What is Covered**

**We** will pay **you** the amount shown in the **Validation Certificate** Schedule of Cover for each complete 24 hour period which **you** spend as an in-patient in hospital outside **your home area** as a direct result of injuries sustained whilst being mugged.

#### **Special Conditions Relating to Claims**

**You** must tell **us** as soon as practicable of any **bodily injury** caused by mugging which necessitates **your** admittance to hospital as an in-patient.

1. **You** must report to the local police in the country where the mugging occurred within 24 hours of the incident, or as soon as practicable after that and get (at **your** own expense) a written report of the circumstances of the mugging.

### **Section K – HIJACK COVER**

#### **What is Covered**

If **you** are prevented from reaching **your** scheduled destination as a result of hijack of the aircraft or ship in which **you** are travelling **we** will pay **you** the amount shown in the **Validation Certificate** Schedule of Cover for each full 24 hours of delay. This benefit is only payable if no claim is made under Section A (Cancellation or curtailment charges) or Section D (Travel Delay and Abandonment).

#### **Special Conditions Relating to Claims**

1. **You** must not have engaged in any political or other activity which would prejudice this insurance.
2. **You** have no family or business connections that could be expected to prejudice this insurance or increase **our** risk.
3. All **your** visas and documents are in order.
4. **You** must report the matter to the police as soon as practicable upon **your** release and provide **us** within 30 days of returning from the **trip** with a police report confirming that **you** were unlawfully detained and the dates of such detention.

#### **What is Not Covered**

#### **The General Exclusion on pages 4-5 and the exclusions below both apply to Section K – Hijack Cover**

1. Any claim relating to payment of ransom monies.
2. Any claim arising out of any act(s) by **you** which would be considered an offence by a court of **your home country** if they had been committed in **your home country**.
3. Any claim where **your** detainment, internment, hijack or kidnap has not been reported to or investigated by the police or local authority.

### **Section L – WITHDRAWAL OF SERVICES**

#### **What is Covered**

**We** will pay **you** the amount stated in the **Validation Certificate** Schedule of Cover if **you** suffer **withdrawal of services** continuously for at least 24 hours during **your trip**.

#### **What is Not Covered**

#### **The General Exclusions on page 4 and the exclusions below both apply to Section L – Withdrawal of Services**

**We** will not pay any claims:

1. If **you** are aware, or made aware, of **withdrawal of services** at the time of booking **your trip**, whether the **withdrawal of services** is due to or arising from a strike or industrial action or for any other reason.
2. For services which were not part of **your** pre-paid package deal.
3. Unless they are accompanied by written confirmation from the tour operator or hotel to support **your** claim.

### **Section M – CATASTROPHE**

#### **What is Covered**

**We** will pay **you** up to the limit shown in the **Validation Certificate** Schedule of Cover should **you** be forced to move from **your** pre-booked and pre-paid accommodation outside of **your home area** as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, occurring while **you** are abroad and which is confirmed in writing by a local or national authority, for the additional irrecoverable travel or accommodation costs necessarily incurred to continue with **your** pre-paid **trip** or, if the **trip** cannot be continued, for **your** return to **your home area**.

## What is Not Covered

### The General Exclusions on page 4 and the exclusions below both apply to Section M – Catastrophe

No compensation will be payable for:

1. Any expense following **your** disinclination to travel or to continue with **your trip** when official directives from the local or national authority state it is acceptable to do so.
2. Any cost or expense payable by or recoverable from the tour operator, airline, hotel or other provider of services.
3. Any cost or expense resulting from circumstances existing prior to **your** arrival at **your** pre-paid and pre-booked accommodation.

## Section O – WINTER SPORTS EXTENSION

This cover is provided only if **you** are under 70 and the **policyholder** has paid the additional premium where required as confirmed on the **Validation Certificate**. Below are the details of **winter sports** cover provided by this extension for a period of no more than 17 days in total in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.

### Winter sports

1. **You** will be covered under all sections of this extension for the **winter sports** as shown in Appendix B.

All skiing and snowboarding activities are covered provided **you** remain within the boundaries of a recognised resort area designed for public use and are not skiing or snowboarding in areas marked out of bounds or hazardous by the piste authorities.

2. All **winter sports** shown in Appendix B are covered under this extension but Section C (Personal Accident Insurance) and Section H (Personal Liability Insurance) of this travel insurance policy will not apply to the activities where either or both Section C and Section H are shown in Appendix B as being excluded from cover.
3. **We** will not cover any claims under any other section of this travel insurance resulting from any **bodily injury** or damage to property that may arise from **your** use of sledges, skidoos, tracked or powered vehicles of any kind.
4. No cover is provided for any activities that involve any form of racing, jumping or competition.
5. **You** are not covered for **ski equipment** under Section E (Baggage) of this travel insurance. Please see below for details of **ski equipment** cover.
6. Ski lift passes are included in the cover provided by Section F (Personal Money, Passport and Documents) of this travel insurance.

Under the **winter sports** extension cover is provided under the following Sections: - Section O1 (Ski Equipment), Section O2 (Ski Equipment Hire), Section O3 (Ski Pack), Section O4 (Piste Closure) and Section O5 (Avalanche or Landslide Cover).

## Section O1 – SKI EQUIPMENT

### What is Covered

1. **We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the accidental loss of, theft of or damage to **your ski equipment** owned or hired by **you**, as long as the **ski equipment**. The amount payable in relation to **your** own **ski equipment** will be the value less a deduction for wear tear and depreciation (See depreciation table on page 11).

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the depreciation table on page 11.

2. **We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the accidental loss of, theft of or damage to **your** hired **ski equipment**. The amount payable in relation **your** hired **ski equipment** will be the retail replacement cost of identical **ski equipment** or **ski equipment** of an equivalent specification.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as practicable after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a **public transport** provider, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline
  - b) give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this insurance.
4. **You** must provide (at **your** own expense) an original receipt or evidence of loss for items lost, stolen or damaged to help **you** to provide evidence to support **your** claim.

### What is Not Covered

### The General Exclusions on page 4 and the exclusions below both apply to Section O1 – Ski Equipment

1. The **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Loss, theft of or damage to **ski equipment** contained in or stolen from an **unattended** vehicle unless:
  - a) it is locked out of sight in a **secure baggage area** and
  - b) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
3. Loss or damage due to delay, confiscation or detention by customs or any other authority.
4. Loss damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown

## Section O2 – SKI EQUIPMENT HIRE

### What is Covered

**We** will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for the cost of hiring replacement **ski equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than 24 hours of **your** own **ski equipment**.

### Special Conditions Relating to Claims

1. **You** must report to the local police in the country where the incident occurred within 24 hours of discovery or as soon as practicable after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a **public transport** provider, authority, hotel or

- your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
    - get a Property Irregularity Report from the airline.
    - give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
    - keep all travel tickets and tags for submission if **you** are going to make a claim under this insurance.
  - You** must provide (at **your** own expense) an original receipt or evidence of loss for items lost, stolen or damaged to help **you** to provide evidence to support **your** claim.

#### What is Not Covered

#### The General Exclusions on page 4 and the exclusions below both apply to Section O2 – Ski Equipment Hire

- Loss, theft of or damage to **ski equipment** contained in an **unattended** vehicle unless:
  - it is locked out of sight in a **secure baggage area** and
  - forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.

### Section O3 – SKI PACK

#### What is Covered

We will pay **you**:

- Up to the amount shown in the **Validation Certificate** Schedule of Cover for the unused portion of **your** ski pack (ski school fees, lift passes and hired **ski equipment**) following **your** **bodily injury**, illness or disease.
- Up to the amount shown in the **Validation Certificate** Schedule of Cover for the unused portion of **your** lift pass if **you** lose it.

#### Special Conditions Relating to Claims

- You** must provide (at **your** own expense) written confirmation to **us** from a **medical practitioner** that the **bodily injury**, illness or disease prevented **you** from using **your** ski pack.

#### What is Not Covered

The General Exclusions apply to Section O3 – Ski Pack.

### Section O4 – PISTE CLOSURE

#### What is Covered

We will pay **you**, up to the amount shown in the **Validation Certificate** Schedule of Cover, for transport costs necessarily incurred by **you** to travel to and from an alternative site or ski area if either lack of or excess of snow, or an avalanche results in the skiing facilities (excluding cross-country skiing) in **your** ski area or resort being fully closed and it is not possible to ski. The cover only applies:

- To the ski area containing the resort or town which **you** have pre-booked for a period more than 12 hours and for as long as these conditions continue at the ski area or resort, but not more than the pre-booked period of **your** trip and

- To **trips** taken outside **your** home country during the published ski season for **your** ski area containing the resort or town where **you** are staying.

If no alternative sites are available, **we** will pay **you** compensation of the amount shown in the **Validation Certificate** Schedule of Cover.

#### Special Conditions Relating to Claims

**You** must get (at **your** own expense) written confirmation from the relevant authority, ski lift operator or **your** tour operator's representative of the number of days skiing facilities were closed in **your** resort and the reason for the closure.

#### What is Not Covered

The General Exclusions on page 4 and the exclusions below both apply to Section O4 – Piste Closure

- Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **you**.

### Section O5 – AVALANCHE OR LANDSLIDE COVER

#### What is Covered

We will pay **you** up to the amount shown in the **Validation Certificate** Schedule of Cover for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** booked resort or returning **home** if **you** are delayed for more than 12 hours by avalanche or landslide. The cover only applies to **trips** taken outside **your** home country during the published ski season for **your** resort.

#### Special Conditions Relating to Claims

**You** must get (at **your** own expense) written confirmation from the relevant authority or **your** tour operator's representative confirming the event.

#### What is Not Covered

The General Exclusions apply to Section O5 – Avalanche or Landslide Cover.

### Section S1 END SUPPLIER FAILURE INSURANCE - ESFI

This cover is provided by International Passenger Protection (Malta) Limited, Level 1, The Ramla Suite, 2 Sir Augustus Bartolo Street, Ta' Xbiex, XBX1091, Malta and is underwritten by Liberty Mutual Insurance Europe SE (**The Insurer**)

#### What is Covered

**The Insurer will pay** up to €3,000.00 in total for each **Insured Person** named on the Invoice for:

- Irrecoverable sums paid prior to **Financial Failure** of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages; coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions all known as the **End Supplier** of the travel arrangements not forming part of an inclusive holiday prior to departure or
- In the event of **Financial Failure** after departure:
  - additional pro rata costs incurred by the Insured Person(s) in replacing that part of the travel arrangements to a similar standard as enjoyed prior to the curtailment of the travel arrangements
 or
  - if curtailment of the holiday is unavoidable - the cost of return transportation to original contract point of departure to a similar standard as enjoyed prior to the curtailment of the travel arrangements.

**Financial Failure** means the **End Supplier** becoming Insolvent or has an administrator appointed and being unable to provide agreed services.

**End Supplier** means the company that owns and operates the services listed in point 1 above.

**The Insurer will not pay for:**

1. Travel or Accommodation not booked within your home country prior to departure
2. Any **End Supplier** which is, or which any prospect of **Financial Failure** is known by the Insured or widely known publicly at the date of the Insured's application under this policy
3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond, or is capable of recovery from any bank or card issuer or any other legal means. The **Financial Failure** of any travel agent, tour organiser, booking agent or consolidator with whom the Insured has booked travel or accommodation
4. Any losses which are not directly associated with the incident that caused the Insured to claim. For example, loss due to being unable to reach your pre-booked hotel following the **Financial Failure** of an airline.
5. Any loss where this policy was not issued within 7 days of the original purchase of the end supplier travel document

**INSOLVENCY CLAIMS ONLY**

**Insolvency Claims Procedure:** - International Passenger Protection (Malta) Limited claims only. Any occurrence which may give rise to a claim should be advised as soon as reasonably practicable to the following by quoting your Policy Number, Travel Insurance Policy name and **reference ESFI EU V1.21:**

**IPP Claims at Sedwick**  
**Postbus 23212, 3001 KE Rotterdam, The Netherlands.**  
**Tel: +31 10 31 20 666**  
**Email: [ippclaims@nl.sedgwick.com](mailto:ippclaims@nl.sedgwick.com)**  
**Website: [www.ippmalta.com/claims](http://www.ippmalta.com/claims)**

**ALL OTHER CLAIMS – REFER TO PART 3 MAKING A CLAIM, OR YOUR VALIDATION CERTIFICATE FOR CLAIMS PROCEDURE.**

**HOW TO MAKE A COMPLAINT REGARDING SECTION S1**

**Our** aim is to provide **you** with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the steps below, along with the relevant contact details for each step.

Compliance Officer, Liberty Mutual Insurance Europe SE, 20 Fenchurch Street, London EC3M 3AW  
Tel: +44 (0) 20 3758 0840 - Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)  
quoting **your** policy and/or claim number.

or

Compliance Officer  
Liberty Mutual Insurance Europe SE  
5-7 rue Léon Laval , L-3372 Leudelange, Grand Duchy of Luxembourg  
Tel: +352 28 99 13 00 - Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)  
quoting your policy and/or claim number.

If after making a complaint you are still not satisfied you may be entitled to refer the dispute to an independent

organisation. This will depend on where you are based, please see below.

For policyholders and insured persons based in the UK

The Financial Ombudsman Service is a free and impartial service, who may be contacted at:  
Exchange Tower, Harbour Exchange, London, E14 9SR  
Tel: 0800 023 4567 - Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

To confirm whether you are eligible to ask the Financial Ombudsman Service to review your complaint find out more at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

For policyholders and insured persons based in the EU

If you were sold this product online or by other electronic means and within the European Union (EU) you may refer your complaint to the EU Online dispute Resolution (ODR) platform. Upon receipt of your complaint the ODR will escalate your complaint to your local dispute resolution service – this process is free and conducted entirely online. You can access the ODR platform on <http://ec.europa.eu/odr>

For policyholders and insured persons based in Switzerland

The Swiss Ombudsman of Insurance, who may be contacted at:

Ombudsman of Private Insurance and of Suva Postfach 1063, CH-8024 Zurich, Switzerland  
Tel: 044 211 30 90 - Website: [www.ombudsman-assurance.ch](http://www.ombudsman-assurance.ch)

To confirm whether you are eligible to ask The Swiss Ombudsman of Insurance to review your complaint find out more at [www.ombudsman-assurance.ch](http://www.ombudsman-assurance.ch)

Alternatively, as Liberty Mutual Insurance Europe SE is a Luxembourg insurance company, all insureds and policyholders are also entitled to refer the dispute to any of the following dispute resolution bodies in Luxembourg:

Commissariat aux Assurances,  
7, boulevard Joseph II , L-1840 Luxembourg  
Tel: (+352) 22 69 11 – 1 - Email: [caa@caa.lu](mailto:caa@caa.lu) - [www.caa.lu](http://www.caa.lu)

or

Service national du Médiateur de la consommation (this is for individual consumers only)

Ancien Hôtel de la Monnaie , 6, rue du Palais de Justice , L-1841 Luxembourg  
Tel: (+352) 46 13 11 - Email: [info@mediateurconsommation.lu](mailto:info@mediateurconsommation.lu) - [www.mediateurconsommation.lu](http://www.mediateurconsommation.lu)

or

Médiateur en Assurances  
ACA,  
12, rue Erasme , L-1468 Luxembourg  
Tel: (+352) 44 21 44 1 - Email: [mediateur@aca.lu](mailto:mediateur@aca.lu) - <https://www.ulc.lu/fr/organes/detail.asp?T=2&D=descr&ID=6>

**Data Protection**

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purposes of providing this insurance and the handling of any claims or complaints, we may need to transfer certain information which you have provided to other parties.

**Sanctions**

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulations.

**Non-Assignment**

No title right or interest under this policy may be assigned, transferred, conveyed, or otherwise disposed of without



Insurer's consent in writing. Any attempt to assign rights of interest without the Insurer's written consent is null and void.

## Section S2 – TRAVEL DISRUPTION (FORCE MAJEURE)

### What is Covered

We will pay, in relation to each person insured under this policy and named on the relevant invoice and/or airline ticket, up to the amount shown on the **Validation Certificate** Schedule of Cover for:

### A. Cancellation – Pre-Departure

Irrecoverable unused travel and accommodation costs paid by **you** in advance before the departure date of **your trip** if **you** have to cancel **your trip** because **your outward journey** is delayed by more than 24 hours as a result of **force majeure**.

### Special Conditions Relating to Claims:

1. In case of an incident **you** must in the first instance contact **your** airline or travel provider/arranger and follow their instructions.
2. **We** will only pay costs which are not refundable from any other source.
3. **You** must provide **our** claims handlers with all receipts, bills, invoices or tickets, or other evidence dependent on **your** circumstances, which they may request from **you** in relation to a claim under this insurance.
4. If requested, **you** must provide written confirmation from a relevant authority or transport supplier of the reason and length of the delay or cancellation.

### B. Additional expenses – Disruption Whilst Trip in Progress

Reasonable (meaning of a standard similar in class and rating to that originally paid for by **you**) additional accommodation and travel expenses if **your return journey** is delayed by more than 24 hours due to **force majeure**.

The maximum **we** will pay per person insured under this policy for accommodation expenses on a bed and breakfast basis is €100 per day for up to 3 days and an allowance for food and drink of up to €20 per day. There is no cover for alcoholic drinks or the cost of telephone calls or other miscellaneous charges incurred.

### Special Conditions Relating to Claims:

1. **We** will only pay costs which are not refundable from any other source.
2. **You** must provide **our** claims handlers with all receipts, bills, invoices or tickets, or other evidence dependent on **your** circumstances, which they may request from **you** in relation to a claim under this insurance.
3. If requested, **you** must provide written confirmation from a relevant authority or transport supplier of the reason and length of the delay.

### What is Not Covered

The General Exclusions on page 4 and the exclusions below both apply to Section S2 – Travel Disruption (Force Majeure)

These exclusions apply to cover for both A. Cancellation – Pre-Departure and B. Additional Expenses – Disruption Whilst Trip in Progress.

1. Any **excess** shown in the **Validation Certificate** Schedule of Cover.
2. Any expense following **your** disinclination to travel or to continue with **your trip**.
3. Any costs incurred by **you** for which **you** receive or are expected to receive compensation. If **you** expect to receive compensation but are unsuccessful, **we** will consider **your**

specific circumstances but do not guarantee that any payment will be made under this policy.

4. Any loss sustained by **you** if this insurance was purchased after the date the **force majeure** happened or commenced.

## PART 5 – CANCELLATION OF THE POLICY

### The policyholder's right to cancel this policy:

The **policyholder** has a right to cancel up to 14 days from the date he/she receives the policy document at the start of the insurance provided that no person insured under the policy has travelled, (or in the case of Single Trip policies, cover has not already commenced), and no claim under this policy has been made.

Should the **policyholder** decide to exercise his/her cancellation right, he/she will be entitled to a full refund of premium provided that no person insured under the policy has travelled, (or in the case of Single Trip policies, cover has not already commenced), and no claim under this policy has been made or is intended to be made.

To cancel the policy, the **policyholder** should contact **Globelink International** on [globelink@globelink.eu](mailto:globelink@globelink.eu) or at 140 Franklin Roosevelt Avenue, 3011 Limassol, Cyprus. Tel: +357 240 30337.

### Our right to cancel this policy:

**We** will not cancel any policy during its lifetime as long as:

- the **policyholder** pays the premium;
- neither the **policyholder** nor any other person insured under the policy commits fraud.

**We** will not cancel an annual multi trip policy during the **period of insurance** unless one or more of the following happens:

- the **policyholder**, or any other person insured under this policy, commit fraud; or
- the risk **we** agreed to insure changes significantly (for example because activities **you** intend to be involved in during any **trip** change, or because **you** develop new **medical conditions** after the insurance starts). If **we** cancel the policy for this reason, the **policyholder** will be given at least 60 days' notice in writing and will be entitled to a refund of premium which will be calculated according to the number of days remaining in the **period of insurance**.

## PART 6 – RENEWAL OF AN ANNUAL MULTI TRIP POLICY

**IMPORTANT:** Please note that the policy does not automatically renew from year to year. **Globelink International** will contact the **policyholder** approximately one month before the renewal date and the **policyholder** will be advised of any changes to the premium or the policy terms and conditions. The **policyholder** will also be told if **we** are unable to renew the policy. If the **policyholder** wishes to renew, he/she will need to confirm his/her requirements and purchase a new policy using the **Existing Customer link** on the **Globelink International** homepage at [www.globelink.eu](http://www.globelink.eu).

If the **policyholder's** personal details change before the policy renews, he/she should tell **us** by contacting **Globelink International** on [globelink@globelink.eu](mailto:globelink@globelink.eu) or calling: +357 240 30337.

When the **policyholder** receives his/her renewal notice, he/she must provide **us** with details of any changes to the health of any persons insured under this policy, to persons to be covered or change in optional extensions required since

the policy started or since the policy last renewed if the policy has been held for more than one year.

Changes to the health of any person insured under this policy which **we** need to know about are:

- details of any new **medical conditions** a person has been diagnosed with; or
- changes in diagnosis of any existing **medical condition**; or
- changes in the treatment (including changes in medication) a person is receiving for any existing **medical condition**.

## PART 7 – HOW TO MAKE A COMPLAINT

**Our** aim is to provide **you** with a high-quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** wish to complain, please note the 2 steps below, along with the relevant contact details for each step.

### Step 1:

In the first instance, if the complaint **does not** relate to a claim please direct it to:

Globelink (Cyprus) Insurance Agency and Sub-Agency Limited.

140 Franklin Roosevelt Avenue, 3011 Limassol, Cyprus

Tel: +357 240 30337

Email: [globelink@globelink.eu](mailto:globelink@globelink.eu)

Mon-Fri 9am to 5pm GMT (excludes public holidays).

If **your** complaint relates to a claim please contact:

Healthwatch S.A. Amygdalies 5

Nea Efkarpia, 56429

Thessaloniki, Greece

Tel: +30 231 308 4502

e-mail: [info@healthwatch.gr](mailto:info@healthwatch.gr)

Fax: +00 30 231 025 6455

Mon-Fri 9am to 5pm GMT Mon-Fri (excludes public holidays).

Collinson Insurance Europe Limited (CIEL) is the Insurer and underwrite all the benefits provided under the policy. CIEL appointed Healthwatch S.A to handle complaints on its behalf as indicated above. Healthwatch S.A can provide a translation.

If **your** complaint relates to medical assistance **you** received whilst travelling, please contact:

Collinson Insurance Solutions Europe Limited (UK Branch)

The Customer Relations Department

PO Box 637

Haywards Heath

West Sussex

RH16 1WR

England

Email: [ciel.complaints@Collinsoninsurance.com](mailto:ciel.complaints@Collinsoninsurance.com)

Mon-Fri 9am to 5pm GMT (excludes UK public holidays).

### Step 2:

If You remain dissatisfied after receiving **our** response **you** may be able to pass **your** complaint to the Arbiter for Financial Services. The service is provided in English and Maltese and further details including contact details for the Office of the Arbiter can be found at the below address:

Office of the Arbiter for Financial Services

1st Floor, St Calcedonies Square, Floriana FRN 1530, Malta

Tel: 80072366 (from Malta)

Tel: +356 212 49245 (from outside Malta)

Email: [complaint.info@financialarbiter.org.mt](mailto:complaint.info@financialarbiter.org.mt)

Website: <https://financialarbiter.org.mt>

**You** may also have the right to pass **your** complaint to an Ombudsman in **your** country of residence.

**For complaints regarding Section S1 – End Supplier Failure Insurance (ESFI) please refer to Section S1 for the Complaints Procedure.**

## PART 8 – LEGAL, REGULATORY AND OTHER INFORMATION

### Data Protection Notice

As your insurer and a data controller, we collect and process information about you so that we can provide you with the products and services you have requested. We also receive personal information from your agent on a regular basis while your policy is still live. This will include your name, address, risk details and other information which is necessary for us to:

- Meet our contractual obligations to you;
- issue you this insurance policy;
- deal with any claims or requests for assistance that you may have
- service your policy (including claims and policy administration, payments and other transactions); and detect, investigate and prevent activities which may be illegal or could result in your policy being cancelled or treated as if it never existed;
- protect our legitimate interests

Some of the personal information that you provide may be sensitive (special category data). This includes details about your health and medical records. Where we collect and process your sensitive information we need to gain your explicit consent and this will be obtained from you at the relevant time. Please note, we may not be able to sell you an insurance policy or deal with a claim if you do not agree to us processing relevant sensitive information.

In order to administer your policy and deal with any claims, your information may be shared with trusted third parties. This will include members of The Collinson Group, contractors, investigators, crime prevention organisations and claims management organisations where they provide administration and management support on our behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, we will have strict contractual terms in place to make sure that your information remains safe and secure.

We will not share your information with anyone else unless you agree to this, or we are required to do this by our regulators (e.g. the Financial Conduct Authority) or other authorities.

### Our Legal Basis for Us Processing your data

Your **Personal Information** will be processed on the basis that it is:

- necessary for the performance of the contract that you have with us;
- is in the public or your vital interest: or
- for our legitimate business interests.

**Your Sensitive (Special Category Data)** will be processed on the basis;

- to establish, exercise or defend **our** legal rights
- Sch1, Part 2, s 20(1) DPA 2018. Insurance. If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

### How we store and protect your information

All personal information collected by us is stored on secure servers which are either in the United Kingdom or European Union. We will need to keep and process your personal information during the period of insurance and after this time

so that we can meet our regulatory obligations or to deal with any reasonable requests from our regulators and other authorities.

We also have security measures in place in our offices to protect the information that you have given us.

### How you can access your information and correct anything which is wrong

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please contact us by email or letter as shown below:

Email address: [data.protection@collinsongroup.com](mailto:data.protection@collinsongroup.com)

Postal Address: Cutlers Exchange, 123 Houndsditch, London EC3A 7BU

This will normally be provided free of charge, but in some circumstances, we may either make a reasonable charge for this service or refuse to give you this information if your request is clearly unjustified or excessive.

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

If you wish to make a complaint about the use of your personal information, please contact our Complaints manager using the details above.

### Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

### Sanctions

We shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

### Safeguarding Your Premium and Claim Payments

All premium payments from **you** and due to **us** for this policy will be held by **Globelink International** on **our** behalf. **Globelink International** will also hold any premium refund that is due to **you** from **us**.

Any claim payments that are due to **you** from **us** will be paid to **you** by **our** claims handlers.

In these capacities, **Globelink International** and **our** claims handlers are acting as **our** agents. This means that once a premium is paid to **Globelink International** it is deemed to have been received by **us** and that all claim payments and premium refunds are not deemed to have been paid until **you** have actually received them.

### Applicable Law and Jurisdiction

This policy shall be governed by and construed in accordance with the laws of the country in which the risk is situated, without prejudice to the provisions set out in Regulation (EC) 593/2008, and if the country where the risk is situated cannot be determined (for example risks occurring in international waters), then the laws of Malta shall apply. Each of the parties that the policy applies to irrevocably agrees that the courts of Malta shall have exclusive jurisdiction to hear and decide any suit, action or proceedings, and/or to settle any disputes, which may arise out of or in connection with this policy or its formation or validity and, for these purposes, each party irrevocably submits to the jurisdiction of the courts of Malta.

## PART 9 – GENERAL DEFINITIONS

Certain words in this policy have a specific meaning. They have this specific meaning wherever they appear in this policy, in the **Validation Certificate**, or in endorsements, and are shown in bold print.

**Active war** means: **your** active participation in a **war** where **you** are deemed under English Law to be under instruction from or employed by the armed forces of any country.

**Baggage** means: luggage, clothing, personal belongings, **valuables and electronic equipment** and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

However, certain equipment and specific items are not covered. Please see exclusion 5 on page 12 for a full list of equipment and specific items which are not covered.

**Bodily injury** means: an identifiable physical injury, occurring during a **trip** undertaken during the **period of insurance**, caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to severe weather conditions.

**Business equipment** means: equipment which either belongs to **your** employer or which is owned by **you** and used as part of **your** trade, profession or occupation.

**Close business associate** means: any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

**Close relative** means: mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

**Compulsory Quarantine** means **you** receiving an instruction from a **medical practitioner** that requires **you** to confine yourself, provided the place of confinement is not **your** home address in **your home country** or any private residential address.

**Curtailment / Curtail / Curtailed** means either: abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip** which **you** have not used, or attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **you** were admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

**Cyber Terrorism** means: The actual use or threat of use of the disruptive activities against computers and networks, with the intentions to cause harm, spread fear or cause disruption of infrastructure.

**Excess** means: the amount **you** will have to pay towards the cost of each claim under the insurance.

**Family cover** means: up to two adults and any number of their children, step children or foster children aged under 18, accompanying the parents or legal guardian insured on the same **Validation Certificate**, travelling on any **trip** to the same destination. Children under 16 are only insured when

travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

**Force Majeure** means: the following, first arising during the **period of insurance**:

The following climatic conditions/forces of nature: fire, flood, earthquake, explosion, tsunami, volcanic eruption, landslide, avalanche, hurricane, cyclone or storm and snow

**Globelink International** means: Globelink (Cyprus) Insurance Agency and Sub-Agency Limited.  
140 Franklin Roosevelt Avenue, 3011 Limassol, Cyprus  
Tel: +357 240 30337  
Email: [globelink@globelink.eu](mailto:globelink@globelink.eu)

**Golf equipment** means: golf clubs, golf balls, golf bag, golf trolley and golf shoes.

**Home** means: **your** normal place of residence in **your home country**.

**Home area** means: **your** country of residence in the European Economic Area.

**Home country** means: The European Union or European Economic Area country in which **you** are legally resident.

**Insured couple** means: **you** and **your** partner whose names appear on the **Validation Certificate** who are travelling to be

**Loss of limb** means: loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

**Loss of sight** means: total and irrecoverable loss of sight which shall be considered as having occurred:

- a) In both eyes, if **your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
- b) In one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

**Manual work** means: Work that is physical, including, but not limited to construction, installation, assembly and building work. This does not include bar and restaurant staff, musicians and singers and fruit pickers (who do not use machinery)

**Medical condition** means: any disease, illness or injury.

**Medical practitioner** means: a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to **you** or any person who **you** are travelling with.

**Nuclear risks** means: ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

**Outward journey** means: the journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the **trip** from **your home** address in **your home country**.

**Period of insurance** means

1. **if annual multi trip cover is selected:**  
the period for which **we** have accepted the premium as stated in the **Validation Certificate**. During this period any **trip** not exceeding 31 days (or as otherwise shown in the **Validation Certificate**) is covered, but limited to 17 days in total in each **period of insurance** for **winter sports** (provided **you** have paid the appropriate **winter**

**sports** premium to include this cover where required). Under these policies Section A - Cancellation cover will be operative from the date stated in the **Validation Certificate** or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

2. **if single trip cover is selected:**  
the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the **Validation Certificate**. Under these policies Section A - Cancellation cover will be operative from the time **you** pay the premium.
3. **in respect of one-way trips:**  
all insurance cover shall cease 72 hours after the time **you** first leave the immigration control of **your** final destination country or at the expiry date of this insurance whichever is the sooner. The final destination country will be treated as **your home area** and cover under this insurance will be applied accordingly.

**Permanent total disablement** means: loss of physical and/or mental ability through **bodily injury** to the extent that **you** will be unable to do the material and substantial duties of any occupation to which **you** are suited by means of training, education or experience ever again. The material and substantial duties are those that are normally required for, and form a significant and integral part of, the performance of any occupation that cannot reasonably be omitted or modified. Occupation means any trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. A **medical practitioner** must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when cover under this policy ends or **you** are expected to retire.

**Personal money** means: bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for private purposes.

**Policyholder** means: the individual who has paid the appropriate premium to **us** for this insurance.

**Pre-existing medical condition** means:

- a) any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by a **medical practitioner** and prescribed drugs or medication).
- b) any **medical condition** for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months.
- c) any **medical condition** for which **you** are taking prescribed drugs or medication.
- d) any **medical condition** for which **you** have received a terminal prognosis.
- e) any **medical condition** you are aware of but for which **you** have not had a diagnosis.
- f) any **medical condition** for which **you** are on a waiting list or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home.

**Public transport** means: any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

**Return journey** means: the journey by motor transport, train, aircraft or watercraft undertaken in conjunction with the **trip** to **your home** address in **your home country**.

**Secure baggage area** means: any of the following, as and where appropriate:

- a) the locked dashboard, boot or luggage compartment of a motor vehicle
- b) the locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) the fixed storage units of a locked motorised or towed caravan
- d) a locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

**Single parent cover** means: one adult and any number of his or her children, step children or foster children aged under 18 accompanying the adult insured on the same **Validation Certificate**, travelling on any **trip** to the same destination. Children under 16 are only insured when travelling with the insured adult, but under annual multi trip cover the adult is also insured to travel on their own.

**Ski equipment** means: skis (including bindings), ski boots, ski poles and snowboards (including bindings) and any other items deemed as specific and required for the participation in **winter sports** activities

**Terrorism** means: An event that has been declared a terrorism event by the UK government or by the government of the country where the event happened, including a terrorist attack that involves the use of nuclear, chemical, or biological devices or **cyber terrorism**.

**Transport provider** means: Airline companies, rail operators, coach operators, ferry and cruise operators.

**Trip** means: any holiday, business or pleasure trip or journey made by **you** within the area of travel shown in the **Validation Certificate** which begins and ends in **your home area** during the **period of insurance**.

If annual multi trip cover is selected any **trip** not exceeding 31 days is covered (unless otherwise shown in the **Validation Certificate**), but limited to 17 days in total in each **period of insurance** for **winter sports** (provided **you** have paid the appropriate **winter sports** premium to include this cover where required). Each **trip** under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **trip**. Any **trip** solely within **your home area**

is only covered where **you** have pre-booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee, whether single trip or annual multi trip cover is selected. Where **we** have agreed to cover **your medical condition**, this applies to each **trip** during the **period of insurance**.

**Unattended** means: when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.

**Validation Certificate** means: the document showing details of **your** cover.

**Valuables and Electronic Equipment** means: jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

**Vermin** means: rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

**War** means: Armed conflict between nations, invasion, act of foreign enemy, hostilities (whether war declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

**We/Us/Our** means: Collinson Insurance Europe Limited.

**Winter sports** means: any activity as listed in Appendix B and for which the **policyholder** has paid the additional premium where required as confirmed on the **Validation Certificate**.

**Withdrawal of services** means: the withdrawal of:

- a) all water or electrical facilities in **your** hotel or **trip** accommodation, or
- b) waiter/waitress services at meals, or
- c) kitchen services of such nature that no food is served, or room cleaning services.

**You/Your/Yourself** means: the **policyholder** and any other person(s) to whom cover is provided under the policy, as stated on the **Validation Certificate**.

## **APPENDIX A – INCLUDED SPORTS & ACTIVITIES**

**We** will not pay for claims arising directly or indirectly from:

1. Professional sports or entertaining:

**Your** participation in or practice of any professional sports or professional entertaining.

2. Other sports or activities:

**Your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle in motor rallies or competitions or racing unless:

- a) specified in the lists under this Appendix A below or
- b) shown as covered in the **Validation Certificate** when the additional premium is paid to extend policy cover for specified activities.

If **you** are going to take part in any activity which may be considered dangerous that is not detailed below please contact the person/company who sold the **policyholder** this policy who will contact **us** to see if **we** can provide cover.

When undertaking any of the activities shown in the tables below **you** must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head wear, life jackets etc.) is worn at all times.

Please note that under Section H (Personal Liability) **you** will not be covered for liability caused directly or indirectly by **you** owning or using any animals, aircraft, firearms or weapons of any kind; or the ownership or use of any vehicle, watercraft or leisure equipment that is motorised or mechanically or jet propelled.

Below are the list of Activities and the Category under which they are classified in this policy. All Activities are subject to the terms, conditions and exclusions within all policies and restrictions apply to some Activities. An additional premium is required to cover any Activity listed in Category 3.

#### ACTIVITY CATEGORY 1

Below is the list of Activities in Category 1 that will be covered as standard within all policies subject to the terms, conditions and exclusions within this policy. Please note restrictions apply to Activities marked with an asterisk or asterisks. Activities marked with (\*) have NO cover under Section H – Personal Liability. Activities marked with two asterisks (\*\*) have NO cover under Section C – Personal Accident.

ACTIVITY CATEGORY 1		
Activities marked with (*) have NO cover under Section H – Personal Liability. Activities marked with (**) have NO cover under Section C – Personal Accident		
Aerobics	Amateur Athletics (track and field)	Assault Course
Badminton	* Banana Boating / Water Sled (Only as a passenger with no right of control)	Baseball / Basketball
Beach games (Volley Ball, beach mini golf, Frisbee, boules, petanque)	Billiards/Snooker/Pool	Blade Skating
Body Boarding / Boogie Boarding	Bowls	Cricket
Croquet	Curling	*Cycling (on road/no racing/no touring) – wearing helmet
Deep Sea Fishing	* Dinghy Sailing (small non-motorised hand/foot/sail propelled watercraft with a max 4 person capacity)	Fell Walking/Running up to 2,500 metres
*Fencing (only when adequately supervised and as part of an organised activity instructed by professional organisers & within organisers guidelines).	Fishing (course fishing / Angling)	Fives
Flying as a fare paying passenger in a fully licensed passenger carrying aircraft.	Football/soccer	Golf
* Glass Bottom Boats/Bubbles (Only as a passenger with no right of control).	* Go Karting (Excludes Super-Karts). With a licensed public hirer, instructed by professional organisers and within organisers guidelines up to 120cc	Handball
Hiking/Trekking up to 2,500 metres	Jogging/running	Korfball
Lapland Activates (*Husky/Reindeer sleigh ride, sledging/sledging, Snowmobile/Ski-doo) **	Netball	Octopush
Orienteering up to 2,500 metres	Racket ball	Rambling up to 2,500 metres
Refereeing (amateur sports only)	Ringo	Roller skating/blading/in-line skating (no stunts, wearing pads and helmet)
Rounders	Rowing/Canoeing river only (no white water)	* Sail boarding
Skate boarding (no stunts)	Sledging/sledging (not on snow)	Snorkelling
Softball	Squash	*Surfing
Swimming	Swimming with Dolphins/elephants	Sydney Harbour Bridge walk
Table Tennis	Ten pin bowling	Tennis
Trampolining	Tree canopy walking	Tug of war
Volleyball	Wake boarding	Water polo
Whale watching	Wind Tunnel Flying (under supervision of professional organisers and meeting organisers guidelines)	Windsurfing
Zip Lining	Zorbing/Hydro Zorbing/Sphering	

#### ACTIVITY CATEGORY 2 (Subject to a €150 excess)

Below is the list of Activities in Category 2 that will be covered as standard within all policies subject to the terms, conditions and exclusions within this policy and an **excess** of €150 applies. Please note restrictions apply to all Category 2 Activities and all Activities shown have NO cover under Section C – Personal Accident and NO cover under Section H – Personal Liability.

**ACTIVITY CATEGORY 2 (Subject to an excess of €150)  
NO cover under Section C – Personal Accident and Section H – Personal Liability**

Abseiling (within organisers guidelines)	Administrative or Clerical Occupations	Archaeological Digging
Archery	BMX on dirt track only (pads and helmet worn)	Bungee Jump (limited to 3 only)
Camel Riding	Clay Pigeon Shooting	Dry slope skiing
Elephant Riding/trekking	Falconry	Gymnastics
Hot air ballooning (fare paying passenger with professional organisers).	Horse Riding (no jumping/hunting, riding hat must be worn)	Hovercraft (passenger only)
Jet Boating/Power Boating (passenger only)	Motor cycling/Moped up to 125cc only (must have full/appropriate licence).	Rock Climbing wall only. Safety harness/equipment and under instruction of professional organisation
Paintballing/war games	Parascending	Pony trekking (riding hat must be worn)
Safari trekking (supervised, only with local guide)	Sailing/yachting/Catamaran	Sand – Boarding/surfing/skiing
Scuba diving up to 30 metres depth – with qualified instructor – or with valid PADI/BSAC qualification. No solo dives. Adhering to Appendix C below.	Small bore/target shooting	Spear fishing
Students working as counsellors or university exchanges for practical course work	Tall ship crewing	Water skiing (no jumping)

### ACTIVITY CATEGORY 3 (subject to a €300 excess)

Below is the list of Activities in Category 3 that will be covered under this insurance policy if the **policyholder** has paid the appropriate additional premium and this has been noted on the **Validation Certificate**, subject to the terms, conditions and exclusions within this policy. Please note the restrictions that apply to individual Activities and note that the following restrictions apply to all Activities shown below: All Activities have NO cover under Section C – Personal Accident and NO cover under Section H – Personal Liability.

ACTIVITY CATEGORY 3 (subject to an excess of €300). NO cover under Section C – Personal Accident and NO cover under Section H – Personal Liability		
Black Water Rafting/Cave tubing (up to grade 3 only, as a passenger with no solo right of control.)	BMX skate parks (pads and helmet must be worn)	Canoeing / Kayaking (coastal waters or up to grade 3 inland waters)
High diving (in pool only)	Hockey (field)	Jet skiing (with guidance from independent monitor/instructor)
Kite Surfing	Mountain Biking / Cycling off road (wearing a helmet and no racing). Up to Blue run level only.	Scuba Diving up to 50 metres – with valid PADI/BSAC qualification. No solo dives. Adhering to Appendix C below
Sky Diving (tandem only)	White water rafting (up to grade 3 only, as a passenger with no solo right of control).	

### APPENDIX B – WINTER SPORTS COVER Extension (included activities)

Below are the list of activities included under the Winter Sports Cover Extension that are covered as standard within all policies, subject to the terms, conditions and exclusions within this policy. Please note however that the following restrictions apply: Activities marked with three asterisks (\*\*\*) have NO cover under Section H Personal Liability and must be carried out within organisers guidelines and will only be covered as part of a pre-arranged/organised activity led or instructed by professional guides or organisers. In addition to the above restriction, Husky Dog Activities have NO cover under Section C Personal Accident.

ACTIVITY - WINTER SPORTS COVER EXTENSION Activities marked with *** are only covered when within organisers guidelines and only covered as part of an organised activity led or instructed by professional guides or organisers		
Air-Boarding	Big Foot Skiing	Cross Country/Nordic Skiing (recognised paths)
Downhill Skiing/Snowboarding	Glacier Walking (not using crampons and ice picks)	Heli boarding/skiing
Ice Cricket	*** Ice Go Carting	Ice Skating (when not on a rink)
Kick Sledging	Langlauf	Mono Ski
Ski Blading	Ski Boarding	Ski Randonnee
Ski Run Walking	Ski Swimming	Ski Touring
*** Sledging/Sleigh-riding as a passenger pulled by any animal	Snow Blading	*** Snowcat Skiing
*** Snowmobiling / Skidooring	Snow Shoe Walking	*** Snow Tubing
Snow Zorbing	Winter Walking (not using crampons and ice picks)	

**If the Activity you wish to undertake during a trip is not listed in the above tables, please contact Globelink International at [globelink@globelink.eu](mailto:globelink@globelink.eu) or call +357 240 30337 and they will advise whether or not the activity can be included under your policy and if any additional premium will be required**

### **APPENDIX C - SCUBA DIVING ENDORSEMENT**

This insurance is extended to cover **you** whilst engaging in underwater activities requiring the use of artificial breathing apparatus (scuba) subject to **you** being approved as medically fit to dive by the person or company who/which has organised the diving, and subject otherwise to all terms, conditions, exclusions and limitations of this insurance.

**What is not covered:**

**This insurance does not cover claims directly or indirectly arising from, happening through or as a result of:**

1. Diving by persons not holding a recognised certificate for the type of diving being undertaken, or not under professional instruction.
2. Diving without proper equipment and/or contrary to codes of good practice according to bona fide organisations such as PADI or BSAC.
3. Diving to depths greater than 30 metres (or 50 metres if additional premium paid).
4. Solo diving or night diving or specifically organised cave diving or diving for hire or reward.
5. Flying within 24 hours of last dive or diving whilst suffering from a cold, influenza, infection or obstruction of the sinuses or ears.
6. Diving by persons aged under 12 years of age or over 65.

*Collinson Insurance Europe Limited is authorised and regulated by the Malta Financial Services Authority to carry on business of insurance under the Insurance Business Act, 1998. Collinson Insurance Solutions Europe Limited is authorised and regulated by the Malta Financial Services Authority to act as an Insurance Agent in terms of the Insurance Distribution Act (CAP 487). Both entities have their registered office in Development House, St. Anne Street, Floriana, FRN 9010*

*Globelink (Cyprus) Insurance Agency and Sub-Agency Limited are a company registered in Cyprus, having its registered office address at 14A Franklin Roosevelt Avenue 3011 Limassol, Cyprus.*