

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Emirates

Name of insurer: AIG Insurance Company of Canada

Name of insurance product: Comprehensive Travel Insurance for Emirates Ticketholders



### IT'S YOUR CHOICE

**You are never required** to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.  
The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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**The Autorité des marchés financiers can provide you with unbiased, objective information.**  
Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer: You may view this document and the insurance policy at [www.aig.ca/qc-distribution-lists](http://www.aig.ca/qc-distribution-lists)

## Product Summary

# COMPREHENSIVE TRAVEL INSURANCE POLICY – EMIRATES TICKETHOLDERS

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### Insurer's Contact Information

Name:	<b>AIG Insurance Company of Canada</b>
AMF Client Number:	2000533077
Website:	aig.ca
Address:	120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8
Phone Number:	1-416-596-3000
Fax Number:	1-855-453-1063
Toll Free:	1-800-387-4481

### Administrator's Contact Information

Name:	<b>Travel Guard Group Canada, Inc.</b>
Address:	120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8
Phone Number:	1-416-646-3723
Fax Number:	1-416-646-3759

### Claims Administrator's Contact Information

Name:	<b>Global Excel Management</b>
Address:	73 Queen Street, Sherbrooke, QC, J1M 0G9
Phone Number:	1-819-566-8833
Fax Number:	1-819-566-8447
Toll Free:	1-888-566-8028

### Distributor's Contact Information

Name:	<b>Emirates</b>
Website:	<a href="http://www.emirates.com/ca/english">www.emirates.com/ca/english</a>
Address:	Group Headquarters, P.O. Box 686, Dubai, United Arab Emirates.
Phone Number:	+97 1600555555

## INTRODUCTION

This Product Summary has been designed to help you understand the coverages and benefits along with the exclusions, pre-existing conditions and terms and conditions of the Comprehensive Travel Insurance Policy issued to Emirates Ticketholders ("Product"). This document has been created to assist you, without the advice of a licensed insurance advisor, in determining if the Product is right for you and corresponds to your needs. Some of the terms used in this Product Summary have specific meanings explained in the insurance policy. Please refer to such policy for complete information on the scope of the Product. You may view this document and the insurance policy at <https://www.aig.ca/qc-distribution-lists>. You can also obtain a copy of the insurance policy through the distributor's website.

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## NATURE OF THE PRODUCT – IS THIS INSURANCE AUTOMATICALLY INCLUDED WITH MY PLANE TICKET?

Yes. The Product is a travel insurance automatically embedded within the ticket you purchased for your flight with Emirates. While you may benefit from the coverages of the Product, you do not pay any premium directly to AIG Insurance Company of Canada, the insurer offering the Product.

The Product provides financial protection against sudden and unforeseen events that could occur during your trip, or, in the case of certain eligible travel cancellations, before you depart for your trip. Therefore, it includes certain exclusions relating to some activities or illnesses among other things. For example, you may not be covered for health problems or symptoms that you had before leaving on your trip. We recommend that you read the exclusions and limitations sections in this Product Summary and in the insurance policy so you understand your coverage.

## CAN I CANCEL THE PRODUCT AND BE REFUNDED?

Typically, when you purchase a travel insurance product, prior to your departure and provided you do not intend to file a claim, you have 10 days from the purchase date to review your policy, ask questions and, if you conclude the insurance does not provide the coverage you are looking for, you may seek a refund of the premium you paid.

**However, this Product has some specificities and cancellation and refund rules apply differently because:**

- ***The Product is included automatically with the purchase of your Emirates ticket. .***
- ***You do not pay any premium to us.*** Therefore you will not be eligible to receive any premium refund .

## SIMILAR PRODUCTS

There are other types of products on the market that provide similar coverage that you may purchase on your own.

## WHO CAN I CALL WITH QUESTIONS?

If you want to **discuss the coverage** or have any questions with respect to the coverage offered to you, feel free to call our Administrator at the following phone number:

**416-646 3723**

Please note that this is for customer service only. **Claims** must be submitted through our Claims Administrator at the following phone numbers:

**Phone Number: 1-819-566-8833**

**Fax Number: 1-819-566-8447**

**Toll Free: 1-888-566-8028**

## THINGS TO CONSIDER BEFORE YOU TRAVEL

- Make sure you and your trip meet the conditions to be covered by the Product (please refer to “Eligibility criteria - Who and what is covered” below). If you do not, you might not be covered.
- Medical conditions which you had before the coverage period will not be covered (please refer to “What limitations are there with respect to my health” below).

## DON'T FORGET:

- All amounts stated in this summary and in the insurance policy are in Canadian dollars.
- All coverages are per person (unless the context indicates otherwise).
- You must always provide us with full and accurate information. Making a false statement or concealing certain important information, before or during your coverage period, can make you lose your coverage.

- Most claims require you to provide us with supporting documentation and other evidence. Keep all of your receipts, obtain appropriate written confirmations and communicate with us in a timely manner. For more details on what types of claims evidence is required for each type of claim, please refer to the insurance policy.

## ELIGIBILITY CRITERIA – WHO AND WHAT IS COVERED:

### Who is covered by this Product?

To be covered by the Product you must be named on your travel itinerary issued in connection with a covered trip (please refer to “What trips are covered” below). You must also satisfy all other conditions, such as those relating to your health prior to departure (please refer to “What limitations are there with respect to my health” below).

### What trips are covered?

“Trip” or “your trip” has a specific meaning under the insurance policy.

The Product covers both your one-way and return trips for which you have an Emirates ‘176’ series ticket and that appear in your travel itinerary. Your trip starts when you leave your first country of departure to travel outside the country in which you reside. Your trip ends when you arrive at the final destination appearing in your travel itinerary.

### For how long am I covered?

**Trip cancellation:** The Product starts covering you for trip cancellation purposes at the time you book your trip and before your trip starts. It ends once you start your trip.

**Other benefits:** For other benefits provided by the Product, your coverage starts when you leave for your trip outside your country of residence.

The coverage for the other benefits ends depending on the type of you trip:

- *Return trip:* The coverage ends when you return to the country where you reside or, at the latest, 365 days from your first departure on your trip.
- *One-way trip:* For certain benefits (such as emergency medical or dental expenses, hospital daily cash benefit or overseas quarantine allowance), your cover ends 31 days after you arrive at your final destination which is not your country of residence. All other benefits end 48 hours after you arrive at your final destination which is not your country of residence.

**If your trip must be extended:** Your cover will be extended for up to 30 days if your trip is extended beyond the dates shown in your travel itinerary due to *unexpected circumstances that are beyond your control and fall within the terms and conditions of this coverage provided under the policy*. This would be at no extra cost for you. **Extensions must be authorized by us in advance. Otherwise, you may not be covered.** Please call our Administrator at **416-646-3723** if you need an extension.

## WHAT SHOULD I BE AWARE OF IF I RESIDE IN CANADA BUT AM NOT A CANADIAN CITIZEN?

The insurance policy makes a distinction between your country of citizenship and your country of residence. Your country of citizenship is the country where you are a citizen but also includes a country where you are a permanent resident.

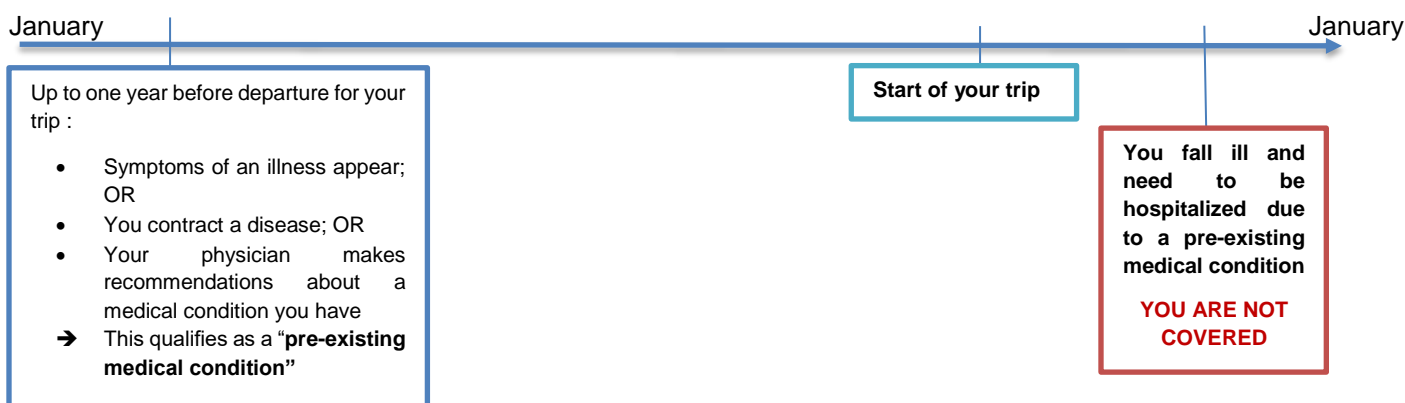
Your country of residence is the country where you are living or where you are located or working when you book your trip. In most cases, your country of citizenship under the insurance policy will coincide with your country of residence. If at the time you book your trip your country of residence and your country of citizenship are not the same, please review the section “Residency in regard to claim” under the policy.

## WHAT LIMITATIONS ARE THERE WITH RESPECT TO MY HEALTH?

Claims related to a “pre-existing medical condition” will not be covered. If you make a claim in connection with a pre-existing medical condition of one of your relatives or business associates, you may also not be covered. Please consult the “General exclusions” section under the insurance policy for more details.

A **pre-existing medical condition** is a condition for which a qualified and licensed medical practitioner expressed his or her recommendations within a period of up to 12 months before the beginning of your cover by the Product. It also includes medical conditions which were first manifested or contracted within such Period.

For example only:



**What if I had a communicable disease in the 12 months prior to my my trip which has been declared a pandemic or epidemic by the World Health Organization and I am reinfected while on my trip?** You may be covered. Please consult the "General exclusions" section under the insurance policy for more details.

## WHAT ARE THE OTHER MAIN COVERAGES EXCLUDED FROM THIS PRODUCT?

In addition to pre-existing medical conditions (please see above), you will not be covered for certain losses or incidents if they are excluded from the Product coverage. Here are a few examples:

- Any claim related to circumstances which you were aware of at the time of booking your trip and which could have reasonably been expected to lead to a claim will not be covered.
- Any claims related to travelling against the advice of a licensed and qualified medical practitioner will not be covered.
- You may not be covered if you already have a more specific insurance coverage under a different policy covering the same incident.

**For a full list of exclusions, please consult the "General exclusions" section under the insurance policy. Specific limitations and exclusions applicable to your coverage are also indicated under Sections A to G of the insurance policy.**

**You should always act prudently and reasonably, as if you were uninsured. Otherwise your coverage may be limited or denied.**

## WHAT COVERAGES DOES THE PRODUCT OFFER?

This Product provides several types of coverage. We provide a few examples below. For more details on what is covered, please refer to "Sections of cover" of the insurance policy. Please consult the "Benefit schedule" in the insurance policy for information about the specific maximum amounts of coverage.

### Trip Cancellation and Cutting your Trip Short

If you have to cancel your trip or cut it short due to one of the covered reasons, we will pay up to CAD 9,800 for your non-reimbursable travel and accommodation expenses, including cost of excursions, tours and activities. Here are some covered reasons:

- Your or your relative or travelling companion's death, serious illness or serious injury. Such event must be unexpected. If you were aware of the event before booking your trip, you will not be covered.
- You or your relative have been diagnosed with a communicable disease, the outbreak of which has been declared an epidemic or pandemic **after** you booked your trip but **before** the scheduled departure date.

**If you need to return to your country of residence earlier than planned, you must call us beforehand.**

Please refer to "Section A" of the insurance policy for more details on this coverage.

#### **Personal Belongings and Travel Inconvenience**

You are covered for instance for the incidents below. Please refer to "Section B" of the insurance policy for more details.

- **Personal baggage:** The Product covers your personal baggage for up to CAD 6,500. We cover items that are owned by you (i.e. not borrowed or rented) which are lost, damaged, stolen or destroyed during your trip.
- **Delayed baggage:** If your baggage is delayed in reaching you on your outward international journey for more than 12 hours, we will pay up to CAD 1,300 for essential items you need to buy.

**You must get written confirmation of the length of the delay from the appropriate airline. Remember to keep all your receipts.**

**Remember that we will not cover property that you left unattended in a public place. You must report all losses, thefts or delays to the relevant authorities (e.g. airline, consulate) and obtain a written report from them within 24 hours of the incident.**

- **Travel delay and abandonment:** We will pay up to CAD 1,300 for delays of more than 12 hours from your country of departure that are caused by e.g. poor weather conditions or a mechanical breakdown. Up to the same maximum amount is covered if you fail an epidemic or pandemic related test or screening at the airport and are therefore required to abandon your trip.

**Make sure to check in for your trip before the recommended time. Otherwise, you may not be covered.**

- **Missed departure:** We will pay up to CAD 1,300 for your reasonable extra travel and accommodation costs for you to arrive at your booked holiday destination if you missed your departure due to certain covered reasons, such as when the public transport fails or the vehicle in which you travelled is directly involved in an accident or suffers a mechanical breakdown.

**You left too late for the airport and missed your flight? You will likely not be covered. You will need to provide us with an official letter confirming the reason for your late arrival and the length of the delay.**

#### **Medical and Other Expenses**

This Product includes several types of coverage if you are unable to continue on your trip due to medical reasons, including for instance for the incidents below. Please refer to "Section C" of the insurance policy for more details.

- If you are injured or become ill during your trip, we will cover up to CAD 650,000 for, among other things:
  - Immediately necessary and reasonable emergency medical, surgical and hospital treatment and transportation costs;
  - Should your medical condition require that you return home earlier than planned and our Assistance Department approves this, the cost of your return home;
  - If you cannot return home as originally planned and our Assistance Department approves this, extra accommodation and travel expenses to allow you to return home and, if medically required, for someone to accompany you;
  - The return of one travelling companion and of your minor children.
- If you die during your trip, we will cover up to CAD 9,000 to repatriate your body or ashes.
- If you are admitted into a hospital during your trip following an accident or illness, we will pay up to CAD 59 for each 24-hour period (for a total of up to CAD 4,700) that you are hospitalized.
- If you are unexpectedly placed into a mandatory quarantine during a trip overseas, either because you test positive for a disease the outbreak of which is declared an epidemic or pandemic, or if a governmental body identifies you or any of your travelling companions specifically as having been exposed to such a disease, we will cover reasonable and necessary accommodation costs directly related to your mandatory quarantine of up to CAD 200 for each 24-hour period (for a maximum of 14 consecutive days) you are quarantined.

- If your trip is interrupted after your departure because you are quarantined after you or your relative is exposed to a disease the outbreak of which is declared an epidemic or pandemic, we will pay your reasonable expenses up to CAD 6500 to complete your original pre-booked travel arrangements. However, we will deduct any refund you are due to receive regarding your travel and accommodation arrangements.

**You are required to call our Assistance Department, or have someone call on your behalf, if you are admitted into a hospital for more than 24 hours. Your coverage may be limited if you fail to call.**

Certain assistance services, which are not insurance benefits, are also offered under the Product, including pre-travel and during travel assistance and concierge services. Note that expenses incurred in connection with these assistance services are your responsibility, except to the extent coverage is available under the insurance sections of the insurance policy.

#### **Personal Accident**

The Product provides coverage of up to CAD 65,000 if you are involved in an accident during your trip which solely and independently results, within 12 months of the date of the accident, in for instance your death, permanent total disablement or complete loss of an arm, hand, leg or foot.

Only one personal accident benefit per insured person during the period of insurance shown on your travel itinerary will be paid by us.

**Accident:** Accident means a sudden, unexpected, unusual, specific and external event that occurs at a specific time during your trip and results in an injury that is not caused by illness, sickness or disease.

Please refer to “Section D” of the insurance policy for more details.

#### **Other Benefits**

The Product also includes several additional coverages some of which are outlined below. Please refer to “Section E” of the insurance policy for more information.

- **Personal liability:** We will pay up to CAD 1,300,000 if, within your trip, you are legally liable for accidentally injuring someone or damaging or losing someone else’s property. This includes your associated legal defence costs and expenses. Please note that for example liability resulting from injury, loss or damage to property owned by you, your relative, a member of your household or a person you employ, will not be covered.

**You must inform the Claims Department of any cause for a legal claim against you as soon as you know about it and provide any relevant documents. Your collaboration regarding the legal action will be required. Do not admit liability or offer or promise compensation, as this may affect your coverage.**

- **Legal expenses:** If you die, fall ill or get injured during you trip, we will pay up to CAD 13,000 for legal costs and expenses incurred to pursue claims against third parties for related compensation and damages. We must agree to accept such claim beforehand, otherwise, you will not be reimbursed. Claims against Emirates and other types of claims as indicated in the insurance policy will also not be covered.
- **Catastrophe cover:** We will pay up to CAD 2,000 if, after you have commenced your trip, you incur additional travel and/or accommodation expenses to allow you to continue with your trip if you cannot live in your original booked accommodation because of a catastrophe (e.g. fire, explosion, extreme weather conditions such as rain, storm or hurricanes, outbreak of an epidemic or pandemic, etc.). You must in any case get a written confirmation from the appropriate authority stating the nature of the catastrophe and how long it lasted.
- **Domestic trips:** The Product provides certain coverages for your leisure and/or business travel within the country where you reside. For more details on coverage provided to you for domestic trips, please refer to section “E.8. Domestic Trips” of the insurance policy.

#### **Winter Sports Cover**

The Product provides coverage for certain incidents relating to certain winter sports. Please refer to “Section F” of the insurance policy for more details and a complete list of winter sports and winter sports equipment that can be covered.



**You must report any loss or theft to the police and any loss, theft, damage or delay to the relevant airline or transport company, as applicable, within 24 hours of discovering it. Your coverage may be limited should you fail to obtain a written report from the police or the airline or transport company.**

#### **Airspace Closure Cover**

The Product includes coverage for costs and expenses incurred in some instances if your departure, your international connection or return journey is delayed by more than 24 hours due to airspace closure. Please refer to “Section G” of the insurance policy for more details. Please note that if at the time of booking your trip, you are due to depart within the next 7 days and you are aware of circumstances that could lead to an airspace closure that will disrupt your travel plans (e.g. a volcanic eruption), any applicable amount listed in the “Benefit schedule” of the insurance policy will be reduced by 75%.

**You must contact our Assistance Department before making travel arrangements. Also note that we may ask you to provide an official letter from your carrier confirming the cause and length of the delay.**

We will not cover any claim directly or indirectly linked to an epidemic or a pandemic, any disease event declared by the World Health Organization as a public health emergency of international concern, or the threat or fear of any such epidemic, pandemic, disease or event.

## **IMPORTANT CLAIM INFORMATION**

**Medical and other emergencies:** In the case of illness, injury or death during your trip, our Assistance Department is available to help 24/7.

**Going to the hospital? Contact us immediately to be covered!** You or someone else on your behalf have to call our Assistance Department if you have to go to the hospital during your trip and:

- You are likely to be kept as an inpatient for more than 24 hours; or
- Your outpatient treatment is likely to cost more than \$500.

Otherwise you may not be covered for your medical expenses.

**Returning home early? Contact us immediately to be covered!** If you must return to your country of residence due to an event that is covered by the Product, call our Assistance Department beforehand to preserve your cover.

**Making a claim? Call us to register it.** Please refer to “Claims procedures and payment of claims” below for more details.

**Call us as soon as possible.** You must inform us as soon as reasonably practical after any event that causes the claim. If you prejudice our position by notifying us late, we may not accept your claim.

## **CLAIMS PROCEDURES AND PAYMENT OF CLAIMS**

A claim for loss under the insurance coverage provided by the Product must first be registered, at which point the claim will be reviewed and approved or denied based on its individual merit.

#### **Who can make a claim?**

- The insured person indicated on the travel itinerary of the eligible trip; **or**
- the authorized representative, as approved in writing by insured person indicated on the travel itinerary of the eligible trip to the Claims Administrator.

#### **When do you need to file your claim?**

The timing of your claim may differ according to the type of claim and coverage. Please refer to Sections A through G of the insurance policy for more details.

**To report a claim or request a claim form, please call our 24-Hour Emergency Assistance Telephone Numbers:**

**Global Excel Management**

- toll free **1-888-566-8028**, if in Canada or Continental U.S.
- collect **1-819-566-8028**, if calling from elsewhere in the world

**Be sure to use the appropriate country and city codes when calling.**

Within 15 days from the date of your call, the Claims Administrator will send you (or your authorized representative) a claim form. This form will need to be completed and returned to the Claims Administrator in order for your claim to be paid.

Please note that failure to give notice of claim or furnish proof of loss within the time required will not invalidate the claim if it is shown that:

- It was not reasonably possible to give notice of claim or furnish proof of loss within the time limit; and
- If the notice of claim or proof of loss is given or furnished as soon as reasonably possible; and
- It is no later than one (1) year from the date of the event for which benefits are being claimed.

**What information do you need to submit?**

As a condition to the payment of benefits under this insurance, certain information will be needed from yourself or your authorized representative. Claim evidence and other documents required differ according to the type of claim and coverage. Please refer to Sections A through G of the insurance policy for more details.

**COMPLAINT RESOLUTION**

In the event that you are not satisfied with the Product, please review the Complaint Resolution Policy at <https://www.aig.ca/complaint-resolution-policy>.

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

### NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: \_\_\_\_\_  
(name of insurer)

\_\_\_\_\_  
(address of insurer)

Date: \_\_\_\_\_  
(date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: \_\_\_\_\_  
(number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(date of signature of contract)

In: \_\_\_\_\_  
(place of signature of contract)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)



# TRAVEL GUARD POLICY WORDING

Issued to Emirates for ticketholder coverage

## IMPORTANT CONTACT DETAILS

Language	Claims - Contact Number	Claims - Email Address	Assistance - Contact Number	Assistance - Email Address
Arabic	+60327725761	<a href="mailto:Emirates.Claims@aig.com">Emirates.Claims@aig.com</a>	+60327725761	<a href="mailto:Emirates.Assistance@aig.com">Emirates.Assistance@aig.com</a>
English	+44 1273 765315	<a href="mailto:aigtravelclaims@aig.com">aigtravelclaims@aig.com</a>	+44 1273 456672	<a href="mailto:Uk.assistance@aig.com">Uk.assistance@aig.com</a>
French	+33 1 49 02 42 22	<a href="mailto:Declarations.A&amp;H@aig.com">Declarations.A&amp;H@aig.com</a>	+33 1 49 02 46 70	<a href="mailto:FR.Assistance@aig.com">FR.Assistance@aig.com</a>
German	+49 699 711 3997	<a href="mailto:DE.travelclaims@AIG.com">DE.travelclaims@AIG.com</a>	+49 6997113999	<a href="mailto:DE.assistance@aig.com">DE.assistance@aig.com</a>
German/Italian (SWI)	+41 433333758	<a href="mailto:aigtravelclaims@aig.com">aigtravelclaims@aig.com</a>	+49 6997113999	<a href="mailto:Uk.assistance@aig.com">Uk.assistance@aig.com</a>
Italian	+39 023690699	<a href="mailto:Sinistri.ITA@aig.com">Sinistri.ITA@aig.com</a>	+39 023690698	<a href="mailto:IT.assistance@aig.com">IT.assistance@aig.com</a>
Mandarin	+60327725761	<a href="mailto:Emirates.Claims@aig.com">Emirates.Claims@aig.com</a>	+60327725761	<a href="mailto:Emirates.Assistance@aig.com">Emirates.Assistance@aig.com</a>
Thai	+666491346	<a href="mailto:THAssistance@aig.com">THAssistance@aig.com</a>	+666491346	<a href="mailto:THAssistance@aig.com">THAssistance@aig.com</a>
Vietnamese	+8428 6299 2185	<a href="mailto:VNAssistance@aig.com">VNAssistance@aig.com</a>	+8428 6299 2185	<a href="mailto:VNAssistance@aig.com">VNAssistance@aig.com</a>
Spanish	+34 91 275 4683	<a href="mailto:siniestrosespana@aig.com">siniestrosespana@aig.com</a>	+34 91 275 4683	<a href="mailto:medicalba@aig.com">medicalba@aig.com</a>
Portuguese	+351 21 340 5269	<a href="mailto:Sinistros.aigportugal@aig.com">Sinistros.aigportugal@aig.com</a>	+351 21 340 5269	<a href="mailto:medicalba@aig.com">medicalba@aig.com</a>

# TABLE OF BENEFITS

The following covers are provided for each **Insured Person**. It is important that **You** refer to the terms and conditions below for full details of cover.

## Benefit Schedule

	Coverage (CAD\$)	Excess
<b>A Trip Cancellation and Curtailment</b>		
1 Trip Cancellation	9,800	Nil
2 Trip Curtailment	9,800	Nil
<b>B Personal belongings &amp; Travel inconvenience</b>		
1 Personal Baggage	6,500	Nil
2 Single Item Limit	2,000	
3 Valuables Limit	1,600	
4 Baggage Delay	65 per hour/up to 1,300	12 hours
5 Personal Money	650	Nil
6 Passport and Travel Documents	650	Nil
7 Credit Card Benefit	1,300	Nil
8 Travel Delay and Abandonment	65 per hour/up to 1,300	12 hours
9 Missed Departure	1,300	Nil
10 Hijack & Kidnap	330 per hour/up to 13,000	24 hours
<b>C Medical and other expenses</b>		
1 Emergency Medical Expenses	650,000	Nil
<i>Emergency Medical Evacuation/Transportation expenses</i>	Included	
<i>Emergency Dental Treatment</i>	Included, up to 490	
<i>Repatriation of Mortal Remains/Funeral Expenses</i>	Included, up to 12,000	
2 Hospital Daily Cash Benefit	59 per 24 hours/up to 4,700	Nil
3 Overseas Quarantine Allowance	200 per 24 hours per person/up to 14 consecutive days	Nil
4 Emergency Return Home and Resumption of Journey	6,500	Nil
5 Pre-Travel Assistance	Benefit included	Nil
6 During-Travel Assistance	Benefit included	Nil
7 Concierge Service	Benefit included	Nil
<b>D Personal Accident</b>	65,000	Nil
<b>E Others</b>		
1 Personal liability	1,300,000	Nil
2 Legal costs	13,000	Nil
3 Bail Bond Advance	6,500	Nil
4 Pet Care -Kennel and Cattery	59 per 24 hours/up to 590	24 hours
5 Catastrophe Cover	2,000	Nil
6 Mugging Cover	1,200	Nil
7 Collision Damage Waiver - excess waiver	650	Nil
8 Domestic Trips	As per relevant sections	Nil
<b>F Winter Sports Cover</b>		
1 Loss of Winter Sports Equipment	3,300	Nil
2 Ski Hire	39 per 24 hours/up to 780	Nil
3 Ski Pack	390	Nil
4 Piste Closure	52 per 24 hours/up to 520	Nil
5 Avalanche and Landslide	78 per 24 hours/up to 390	Nil
<b>G Airspace Closure Cover</b>		
1 Cancellation	7,800	24 hours
2 Additional expense if you are stranded at the point of departure	200	
3 Additional costs to reach your destination	330	24 hours
4 Additional expense if you are stranded on an international connection	260 per each 24 hours period of delay, up to a maximum of 1,300	24 hours
5 Additional expense if you are stranded on your return journey	260 per each 24 hours period of delay, up to a maximum of 1,300	24 hours
6 Additional travel expense to get you home	2,600	24 hours
7 Additional car parking costs	65 per each 24 hours period of delay, up to a maximum of 330	24 hours
8 Additional kennel or cattery fees	65 per each 24 hours period of delay,	24 hours

By signing below, the President and Chief Executive Officer of the Insurer agrees on behalf of the Insurer to all the terms of this Policy.



President and Chief Executive Officer

AIG Insurance Company of Canada  
120 Bremner Boulevard, Suite 2200  
Toronto, Ontario, Canada  
M5J 0A8

## GENERAL INFORMATION ABOUT THIS INSURANCE

### Insurance providers

This insurance is underwritten by AIG Insurance Company of Canada (the Insurance Provider or **Us**).

### Your travel insurance

This policy is evidence of the contract between Emirates (the **Policyholder**) and AIG Insurance Company of Canada. The **Policyholder** will pay the agreed premium for the benefits as stated in this policy, for covered losses incurred by an **Insured Person (You)**. Coverage will attach to a **Trip** as defined herein.

This policy wording forms the basis of **Our** contract of insurance with the **Policyholder**. It explains what **You** are covered for and contains conditions and exclusions **You** should be aware of. **You** must keep to all the terms and conditions of the insurance, otherwise any **Claims You** make may not be paid.

Please read this policy wording to make sure **You** understand the coverage.

All terms in bold are defined terms that have the meaning specified in the General Definitions section below or in a relevant policy provision.

### Law

This insurance, and any dispute between **You** and **Us** arising under this insurance, will be governed by the laws of **Your** province of residence, and will be subject to the jurisdiction of the competent courts of **Your** province of residence.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta, British Columbia, and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation.

You and any claimant under this coverage have the right, as determined by law applicable in Your province or territory of residence, to obtain a copy of the Group Policy, upon request, subject to certain access limitations.

### Data Disclosure

**We** may process data relating to the **Insured Person** for providing insurance products and assistance services, legal, administrative and management purposes and in particular may process any sensitive personal data relating to the **Insured Person** in accordance with **Our** Privacy Principles.

To provide coverage under this contract of Insurance **We** may make such information available to third parties including but not limited to any Group Company of AIG, those who provide products or services to **Us** or any Group Company of AIG, and regulatory authorities, within and outside **Insured Person's** country of residence. To review **Our** Privacy Policy, go to [www.aig.ca](http://www.aig.ca).

### Sanctions Exclusions

The Insurer will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.

This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.

## If you have any questions

If **You** have any questions about the cover provided under this policy or **You** would like more information, please contact **Our** Assistance Department through phone or email using details provided on page 2 of this document. Please note this is for customer service only. **Claims** are to be submitted according to the information provided in the Important Claim Information section below.

# IMPORTANT THINGS YOU NEED TO KNOW ABOUT YOUR POLICY BEFORE YOU TRAVEL

## Health conditions

This policy contains conditions relating to **Your** health or the health of people travelling with **You**. In particular, **We** do not cover medical conditions which **You** or they had before the cover inception.

This policy does not cover medical conditions relating to the health of a **Relative** or a **Business Associate** if **You** are aware of circumstances in relation to their health at the time of booking **Your Trip** that are likely to make cancellation of **Your Trip** necessary.

## Sports and activities

See page 23 for a full listing of activities and the level of cover that is available.

## Residency in regard to claim

If at the time of booking **Your Trip**, **Your Country of Residence** is not the same as **Your Country of Citizenship**, **We** draw **Your** attention to the following:

(1) In the event of **Your** illness or injury resulting in a valid **Claim** under section C Medical and other expenses, **We** reserve the right to move **You** to another medical facility or to evacuate **You** to **Your Country of Residence** or **Your Country of Citizenship**. Also, once the Assistance Department has determined **You** are able to be moved, they will arrange necessary and reasonable transportation to **Your Country of Residence** or **Your Country of Citizenship**. Cover and liability end under all sections of this policy once **You** have reached **Your** first destination address in either **Your Country of Residence** or **Your Country of Citizenship**. **You** must follow the Assistance Departments instructions at all times. All decisions as to the means of transportation will be made by the Assistance Department.

(2) If **You** are on a **Trip**, once **You** are deemed fit by **Us** or **Our** Assistance Department to travel, any costs are not covered if **You** refuse to leave or if **You** are refused admittance back to **Your Country of Residence**.

# COVERED TRIPS AND DURATIONS

## Covered trips

This policy covers both return and one-way **Trips** outside your **Country of Residence**, subject to the applicable duration terms set out below, and all policy terms and conditions. (Please note: As per the definition of **Trip** in General Definitions, **Trip** is based on a **Flight** booking, which as defined, requires travel on an Emirates series 176 ticket.)

## When does cover for a trip start?

- Trip Cancellation: Cover under benefit section A (Cancelling **Your Trip**) starts at the time **You** book the **Trip** and ends as soon as **You** start **Your Trip**.
- Other benefits: Cover under all other benefit sections starts when **You** leave **Your Country of Departure**, while travelling outside of **Your Country of Residence**.

## When does cover for a trip end?

- **Return Trips:** Cover ends when **You** return to **Your Country of Departure** or 365 days after **Your** original departure date from **Your Country of Departure**, whichever is earlier.
- **One-way Trips:** For the following benefits, cover for one-way **Trips** ends 31 days after **Your** arrival at **Your Final Destination** outside of **Your Country of Residence**.
  - Emergency Medical Expenses
  - Emergency Medical Evacuation/Transportation expenses
  - Emergency Dental Treatment
  - Repatriation of Mortal Remains
  - Hospital Daily Cash Benefit
  - Overseas Quarantine Allowance

All other benefits will expire after 48 hours after **Your** arrival at **Your Final Destination** outside of **Your Country of Residence**.

## Period of Insurance

The period shown under **Your Travel Itinerary**, subject to the conditions stated under "Covered Trips and Durations" above.

## Trip extensions

If, due to unexpected circumstances beyond **Your** control which fall within the terms and conditions of this cover, **Your Trip** cannot be completed within the period of insurance shown in **Your Travel Itinerary**, cover will be extended for **You** at no extra cost for up to 30 days. This also applies to one person travelling with **You** who is authorised to stay with **You** by **Us** if the extension is due to medical reasons. All requests for more than 30 days must be authorised by the Assistance Department.



## IMPORTANT CLAIM INFORMATION

### Medical and other emergencies

The Assistance Department will provide immediate help if **You** are ill, injured or die during the **Trip**. They provide 24-hour emergency service 365 days a year. Contact details are provided on page 2 of this document.

Please have the following information available when **You** contact the Assistance Department so that **Your** case can be dealt with swiftly and efficiently:

- **Your** name and address;
- **Your** contact phone number abroad;
- **Your Travel Itinerary**; and
- The name, address and contact phone number of **Your** General Practitioner

### Reductions of Coverage

**Please note:** This is not private medical insurance. If **You** go into **Hospital** abroad and **You** are likely to be kept as an inpatient for more than 24 hours or if **Your** outpatient treatment is likely to cost more than \$500, **You** or someone acting on **Your** behalf must contact the Assistance Department immediately. If **You/they** do not, **We** may provide no cover, or **We** may reduce the amount **We** pay for medical expenses.

If **You** have to return to **Your Country of Residence** under section A2 (Cutting **Your Trip** short) or section C1 (Medical and other expenses) the Assistance Department, must authorise this. If they do not, **We** may provide no cover, or **We** may reduce the amount **We** pay for **Your** return to **Your Country of Residence**.

### If you need to make a claim

**You** must register a **Claim** using contact details provided on page 2 of this document.

**Please note:** All **Claims** must be notified as soon as it is reasonably practical after the event which causes the **Claim**. If **Our** position is prejudiced by the late notification of a **Claim**, then this may affect **Our** acceptance of a **Claim**. A **Claim** form will be sent to **You** as soon as **You** tell **Us** about **Your Claim**.

### Fraud

This contract of insurance is based on mutual trust. **We** provide cover and **We** assume that any **Claims** **You** make are genuine. **Our** experience in handling **Claims** enables **Us** to detect many of those which are fraudulent, and this includes those which are exaggerated. **We** investigate every **Claim** and if **We** believe that a fraudulent **Claim** is being made, **Your Claim** will be denied and **We** will inform the police and may take other legal action available to us. This may result in criminal prosecution.

### Customer service

Every effort is made to ensure **You** receive a high standard of service. If **You** are not satisfied with the service **You** have received, please contact The Customer Care Manager using contact details provided on page 2 of this document.

To help **Us** deal with **Your** comments quickly, please quote **Your Travel Itinerary/Claim** number and the **Policyholder/Insured Person's** name. **We** will do **Our** best to resolve any difficulty directly with **You**.

## GENERAL DEFINITIONS

Wherever the following words or phrases appear in the policy wording they will always have the meanings as shown below.

**Airspace Closure:** A recommendation or order by any government or travel authority to close airspace.

**Business Associate:** Any person **You** conduct business with and who, if **You** were both away from work at the same time, would prevent the business from running properly.

**Child:** A dependent **Child** or a grandchild (including an adopted or foster **Child**) of the **Insured Person** or the **Insured Person's Spouse** who is under 12 years of age at the time of booking the **Trip**.

**Claim:** A request by **You** to **Us** to avail of benefits available under this policy.

**Common Carrier:** Any land, water or air conveyance operating under a valid license for conveyance of fare paying passengers and which operates to fixed, established and regular schedules and routes.

**Country of Citizenship:** The country where **You** are a citizen or permanent resident.

**Country of Departure:** The country from which **You** first departed for **Your Trip** as per **Your Travel Itinerary**.

**Country of Residence:** The country where **You** are living or located or working at the time of booking **Your Trip**.

**Epidemic or Pandemic:** An outbreak of a communicable disease declared as an **Epidemic or Pandemic** by the World Health Organization.

**Final Destination:** The country of arrival for **Your** final **Flight** in **Your Travel Itinerary**.

**Flight:** An air journey in a commercial, scheduled aircraft in which **You** are a passenger travelling on an Emirates '176' series ticket.

**Home:** **Your** usual place of residence within **Your Country of Residence**.

**Hospital:** An establishment constituted and registered as a facility for the care and treatment of sick and injured persons and which:

1. has full facilities for diagnosis and surgical procedures;
2. provides twenty-four (24) hour a day nursing services by registered graduate nurses;
3. is supervised by a staff of **Medical Practitioners**; and
4. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder.

**Insured Person:** A person named on a **Travel Itinerary** who is eligible for cover under this policy in accordance with a ticketed **Trip**.

**Manual Labour:** Work involving physical labour, for example, but not limited to, construction, installation and assembly. This does not include bar and restaurant staff, music and singing, or fruit picking (not involving machinery).

**Medical Practitioner:** A registered and properly qualified medical specialist licensed under applicable laws and acting within the scope of his/her license and training. The attending **Medical Practitioner** cannot be **You**, **Your Relative**, **Business Associate**, employer, employee, or **Travelling Companion**.

**Money:** Coins and banknotes, foreign currency, travelers' cheques, or any other instruments with a monetary value.

**Overseas:** Beyond the territorial limits of **Your Country of Departure** or **Country of Residence** as applicable depending on the country from where **You** originally depart as per **Your Travel Itinerary**, but in no circumstance includes **Your Country of Residence**.

**Pair or Set of Items:** A number of items associated as being similar or complementary or used together.

**Policyholder:** Emirates.

**Pre-existing Medical Condition:** A condition for which care, treatment, or advice was recommended by or received from a **Medical Practitioner**, or which was first manifested or contracted within a period up to 12 months preceding the **Insured person's** Effective Date of coverage.

**Quarantine:** A restriction on movement or travel imposed by an official governmental body or health authority, in order to stop the spread of a communicable disease.

**Relative:** **Your Spouse** and **You** or **Your Spouse's** parent, brother, sister, son, daughter, grandparent, grandchild, stepparent, stepchild, stepbrother, stepsister or next of kin, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law or the fiancé(e) of a person insured under this policy.

**Spouse:** The person legally married to **You** or, if no such person, the person with whom **You** have been living in a conjugal relationship for at least one (1) year, regardless of gender.

**Travel Itinerary:** The itinerary issued, under a single PNR/EK itinerary number, for a **Flight(s)** **You** booked (directly, indirectly, or as part of any package) that has been ticketed.

**Travelling Companion:** A person (a) with whom **You** are personally acquainted prior to **Your Trip**, (b) with whom **You** personally coordinated travel arrangements, (c) with whom **You** intend to travel for at least 80% of **Your Trip** duration, and (d) without whom **You** reasonably would not undertake the **Trip**; but in no instance includes members of a tour group who do not meet all criteria (a) to (d).

**Trip:** **Your** holiday or journey for ticketed **Flight(s)** as stated in **Your Travel Itinerary**, starting from the time that **You** leave **Your Country of Departure** for travel outside of **Your Country of Residence** until arrival at **Your Final Destination**. This definition must be read in conjunction with "Covered Trips and Durations" above.

**Valuables:** Photographic, audio, video and electrical equipment (including CDs, DVDs, video and audio tapes and electronic games), MP3 players, computer equipment, binoculars, antiques, jewelry, watches, furs, silks, precious stones and articles made of or containing gold, silver or precious metals.

**War:** War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other goals.

**We, Us, Our:** American Home Assurance Company (Dubai Branch), Commercial License No: 613392.

**You, Your, Yourself:** **Insured Person**

## GENERAL CONDITIONS

The following conditions apply to all sections of this insurance:

- 1 **You** must take all reasonable steps to avoid or reduce any loss that may result in **You** having to make a **Claim** under this insurance.
- 2 **You** must give the Claims Department all the documents they need to deal with any **Claim**. **You** will be responsible for the costs involved in doing this. For example, in the event of a cancellation **Claim**, **You** will need to supply proof that **You** were unable to travel, such as a medical certificate completed by **Your** doctor.
- 3 **You** must help **Us** get back any **Money** that **We** have paid from other insurers or anyone else who is obligated to pay such amounts by giving **Us** all the details **We** need and by filling in any forms.
- 4 If **You** try to make a fraudulent **Claim** or if any fraudulent means or devices are used when trying to make a **Claim**, this policy may become void. Any benefits already paid to **You** must be repaid in full.
- 5 **You** must agree to have a medical examination for claims purposes if **We** ask. **We** may require a post-mortem examination in case of **Your** death.
- 6 **You** must pay **Us** back any amounts that **We** have advanced on **Your** behalf or paid to **You** which are not covered by the insurance.
- 7 After a **Claim** has been settled, any salvage **You** have sent into the Claims Department will become **Our** property.

## GENERAL EXCLUSIONS

General exclusions apply to all sections of this insurance. **We** will not cover the following:

- 1 Any **Claim** for which the following apply.
  - a. The **Claim** relates to a **Pre-existing Medical Condition** or an illness related to a **Pre-existing Medical Condition** which **You** or a **Travelling Companion** knew about before **You** booked **Your Trip**. **Claims** relating to **Pre-existing Medical Conditions** of **Relatives** or **Business Associates** are not covered if at the time of booking **Your Trip**, **You** are aware of circumstances relating to their health which are likely to lead to **You** needing to cancel **Your Trip**. This exclusion does not apply to **Claims** resulting from a reinfection of communicable disease the outbreak of which is declared an **Epidemic or Pandemic**.
  - b. **You** or a **Travelling Companion** are travelling against the advice of a **Medical Practitioner**.
  - c. **You** are travelling with the purpose of receiving medical treatment abroad.
  - d. **You** or a **Travelling Companion** is, have received or are waiting for, **Hospital** investigation or treatment for any undiagnosed condition or set of symptoms.
  - e. **You** or a **Travelling Companion** have been given a terminal prognosis which results in **Claim** for medical expenses covered under this policy.

- 2 Any **Claim** relating to a set of circumstances which **You** were aware of at the time **You** booked **Your Trip** and which could reasonably be expected to lead to a **Claim**.
- 3 The Insurer will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the Insurer, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.
- 4 This policy will not: cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses; or pay any **Claim**, loss, or expense involving any service provider who is on any such list.
- 5 Any **Claim** arising out of **War**, civil **War**, invasion, revolution or any similar event.
- 6 Any **Claim** arising from civil riots, blockades, strikes or industrial action of any type (except for strikes or industrial action which were not public knowledge when **You** booked **Your Trip**).
- 7 Loss or damage to any property, or any loss, expense or liability arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel or the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of it.
- 8 Any **Claim** if **You** already have a more specific insurance covering this (for example, if an item **You** are claiming for under section B1 (Personal belongings and baggage) is a specified item on **Your** household contents insurance policy).
- 9 Any **Claim** arising from using a two-wheeled motor vehicle as a driver or passenger if **You** are not wearing a crash helmet where the engine size of the two-wheeled motor vehicle exceeds 100cc.
- 10 Any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses which are not listed under the headings 'What **You** are covered for' in sections A to G; for example, loss of earnings if **You** cannot work after **You** have been injured).
- 11 Any **Claim** arising from the tour operator, airline or any other company, firm or person becoming insolvent.
- 12 Any **Claim** arising from the tour operator, airline or any other company, firm or person being unable or unwilling to fulfill any part of their contractual or legal obligation to **You**.
- 13 Any **Claim** arising in connection with or during **Your Trip** to a specific country or area for which an official government agency has mandated a border closure or issued a travel prohibition or ban.
- 14 Any **Claim** arising from **You** flying in any aircraft other than a fully licensed passenger-carrying aircraft.
- 15 Any **Claim** arising from **You** being involved in any criminal act.
- 16 Motor vehicle racing of any kind.
- 17 Any **Claim** involving **You** taking part in **Manual Labour** or in any sport or activity unless the activity has been authorised by **Us**. Please see the Sports and activities section on page 23 for a full listing of cover available.
- 18 Any **Claim** relating to **Winter Sports** unless the activity is covered under Section F.
- 19 Any **Claim** arising from
  - a. **Your** suicide or attempted suicide; or
  - b. **You** injuring **Yourself** deliberately or putting **Yourself** in danger (unless **You** are trying to save a human life).
- 20 Any **Claim** arising directly from using alcohol or using drugs, (unless the drugs have been prescribed by a doctor) or from **You** contracting any sexually transmitted disease or condition.
- 21 Any costs which **You** would have been liable to pay had the reason for the **Claim** not occurred (for example, the cost of food which **You** would have paid for in any case).
- 22 Any **Claim** arising as a result of **You** failing to get the inoculations and vaccinations that are required by a governmental body of either **Your Country of Residence** or any of **Your** destinations for **Your Trip**.
- 23 Any **Claim** arising from **You** acting in a way which goes against the advice of a **Medical Practitioner**.
- 24 The costs of making any **Claim** against Emirates.

## SECTIONS OF COVER

**Please note:** If **You** are unable to provide any of **Claims** evidence referred to in the following sections of cover, (for example police reports for lost or stolen items of personal baggage), **You** may still be eligible to make a **Claim** depending on the circumstances which have prevented **You** from obtaining the necessary documentation. Please contact the Claims Department to discuss why **You** have been unable to obtain the relevant documentation and to obtain a **Claim** form so **Your Claim** can be considered.

## SECTION A – TRIP CANCELLATION AND TRIP CURTAILMENT

### A.1. Trip Cancellation

#### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits for:

- Travel and accommodation expenses which **You** have paid or have agreed to pay under a contract and which **You** cannot get back;
- The cost of excursions, tours and activities which **You** have paid for and which **You** cannot get back; and
- The cost of visas which **You** have paid for and which **You** cannot get back.

**We** will provide this cover if the cancellation of **Your Trip** is necessary and unavoidable as a result of the following:

- 1 **You** dying, becoming seriously ill or being injured.
- 2 The death, serious illness or injury of a **Relative**, a **Travelling Companion** or a **Relative** or friend living abroad who **You** had planned to stay with (subject to the limitation in point 4 below). The incident giving rise to the **Claim** must have been unexpected and not something **You** were aware of when **You** booked **Your Trip**.
- 3 The death, serious illness (excluding communicable disease the outbreak of which is declared as an **Epidemic or Pandemic**) of a **Business Associate**. The incident giving rise to the **Claim** must have been unexpected and not something **You** were aware of when **You** booked **Your Trip**.
- 4 **You** or a **Relative** being diagnosed with a communicable disease the outbreak of which is declared as an **Epidemic or Pandemic** after **You** booked **Your Trip**, but prior to the scheduled **Trip** departure date.

- 5 An extension of the school year due to **Epidemic or Pandemic**, if **You** or a **Relative** is a full-time teacher, other full-time employee, or a student at a primary or secondary school and is required to complete an extended school year that falls on or beyond the departure date of **Your Trip**. This cover would apply only if such an **Epidemic or Pandemic** is declared so by the World Health Organization.
- 6 **You** being made redundant, as long as **You** are entitled to payment under the current redundancy/unemployment payments law and that, at the time of booking **Your Trip**, **You** had no reason to believe that **You** would be made redundant.
- 7 **You** or a **Travelling Companion** are called for jury service (and **Your** request to postpone **Your** service has been rejected) or attending court as a witness (but not as an expert witness).
- 8 If **Your** presence is required or the police or relevant authority needs **You** to stay in **Your Country of Residence** after a fire, storm, flood, burglary or vandalism to **Your Home** or place of business within fifteen days before **You** planned to leave on **Your Trip** in **Your Country of Residence**.
- 9 If **You** are a member of the armed forces or police, fire, nursing or ambulance services which results in **You** having to stay in **Your Country of Residence** due to an unforeseen emergency or if **You** are posted **Overseas** unexpectedly.
- 10 If after the time **You** booked **Your Trip**, an official governmental body of **Your Country of Residence** or **Country of Departure** issues an advisory against travel to the city listed on **Your Travel Itinerary**.
- 11 If **You** become pregnant after the date **You** booked **Your Trip** and **You** will be more than 26 weeks pregnant at the start of or during **Your Trip**. Or, if **Your** doctor advises that **You** are not fit to travel due to complications in **Your** pregnancy.
- 12 If **You** or a **Travelling Companion** are hijacked;

#### What you are not covered for under section A.1

- 1 Cancelling **Your Trip** because of a medical condition or an illness related to a medical condition which **You** knew about and which could reasonably be expected to lead to a **Claim**. This applies to **You**, a **Relative**, **Business Associate** or a **Travelling Companion**, and any person **You** were depending on for the **Trip**.
- 2 **You** not wanting to travel.
- 3 Any extra costs resulting from **You** not telling the holiday company as soon as **You** know **You** have to cancel **Your Trip**.
- 4 **You** being unable to travel due to **Your** failure to obtain the passport or visa **You** need for the **Trip**.
- 5 Airport taxes and associated administration fees shown in the cost of **Your Flights**.
- 6 Costs which have been paid for on behalf of a person who have not taken out insurance cover with **Us**.

#### Claims evidence required for section A.1

- **Travel Itinerary**
- Proof of travel cost (confirmation invoice, travel tickets, unused excursion, tour or activity tickets).
- Cancellation invoice or letter confirming whether any refund is due.
- A medical certificate which **We** will supply for the appropriate doctor to complete.
- An official letter confirming: redundancy, emergency posting **Overseas**, or the need for **You** to remain in **Your Country of Residence**.
- **Your** summons for jury service.

#### A.2 Trip Curtailment

**Please note:** If **You** need to return to **Your Country of Residence** earlier than planned, **You** must contact the Assistance Department immediately (please see the Medical and other emergencies section for further details).

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for:

- Travel and accommodation expenses which **You** have paid or have agreed to pay under a contract and which **You** cannot get back;
- The cost of excursions, tours and activities which **You** have paid for either before **You** left **Your Country of Departure** or those paid for locally upon **Your** arrival **Overseas** and which **You** cannot get back; and
- Reasonable additional travel costs to return back to **Your Country of Residence** if it is necessary and unavoidable for **You** to cut short **Your Trip**.

**We** will provide this cover if the cutting short of **Your Trip** is necessary and unavoidable as a result of the following:

- 1 **You** dying, becoming seriously ill or being injured.
- 2 The death, serious illness or injury of a **Relative**, a **Travelling Companion** or a **Relative** or friend living abroad who **You** are staying with.
- 3 The death, serious illness (excluding communicable disease the outbreak of which is declared as an **Epidemic or Pandemic**) of a **Business Associate**.
- 4 **You** or a **Relative** being diagnosed with a communicable disease the outbreak of which is declared an **Epidemic or Pandemic** while travelling and need to return to **Your Country of Residence** earlier than planned.
- 5 An extension of the school year due to **Epidemic or Pandemic**, if **You** or a **Relative** is a full-time teacher, other full-time employee, or a student at a primary or secondary school and is required to complete an extended school year that falls on or beyond the departure date of **Your Trip**. This cover would apply only if such an **Epidemic or Pandemic** is declared so by the World Health Organization.
- 6 If **Your** presence is required or the police or relevant authority need **You** to return to **Your Country of Residence** after a fire, storm, flood, burglary or vandalism to **Your Home** or place of business.
- 7 If **You** are a member of the armed forces or police, fire, nursing or ambulance services which results in **You** having to return to **Your Country of Residence** due to an unforeseen emergency or if **You** are posted **Overseas** unexpectedly.
- 8 **You** being made redundant, as long as **You** are entitled to payment under the current redundancy/unemployment payments law and that, at the time of booking **Your Trip**, **You** had no reason to believe that **You** would be made redundant.



- 9 **You** or a **Travelling Companion** are called for jury service (and **Your** request to postpone **Your** service has been rejected) or attending court as a witness (but not as an expert witness).
- 10 If after the time **You** start **Your Trip**, an official governmental body of **Your Country of Residence** or **Country of Departure** issues an advisory against travel to the city listed on **Your Travel Itinerary**.
- 11 If **You** become pregnant after the date **You** booked **Your Trip** and **You** will be more than 26 weeks pregnant at the start of or during **Your Trip**. Or, if **Your** doctor advises that **You** are not fit to travel due to complications in **Your** pregnancy.
- 12 If **You** or other persons insured under this policy are hijacked.

#### What you are not covered for under section A.2

- 1 Cutting short **Your Trip** because of a medical condition or an illness related to a medical condition which **You** knew about and which could reasonably be expected to lead to a **Claim**. This applies to **You**, a **Relative**, **Business Associate** or a **Travelling Companion**, and any person **You** were depending on for the **Trip**.
- 2 Any **Claims** where the Assistance Department has not been contacted to authorise **Your** early return back to **Your Country of Residence**
- 3 **You** being unable to continue with **Your** travel due to **Your** failure to obtain the passport or visa **You** need for the **Trip**.
- 4 The cost of **Your** original intended return travel to **Your Country of Residence** if **We** have paid additional travel costs for **You** to cut short **Your Trip**.

**Please note:** **We** will calculate **Claims** for cutting short **Your Trip** from the day **You** return to **Your Country of Residence** or the day **You** go into **Hospital Overseas** as an inpatient. **Your Claim** will be based solely on the number of complete days **You** have not used.

If **You** have to cut short **Your Trip** and **You** do not return to **Your Country of Residence**, **We** will only be liable for the equivalent costs which **You** would have incurred had **You** returned to **Your Country of Residence**.

#### Claims evidence required for section A.2

- **Travel Itinerary**
- Proof of travel cost (confirmation invoice, **Flight** tickets)
- Invoices and receipts for **Your** expenses
- An official letter confirming the need for **Your** return to **Your Country of Residence** or emergency posting **Overseas**

**Please note:** This is not a full list and **We** may require other evidence to support **Your Claim**.

## SECTION B – PERSONAL BELONGINGS AND TRAVEL INCONVENIENCE

### B.1. Personal Baggage

#### What you are covered for

**We** will pay for **Your** personal baggage, including items which are usually carried or worn by travelers for their individual use during a **Trip**. **We** will pay up to the amount shown in the table of benefits for items owned (not borrowed or rented) by **You** which are lost, damaged, stolen or destroyed during **Your Trip**.

#### Please note:

- Payment will be based on the value of the property at the time it was lost, stolen or damaged. An allowance may need to be made for wear, tear and loss of value depending on the age of the property.
- The maximum amount **We** will pay for any one item, **Pair or Set of Items** is noted in the table of benefits. Please refer to the definition of '**Pair or Set of Items**' in the General Definitions section.
- The maximum amount **We** will pay for **Valuables** in total is noted in the table of benefits. Please refer to the definition of '**Valuables**' in the General Definitions section.

### B.2. Delayed Baggage

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for buying essential items if **Your** baggage is delayed in reaching **You** on **Your** outward international journey for more than 12 hours.

**Please note:** **You** must get written confirmation of the length of the delay from the appropriate airline or transport company and **You** must keep all receipts for the essential items **You** buy.

If **Your** baggage is permanently lost, **We** will take any payment **We** make for delayed baggage from **Your** overall **Claim** for baggage.

### B.3. Personal Money

#### What you are covered for

**We** will pay up to the amount shown on the table of benefits for loss or theft, if **You** can provide evidence of the value (this would include receipts, bank statements or cash-withdrawal receipts) of:

- Cash; and
- Travelers' cheques (if these cannot be refunded by the provider).

**Please note:** The maximum amount **We** will pay for cash carried by one person, whether jointly owned or not, is the cash limit as shown on the table of benefits (for **Children** under 16 years of age, a limit of \$100 applies).

#### **B.4. Loss of Passport and Travel Documents**

##### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits for the cost of replacing the following items belonging to **You** if they are lost, damaged, stolen or destroyed during **Your Trip**:

- Passport;
- Travel tickets, admission tickets, hotel and other holiday vouchers;
- Visas.

**Please note:** The cost of replacing **Your** passport includes the necessary and reasonable costs **You** pay **Overseas** associated with getting a replacement passport to allow **You** to return back to **Your Country of Residence** (this would include travel costs to the local embassy as well as the cost of the emergency passport itself).

##### **What you are not covered for under sections B.1 and B.4**

- 1 The excess as shown in the table of benefits (this does not apply if **You** are claiming under section B2).
- 2 Property **You** leave unattended in a public place.
- 3 Any **Claim** for loss or theft to personal belongings and baggage which **You** do not report to the police within 24 hours of discovering it and which **You** do not get a written police report for.
- 4 Any **Claim** for loss, theft, damage or delay to personal belongings and baggage which **You** do not report to the relevant airline or transport company within 24 hours of discovering it and which **You** do not get a written report for. In the case of an airline, a property irregularity report will be required. If the loss, theft or damage to **Your** property is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within seven days of leaving the airport and get a written report from them.
- 5 Any loss or theft of **Your** passport which **You** do not report to the consular representative of **Your Home** country within 24 hours of discovering it and get a written report for.
- 6 Any loss, theft or damage to **Valuables** which **You** do not carry in **Your** hand luggage while **You** are traveling.
- 7 **Claims** for which **You** do not provide receipts or other reasonable proof of ownership to the extent possible for the items being claimed.
- 8 Breakage of fragile objects or breakage of sports equipment while being used.
- 9 Damage due to scratching or denting, unless the item has become unusable as a result of this.
- 10 Shortages due to variations in exchange rates.
- 11 If **Your** property is delayed or held as a result of Customs, the police or other officials legally holding it.
- 12 Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or fluid carried within **Your** baggage.
- 13 Loss, theft or damage to contact or corneal lenses, dentures, hearing aids, paintings, bicycles and their accessories, household equipment, motor vehicles and their accessories, marine craft and equipment or items of a perishable nature (meaning items that can decay or rot and will not last for long, for example, food).

##### **Claims evidence for sections B.1 to B.4**

- **Travel Itinerary**
- Loss or theft to property – police report.
- Loss, theft or damage by an airline – property irregularity report, **Flight** tickets and baggage check tags.
- Delay by an airline – written confirmation of the length of delay from the airline, **Flight** tickets, baggage check tags, receipts for emergency purchases.
- Loss or theft of a passport – police report, consular report, receipts for additional expenses to get a replacement passport **Overseas**.
- Proof of value and ownership for property.

**Please note:** This is not a full list and **We** may require other evidence to support **Your Claim**.

##### **Important information**

- **You** must act in a reasonable way and as if uninsured to look after **Your** property and not leave it unattended or unsecured in a public place.
- **You** must carry **Valuables**, passports and **Money** with **You** when **You** are travelling. When **You** are not travelling keep them with **You** or locked in a safety deposit box.
- **You** must report all losses, thefts or delays to the relevant authorities and obtain a written report from them within 24 hours of the incident.
- **You** must provide the Claims Department with all the documents they need to deal with **Your Claim**, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

#### **B.5. Credit Card Benefit**

**We** will pay, up to the amount shown in the table of benefits following **Your** death during **Your Trip** for the amount outstanding on any credit card account in **Your** name.

#### **B.6. Travel Delay and Abandonment**

##### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits if **Your** departure from **Your Country of Departure** by aircraft, sea vessel, coach or train or any other mode of conveyance of public transport is delayed for more than 12 hours due to poor weather conditions, a strike, industrial action or mechanical breakdown. **We** will pay a benefit for each complete 12-hour period that **You** are delayed.

**We** will also pay up to the amount listed in the table of benefits if **You** fail any **Epidemic or Pandemic** related test or a medical screening at the airport and as a result are required to abandon **Your Trip**.

If **Your** outward journey from **Your Country of Departure** is delayed by a minimum of 24 hours **You** can abandon **Your** holiday and cancel **Your Trip**, **You** can **Claim** up to the amount shown on the table of benefits under section A1 Cancellation or under Section A.2 Curtailment

#### **What you are not covered for under section B.6**

- 1 Any **Claims** where **You** have not checked in for **Your Trip** at the departure point or before the recommended time.
- 2 Any **Claims** where **You** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
- 3 Delays caused by strike or industrial action which **You** were aware of at the time of booking **Your Trip**.
- 4 Any delay caused by **Airspace Closure** (see **section G for Airspace Closure cover**).

#### **Claims evidence required for section B.6**

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the cause and length of the delay

**Please note:** This is not a full list and **We** may require other evidence to support **Your Claim**.

### **B.7. Missed Departure**

#### **Specific definition relating to section B.7**

**Public transport:** A bus, coach, ferry, sea-vessel or train operating according to a published timetable or any other mode of conveyance of **Public transport**.

#### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits for the reasonable extra costs of travel and accommodation **You** need to arrive at **Your** booked holiday destination if **You** cannot reach the departure point on the outward or return travel from or to **Your Country of Departure** because:

- **Public Transport** services (please refer to the definition of '**Public Transport**' above) fail due to poor weather conditions, a strike, industrial action or mechanical breakdown; or
- The vehicle in which **You** are travelling is directly involved in an **Accident** or suffers a mechanical breakdown or immobilization.

#### **What you are not covered for under section B.7**

- 1 Any **Claims** where **You** have not allowed enough time to reach **Your** departure point at or before the recommended time.
- 2 Any **Claims** relating to **Your** own vehicle suffering a mechanical breakdown if **You** are unable to provide evidence that the vehicle was properly serviced and maintained.
- 3 Any delay caused by **Airspace Closure**.

#### **Claims evidence required for section B.7**

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- Invoices and receipts for **Your** expenses
- An official letter confirming the reason for **Your** late arrival and the length of the delay

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

### **B.8. Hijack and Kidnap**

#### **What you are covered for under this section**

**We** will pay up to the amount shown in the table of benefits if the aircraft or sea vessel or any other mode of conveyance in which **You** are travelling is hijacked or kidnapped.

#### **Claims evidence required for section B.8**

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the length of the hijack

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

## **SECTION C – MEDICAL AND OTHER EXPENSES**

### **C.1. Emergency Medical Expenses**

**Please note:** If **You** are admitted into **Hospital** as an inpatient for more than 24 hours, **You** or someone acting on **Your** behalf must contact the Assistance Department on **Your** behalf immediately.

#### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits for the necessary and reasonable costs as a result of **You** becoming ill (including due to any **Epidemic or Pandemic**), being injured or dying during **Your Trip**. This includes:

- 1 Emergency medical, surgical and **Hospital** treatment and ambulance/transportation costs.
- 2 Emergency dental treatment up to \$375 as long as it is for the immediate relief of pain only.
- 3 The cost of **Your** return to **Your Country of Residence** earlier than planned if this is medically necessary and the Assistance Department approve this.
- 4 If **You** cannot return to **Your Country of Residence** as **You** originally planned and the Assistance Department approves this, **We** will pay for:
  - a. Extra accommodation and travel expenses (economy class unless a higher grade of travel is confirmed as medically necessary and authorised by the Assistance Department) including the cost of a medical escort, if necessary, to allow **You** to return to **Your Country of Residence**; and
  - b. Extra accommodation and travelling costs for someone to stay with **You** and travel to **Your Country of Residence** with **You** if this is necessary due to medical advice; or
  - c. Reasonable expenses for one **Relative** or friend to travel from **Your Country of Residence** to stay with **You** (room only) and travel to **Your Country of Residence** with **You** if this is necessary due to medical advice.
- 5 **We** will pay up to \$9,000 for the cost of returning **Your** body or ashes to **Your Country of Residence** or to the limit stated in the table of benefits for the cost of the funeral and burial expenses in the country in which **You** die if this is outside **Your Country of Residence**.
- 6 A single journey air ticket to enable a business colleague to replace **You** abroad if **You** need to return to **Your Country of Residence** when recommended by a qualified **Medical Practitioner** or if **You** die during **Your Trip**.
- 7 A competent adult to accompany any of **Your Children** insured under this policy to **Your Country of Residence** and any of their additional travelling costs, if there is no one else to look after them if **You** sustain accidental bodily injury or death or suffer illness.
- 8 Food and non-alcoholic drink expenses that form part of **Your Hospital** costs, if **You** are kept as an inpatient.
- 9 Return of one (1) **Travelling Companion** and minor **Children** to **Your Country of Residence**.

**Please note:** If the **Claim** relates to **Your** return travel to **Your Country of Residence** and **You** do not hold a return ticket, **We** will deduct from **Your Claim** an amount equal to **Your** original carriers published one way airfare (based on the same class of travel as that paid by **You** for **Your** outward **Trip**) for the route used for **Your** return.

#### **What you are not covered for under section C.1**

- 1 Any medical treatment that **You** receive because of a **Pre-existing Medical Condition** or an illness related to a **Pre-existing Medical Condition** which **You** knew about at the time of booking **Your Trip** and which could reasonably be expected to lead to a **Claim**. This exclusion does not apply to **Claims** resulting from a reinfection of communicable disease the outbreak of which is declared an **Epidemic or Pandemic**.
- 2 Any costs relating to pregnancy, if **You** are more than 26 weeks pregnant at the start of or during **Your Trip**.
- 3 Any treatment or surgery which the Assistance Department thinks is not immediately necessary and can wait until **You** return to **Your Country of Residence**. The decision of the Assistance Department is final.
- 4 The extra cost of a single or private **Hospital** room unless this is medically necessary.
- 5 Any search and rescue costs (costs charged to **You** by a government, regulated authority or private organization connected with finding and rescuing an individual. This does not include medical evacuation costs by the most appropriate transport).
- 6 Any costs for the following:
  - a. Telephone calls (other than the first call to the Assistance Department to notify them of the medical problem);
  - b. Taxi fares (unless a taxi is being used in place of an ambulance to take **You** to or from a **Hospital**); and
  - c. Food and drink expenses (unless these form part of **Your Hospital** costs if **You** are kept as an inpatient).
- 7 Any medical treatment and associated costs **You** have to pay if **You** have refused to come back to **Your Country of Residence** and the Assistance Department deemed **You** were fit to travel.
- 8 Any treatment or medication of any kind that **You** receive after **You** return to **Your Country of Residence**.

In addition, please refer to the General Exclusions section, General Exclusion 1a to 1e.

### **C.2. Hospital Daily Cash Benefit**

#### **What you are covered for**

**We** will pay up to the limit shown in the table of benefits if, after an **Accident** or illness that is covered under section C1 (Medical and other expenses) of this insurance, **You** go into **Hospital Overseas** as an inpatient. **We** will pay up to the limit shown in the table of benefits for each complete 24-hour period that **You** are kept as an inpatient.

**Please note:** This benefit is only payable for the time that **You** are kept as an inpatient abroad and ceases if **You** go into **Hospital** upon **Your** return to **Your Country of Residence**. This amount is meant to help **You** pay any extra expenses such as taxi fares and phone calls.

#### **Claims evidence required for sections C.1 and C.2**

- **Travel Itinerary**
- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **Your** expenses
- An official letter from the treating doctor in the resort to confirm the additional expenses were medically necessary
- Proof of **Your Hospital** admission and discharge dates and times.

**Please note:** This is not a full list and **We** may require other evidence to support **Your Claim**.

### **C.3. Overseas Quarantine Allowance**



**Please note:** This benefit is only payable for the time that **You** are placed into an unexpected mandatory **Quarantine Overseas** and ceases if **You** are required to **Quarantine** upon **Your** return to **Your Country of Residence**. This amount is meant to help **You** pay reasonable and necessary accommodation costs directly related to **Your Quarantine**.

#### **What You are covered for**

**We** will pay up to the amount shown in the table of benefits if while on an **Overseas Trip**, **You** are unexpectedly placed into a mandatory **Quarantine** outside **Your Country of Residence** by an order of a governmental body for one of the following two reasons:

- **You** test positive for a communicable disease the outbreak of which is declared an **Epidemic or Pandemic**; or
- Such governmental body identifies **You** or any **Travelling Companion**, specifically, as having been exposed to a communicable disease the outbreak of which is declared an **Epidemic or Pandemic**.

**We** will pay to cover reasonable and necessary accommodation costs directly related to such **Quarantine** up to the amount specified in the **Table of Benefits** for up to 14 consecutive days.

#### **What you are not covered for under section C.3**

In addition to the exclusions set out in the General Exclusions section, this policy does not cover any loss or expenses arising out of, based upon, or attributable to any **Quarantine** mandate that generally or broadly applies to:

- all arriving/transiting passengers, or all arriving/transiting passengers from a particular geographic area of origin
- all individuals currently located in a particular geographic area
- all passengers, or a sub-group of passengers that is broader than just **You** and **Your Travelling Companion(s)**, in any **Common Carrier**

**Please note:** The conditions set out in the General Conditions section apply to all benefit sections.

#### **Claims evidence required for Section C.3 may include**

- Proof of a positive medical test, if applicable
- Proof of a **Quarantine** mandate issued by a governmental body to **You**
- Proof of **Your Hospital** admission and discharge dates and times
- Proof of travel (confirmation invoice, travel tickets)

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will request this from **You**.

### **C.4. Emergency Return Home and Resumption of Journey**

#### **What you are covered for**

**We** will pay the reasonable extra expenses, (less any refund **You** are due to receive for the unused prepaid travel and accommodation arrangements) to complete **Your** original travel arrangements, if they are interrupted by **Your** necessary return to **Your Country of Residence**, owing to the death or serious illness of a **Relative** or damage to or a burglary at **Your Home** during **Your Trip**. **You** must have 75% of **Your** original **Trip** duration still left to run at the point in time **You** are ready to resume **Your** journey.

**We** will pay **Your** reasonable extra expenses, up to [USD \$5,000], less any refund **You** are due to receive for the unused prepaid travel and accommodation arrangements, to complete **Your** original pre-booked travel arrangements, if **Your Trip** is interrupted after departure owing to **Your** or a **Relative's** exposure to any communicable disease the outbreak of which has been declared an **Epidemic or Pandemic** leading to **Quarantine**.

#### **Claims evidence required for section C.4**

- **Travel Itinerary**
- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **Your** expenses

### **C.5. Pre-Travel Assistance**

The following services are assistant services not insurance benefits.

**Please note:** This section describes assistance service available to **You** – not insurance benefits (which are described in sections of this policy). Expenses incurred in connection with these assistance services, are the responsibility of the **Insured Person**, except to the extent coverage may be available under the insurance sections of the policy.

**We** will provide **You** with advice and information before **You** travel on:

- Current visa and/or entry permit requirements.
- Current inoculation or vaccination requirements.
- Current World Health Organization warnings.
- Weather conditions.
- Languages.
- Time zones and differences.
- Motoring regulations and restrictions, including documentation requirements.
- Other motoring insurance issues.
- Main bank opening hours, national or bank holidays.

### **C.6. During-Travel Assistance**

The following services are assistant services not insurance benefits.

**Please note:** This section describes assistance service available to **You** – not insurance benefits (which are described in the insurance sections of this policy). Expenses incurred in connection with these assistance services, are the responsibility of the **Insured Person**, except to the extent coverage may be available under the insurance sections of the policy.

**Emergency Medical Payments** - If a **Hospital** demands a cash deposit or settlement prior to leaving, **We** will assist in arranging the advancement of funds to cover on-site medical expenses.

**Prescription Assistance** – **We** can arrange the replacement of lost or stolen medication through a local pharmacy or by special courier.

**Transportation of Dependents** - In the event of hospitalisation, arrangements will be made for unattended minors travelling with **You** to be flown to **Your Country of Residence**.

**Travel Documents Assistance** – The Assistance Department will help retrieve, report, and reissue lost or stolen travel documents.

**Emergency Message Center** - Transmission of emergency messages to family and **Business Associates**.

**Interpretation Services** - **We** provide emergency language support or referral to the appropriate local services.

**Emergency Cash Transfer** - If **You** need **Money** urgently and access to **Your** normal financial or banking arrangement is not available locally **We** will transfer emergency funds intended to cover **Your** immediate emergency needs to **You** if **You** allow **Us** to debit a credit or charge card, or arrange for funds to be deposited with **Us** in **Your Country of Residence**. The most **We** will transfer per **Trip** is \$1,000.

**Denied boarding due to fever or other medical concern** - An Assistance Department staff member will be available to discuss next steps and options. If necessary, **We** will provide assistance with making a medical appointment, booking hotel accommodation and/or return **Flight** to **Country of Residence** when **You** are medically cleared to fly.

**Denied entry to country due to fever or other medical concern** - **We** will provide assistance with making a medical appointment, booking hotel accommodation and/or a return **Flight** to **Your Country of Residence** when **You** are medically cleared to fly.

**Feeling ill while travelling internationally** (To access benefits, **You** must contact **Our** Assistance Department immediately) - An Assistance Department staff member will be available to discuss **Your** options. **We** will provide assistance with making a medical appointment, booking hotel accommodation and/or return **Flight** to **Your Country of Residence** when **You** are medically cleared to fly.

### **C.7. Concierge Service**

The Assistance Department can help **You** with arranging **Your** travel plans. They can assist with booking tickets and making reservations for the following:

- Ground transportation coordination
- Latest worldwide weather
- Rental car reservations
- Accommodations (hotel, condo, etc.) reservations
- Rail and air reservations
- Private car hire arrangements

**Please note:** The Assistance Department will only assist **You** in making the above arrangements. Expenses incurred in connection with these assistance services, are the responsibility of the **Insured Person**, except to the extent coverage may be available under the insurance sections of the policy.

## **SECTION D – PERSONAL ACCIDENT**

**Specific Definition relating to section D – Personal Accident.**

**Accident:** A sudden, unexpected, unusual, specific and external event that occurs at a specific time during **Your Trip** and results in an injury that is not caused by illness, sickness or disease.

### **What you are covered for**

**We** will pay up to the amount shown in the table of benefits to **You** or **Your** executors or administrators if **You** are involved in an **Accident** during **Your Trip** which solely and independently results in one or more of the following within 12 months of the date of the **Accident**.

- Death.
- Permanent total disablement (meaning a disability which prevents **You** from working in any job which **You** are suitably qualified for and which lasts 12 months from the date of the **Accident** and, at the end of those 12 months, is in **Our** medical advisor's opinion, not going to improve.)
- Complete loss of limb (meaning permanent loss by physical separation at or above the wrist or ankle or permanent and total loss of use of a limb). A limb means an arm, hand, leg or foot.
- Loss of sight in one or both eyes (meaning physical loss of an eye or the loss of a substantial part of sight of an eye). A substantial part means the degree of sight after the **Accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale something can be seen at 3 foot which should be seen at 60 foot.)

**We** will only pay for one personal **Accident** benefit for each **Insured Person** during the period of insurance shown on **Your Travel Itinerary**.

### What you are not covered for under section D

- 1 Any **Claim** arising from illness, sickness or disease which develops or worsens during **Your Trip** and results in **Your** death or disablement.

### Claims advice for section D

- Please phone the Claims Department using the relevant phone number provided on page 2 of this document to ask for advice.

## SECTION E – OTHERS

### E.1. Personal Liability

#### What you are covered for

**We** will pay up to the total amount shown in the table of benefits if, within **Your Trip**, **You** are legally liable for accidentally:

- injuring someone; or
- damaging or losing someone else's property.

**We** also will pay **Your** legal defence costs and expenses associated with any such legal action if **You** are found legally liable; such payments are included in and subject to the total amount shown for Personal Liability in the table of benefits.

If **You** die, cover under this Section is automatically transferred to **Your** legal representative provided that such representative follows the terms and conditions of this policy as far as they can.

#### What you are not covered for under section E.1.

- 1 Any liability arising from an injury or loss or damage to property owned by **You**, a **Relative**, member of **Your** household or a person **You** employ; or
- 2 Any liability for death, disease, illness, injury, loss or damage:
  - a. to a **Relative**, member of **Your** household or a person **You** employ;
  - b. arising in connection with **Your** trade, profession or business;
  - c. arising in connection with a contract **You** have entered into unless such liability would incur in the absence of such contract;
  - d. arising due to **You** acting as the leader of a group taking part in an organized activity;
  - e. arising due to **You** owning, possessing, using or living on any land or in buildings, except temporarily for the purposes of the **Trip**; or
  - f. arising due to **You** owning, possessing or using mechanically propelled road-registered passenger-carrying or goods-carrying vehicles, ocean-going vessels watercraft or aircraft of any description, firearms or weapons.

#### Important information

- **You** must give the Claims Department notice of any cause for a legal claim against **You** as soon as **You** know about it, and send them any documents relating to a claim
- **You** must help the Claims Department and give them all the information they need to allow them to take action on **Your** behalf
- **You** must not negotiate, pay, settle, admit or deny any claim unless **You** get the Claims Department's permission in writing
- **We** will have complete control over any legal representatives appointed and any proceedings, and **We** will be entitled to take over and carry out in **Your** name **Your** defense of any claim or to prosecute for **Our** own benefit any claims for indemnity, damages or otherwise against anyone else

#### Claims advice on section E.1

- Do not admit liability, offer or promise compensation
- Give details of **Your** name, address and travel insurance
- Take photographs and videos, and get details of witnesses if **You** can
- Tell the Claims Department immediately about any claim that is likely to be made against **You** and send them all the documents that **You** receive

### E.2. Legal Expenses

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for legal costs and expenses incurred to pursue claims against third parties for compensation and damages resulting from **Your** death, illness or injury during **Your Trip**.

Any extra travelling expenses, up to a maximum of \$500 per person if **You** have to attend court outside **Your Country of Residence** about **Your** claim for compensation and damages.

#### What you are not covered for under section E.2

- 1 Any claim which **We** have not agreed to accept beforehand in writing.
- 2 Any claim which **We** or **Our** legal representative believe that an action is not likely to be successful or if **We** believe that the costs of taking action will be greater than any award.
- 3 The costs of making any claim against **Us**, Emirates, **Our** agents or representatives, or against any tour operator, accommodation provider, carrier or any person who **You** have travelled with or arranged to travel with.
- 4 Any fines, penalties or damages **You** have to pay.

- 5 The costs of pursuing a claim for bodily injury, loss or damage caused by or in connection with **Your** trade, profession or business, under contract or arising out of **You** possessing, using or living on any land or in any buildings.
- 6 Any claims arising out of **You** owning, possessing or using mechanically propelled road-registered passenger-carrying or goods-carrying vehicles, watercraft or aircraft of any description, firearms or weapons.
- 7 Any **Claim** reported more than 180 days after the incident leading to the claim took place.

#### Important information

- **We** will have complete control over any legal representatives appointed and any proceedings.
- **You** must follow **Our** advice or that of **Our** agents in handling any claim.
- **You** must get back all of **Our** expenses where possible. **You** must pay **Us** any expenses **You** do get back.

#### Claims advice on the section

- Please phone the Claims Department using the relevant phone number provided on page 2 of this document to ask for advice.

### E.3. Bail Bond Advance

#### What you are covered for

**We** will advance up to the amount shown in the table of benefits towards **Your** bail bond if **You** are imprisoned following a traffic accident.

#### Important information

- **You** must reimburse **Us** within a period of 3 months from the date of the advance.
- If **You** are summoned to appear in court but do not appear, **We** may immediately demand reimbursement of the bail bond if it is irrecoverable as a result of **You** not attending.
- **We** may institute legal proceedings against **You** if this bail bond is not recovered.

#### What you are not covered for under section E.3

**We** will not pay for any **Claim** if the level of alcohol in **Your** blood or breath was in excess of the legal limit in the country where the traffic accident occurred.

### E.4. Pet Care -Kennel and Cattery

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for extra kennel or cattery fees if **You** are hospitalised for medical treatment which is covered by this policy during **Your** insured **Trip** or any other circumstances outside of **Your** control which results in a delay to **Your** planned return journey to the **Your Country of Residence** of more than 24 hours, or if **Your** final booked return international journey by aircraft, sea vessel, coach or train is delayed due to poor weather conditions, a strike, industrial action or mechanical breakdown or any other circumstances outside of **Your** control.

**We** will pay up to the amount listed in the table of benefits for extra kennel fees if **You** are hospitalised for a communicable disease the outbreak of which is declared an **Epidemic or Pandemic** during **Your Trip**, resulting in a delayed return.

**Please note:** In the event **You** should need to submit a **Claim** due to a delay in **Your** return travel due to transport failure, **You** must get written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted. **You** must keep all receipts for the extra kennel or cattery fees **You** pay.

#### What you are not covered for under section E.4

- 1 Any kennel or cattery fees **You** pay outside **Your Country of Residence** as a result of **Quarantine** regulations.
- 2 Any **Claims** relating to travel delay where **You** have not checked in for **Your Trip** at the departure point at or before the recommended time.

#### Claims evidence required for section E.4

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the cause and length of the delay
- Invoices and receipts for **Your** extra kennel or cattery fees

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

### E.5. Catastrophe Cover

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits if, after **You** have commenced **Your Trip**, **You** incur additional travel and/or accommodation expenses to allow **You** to continue with **Your Trip** if **You** cannot live in **Your** original booked accommodation because of fire, flood, earthquake, storm, hurricane, tornado, rain, wind, weather conditions, lightning, explosion, outbreak of an **Epidemic or Pandemic**, volcanic eruption, tsunami, rockslide, landslide and avalanche.

**Please note:** **You** must get written confirmation from the appropriate authority stating the nature of the disaster and how long the disaster lasted. **You** must keep all receipts for the extra expenses **You** pay.

#### What you are not covered for under section E.5

1. Any expenses that **You** can get back from **Your** tour operator, airline, hotel or other service provider.
2. Any **Claim** resulting from **You** travelling against the advice of the appropriate national or local authority.

#### Claims evidence required for section E.5

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the cause and length of the delay
- Invoices and receipts for **Your** extra kennel or cattery fees

**Please note:** We may require other evidence to support **Your Claim** dependent upon the circumstances.

#### E.6. Mugging Cover

##### Specific Definition relating to section E.6 – Mugging Cover.

**Mugging:** a violent, unprovoked attack by someone not insured on this policy which results in physical bodily harm, as shown in the police report.

##### What you are covered for

We will pay up to the amount shown in the table of benefits if **You** are injured as a result of a **Mugging** and **You** go into **Hospital Overseas** as an inpatient for more than 24 hours.

**Please note:** **You** must report the incident to the local police within 24 hours of the attack and get a written police report. Payment under this section is in addition to the benefit payable under section C2 (Hospital benefit).

#### Claims evidence required for section E.6

- **Travel Itinerary**
- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **Your** expenses
- Proof of **Your Hospital** admission and discharge dates and times
- A police report to confirm the incident

**Please note:** We may require other evidence to support **Your Claim** dependent upon the circumstances.

#### E.7. Collision Damage Waiver

##### What you are covered for

We will reimburse **You** for any excess or deductible **You** are responsible for under the car rental agreement, in respect of loss or damage to a motor vehicle rented by **You**, as the result of an **Accident** during **Your Trip**.

The rental vehicle must be rented from a licensed rental agency. As part of the hiring arrangement, **You** must take out all comprehensive motor insurance against loss or damage to rental vehicle during the rental period.

In the event of a **Claim**, **You** are obligated to pay the Rental Vehicle Company Excess in the first instance directly to the hire car company, and it is **Your** responsibility to supply a final loss/repair account to substantiate **Your** actual financial loss.

##### What you are not covered for under Section E.7.

1. Loss or damage arising from operation of the rental vehicle in violation of the terms of the rental agreement or loss or damage which occurs beyond the limits of any public roads or in the violation of laws, rules and regulations of the country.
2. Loss or damage arising from wear and tear, gradual deterioration, insects or vermin, inherent vice, latent defect or damage.

#### E.8. Domestic Trips

##### Specific Definitions relating to section E.8. Domestic Trips

**Domestic Trip:** Travel undertaken by **You** during the period of insurance for the purpose of leisure and/or business travel which:

1. is within **Your Country of Residence**;
2. is beyond 50 kilometres from **Your Home**; and
3. excludes any commute to and from **Your** regular place of employment or work.

This definition must be read in conjunction with "Covered Trips and Durations" above. This section does not apply to one-way **Trips**.

**Please note:** Cover starts when **You** leave **Your Home** for **Your Domestic Trip** and ends when **You** return **Home**.

##### What you are covered for:

The following cover is provided for **Domestic Trips** within **Your Country of Residence**, provided **Your Domestic Trip** is pre-booked for 3 or more consecutive nights and includes pre-paid accommodation.

#### Section A.1. Trip Cancellation

## Section A.2. Trip Curtailment

**Please note:** The Assistance Department must be contacted to make arrangements for travel back to **Your Home**.

## Section B.1. Personal Baggage

## Section B.3. Personal Money

See relevant Sections of cover for full details of what is and is not covered.

### What you are not covered for under Section E.8.

- 1 any **Claim** for which the **Trip** is for less than 3 consecutive nights
- 2 any **Claim** when **We** have not been contacted immediately prior to or when **You** were hospitalised
- 3 any **Claim** for which **We** have not given **Our** permission before any costs were incurred
- 4 **Pre-existing Medical Conditions**
- 5 anything specifically excluded under each section of this policy.
- 6 The cost of medical expenses

## Section C.1. Emergency Medical Expense

If **You** suffer injury or illness while on a **Domestic Trip** in **Your Country of Residence** or **Your Country of Departure** and have to stay as an inpatient for more than 24 hours in a row, **We** will:

- 1 arrange and pay for **You** to be transferred to a **Hospital** near to **Your Home**.
- 2 pay for the additional travelling and accommodation costs for one person to come and stay with **You** and/or accompany **You Home**.

**Please note:** If **You** are admitted into **Hospital** as an inpatient for more than 24 hours **You** or someone acting on **Your** behalf must contact the Assistance Department on **Your** behalf immediately.

# SECTION F – WINTER SPORTS COVER

## Specific Definitions relating to section F Winter Sports

**Winter Sports:** Bigfoot skiing, cross country skiing, dry slope skiing/boarding, glacier skiing, glacier walking (up to 4,000 meters), husky sledge rides, ice climbing, ice curling, ice diving, ice skating on a recognized rink, langlauf, mono skiing, ski biking/snow biking, ski blading/snow blading, ski racing, ski touring, ski-dooing, skiing, snowboarding, speed skating, and tobogganing.

See page 23 for a full listing of **Winter Sports** that can be covered under this policy.

**Winter Sports Equipment:** Skis and snowboards and their bindings, ski poles and ice skates.

### F.1. Winter Sport Equipment loss

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for **Winter Sports Equipment** owned or hired by **You** which is lost or stolen during **Your Trip**.

#### Please note:

An allowance will be made for wear, tear and loss of value on **Claims** made for **Winter Sports Equipment** owned by **You** as follows:

- Up to 12 months old - 90% of the purchase price
- Up to 24 months old - 70% of the purchase price
- Up to 36 months old - 50% of the purchase price
- Up to 48 months old - 30% of the purchase price
- Up to 60 months old - 20% of the purchase price
- Over 60 months old - 0%

The maximum amount **We** will pay for any one item, **Pair or Set of Items** is shown in the table of benefits. Please refer to the definition of '**Pair or Set of Items**'.

### F.2. Winter Sports Equipment Hire

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for the cost of hiring **Winter Sports Equipment** if, during **Your** outward **Trip** from **Your Country of Departure**, **Winter Sports Equipment** owned by **You** is:

- Delayed in reaching **You** for more than 12 hours; or
- Lost, stolen or damaged during **Your Trip**.

**Please note:** **You** must keep all receipts for the **Winter Sports Equipment** that **You** hire. **You** must bring any damaged **Winter Sports Equipment** back to **Your Country of Residence** for inspection.

### F.3. Ski-Pack

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits for the loss or theft of **Your** lift pass. **Claims** will be calculated according to the expiry date of the lift pass - depending upon how many days there were left to run on the original lift pass, an unused pro-rata refund would be made of its original value.

#### What you are not covered for under sections F.1, F.2, and F.3

- 1 Any **Claim** for loss or theft which **You** do not report to the police within 24 hours of discovering it and which **You** do not get a written police report for.
- 2 Any **Claim** for loss, theft, damage or delay to **Winter Sports Equipment** which **You** do not report to the relevant airline or transport company within 24 hours of discovering it and which **You** do not get a written report for. In the case of an airline, a property irregularity report will be required. If the loss, theft or damage to **Your Winter Sports Equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within seven days of leaving the airport and get a written report from them.
- 3 **Winter Sports Equipment** **You** have left unattended in a public place unless the **Claim** relates to skis, poles or snowboards and **You** have taken all reasonable care to protect them by leaving them in a ski rack between 8am and 6pm.
- 4 **Claims** for which **You** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.

#### Claims evidence required for sections F.1, F.2, and F.3

- **Travel Itinerary**
- Loss or theft - police report
- Loss, theft or damage by an airline - property irregularity report, **Flight** tickets and baggage check tags
- Delay by an airline - written confirmation of the length of delay from the airline, **Flight** tickets, baggage check tags, receipts for the hire of **Winter Sports Equipment**
- Proof of value and ownership

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

#### F.4. Piste Closure

**Please note:** This section only applies between 1 December and 15 April for travel to the Northern Hemisphere or between 1 May and 30 September for travel to the Southern Hemisphere.

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits if, as a result of not enough snow, too much snow or high winds in **Your** booked holiday resort, all lift systems are closed for more than 12 hours. **We** will pay for either:

- the cost of transport to the nearest other resort; or
- a benefit for each complete 24-hour period that **You** are not able to ski and there is no other ski resort available.

**Please note:** **You** must get written confirmation from the management of the resort stating the reason for the closure and how long the closure lasted.

#### Claims evidence required for section F.4

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the cause and length of the closure
- Receipts for **Your** travel expenses if **You** travel to the nearest resort

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

#### F.5. Avalanche Cover

#### What you are covered for

**We** will pay up to the amount shown in the table of benefits if **You** are prevented from arriving at or leaving **Your** booked ski resort for more than 12 hours from the scheduled arrival or departure time because of an avalanche.

**Please note:** **You** must get written confirmation from the appropriate authority stating the reason for the delay and how long the delay lasted.

#### Claims evidence required for section F.5

- **Travel Itinerary**
- Proof of travel (confirmation invoice, **Flight** tickets)
- An official letter confirming the cause and length of the delay

**Please note:** **We** may require other evidence to support **Your Claim** dependent upon the circumstances.

## SECTION G – AIRSPACE CLOSURE COVER

**Please note:** If at the time of booking **Your Trip**, **You** are due to depart on **Your Trip** within the next 7 days, and **You** are aware of circumstances that could lead to an **Airspace Closure** that will directly disrupt **Your** travel plans (for example a volcanic eruption), the amounts in the table of benefits will be reduced by 75%.

### **G.1. Cancellation**

**We** will pay up to the amount shown in the table of benefits for:

- travel and accommodation expenses which **You** have paid or have agreed to pay under a contract;
- the cost of excursions, tours and activities which **You** have paid or agreed to pay under a contract; and
- the cost of visas which **You** have paid for

if **Your** departure is delayed by more than 24 hours due to **Airspace Closure** and it becomes reasonable and necessary for **You** to cancel **Your Trip**.

### **G.2. Additional expense if you are stranded at the point of departure**

If **You** have checked in prior to departure on the outward part of **Your Trip** from **Your Country of Departure** and **Your** departure is delayed by more than 24 hours due to **Airspace Closure**, **We** will pay **You** up to the amount shown on the table of benefits for reasonable additional and unexpected costs of:

- Accommodation
- Making alternative travel arrangements to return to **Your** initial point of departure
- Food and drink
- Necessary emergency purchases that **You** may incur for the first 24 hours **You** are stranded, waiting to depart.

If **You** are still unable to depart on **Your Trip** after 24 hours, **You** may submit a **Claim** under section G.1. Cancellation.

**Please note:** If **You** are unable to check in, **You** may still be eligible to make a **Claim** depending on the circumstances which have prevented **You** from checking in. Please contact the Claims Department to discuss **Your** circumstances and to obtain a claim form so **Your Claim** can be considered.

### **G.3. Additional costs to reach your destination**

If, after **You** have been delayed by 24 hours in **Your Country of Departure** due to an **Airspace Closure**, **You** still decide to go on **Your Trip**, **We** will pay up to the amount shown in the table of benefits, for the additional and unexpected costs **You** incur rearranging **Your** outbound travel to reach **Your** original destination.

### **G.4. Additional expense if you are stranded on an international connection**

**We** will pay up to the amount shown in the table of benefits if **Your** international connection is delayed by more than 24 hours due to **Airspace Closure** for reasonable additional and unexpected costs of:

- Accommodation
- Travel to an alternative point of departure and/or to alternative accommodation
- Travel from **Your** accommodation to **Your** point of intended departure
- Food and drink
- Necessary emergency purchases

that **You** may incur for up to 5 days, whilst **You** are stranded, waiting to make **Your** international connection. Please note that there is an aggregate maximum of 5 days cover throughout the duration of **Your Trip**.

### **G.5. Additional expense if you are stranded on your return journey**

**We** will pay up to the amount shown in the table of benefits if **Your** return journey to **Your Final Destination** is delayed by more than 24 hours due to **Airspace Closure** for reasonable additional and unexpected costs of:

- Accommodation
- Travel to an alternative point of departure and/or to alternative accommodation
- Travel from **Your** accommodation to **Your** point of intended departure
- Food and drink
- Necessary emergency purchases

that **You** may incur for up to 5 days whilst **You** are stranded, waiting to return to **Your Country of Residence**. Please note that there is an aggregate maximum of 5 days cover throughout the duration of **Your Trip**.

### **G.6. Additional travel expense to get you to your final destination**

If **Your** return journey to **Your Final Destination** is delayed by more than 24 hours due to **Airspace Closure** and the carrier on which **You** are booked to travel to **Your Final Destination** is unable to make arrangements for **Your** return journey within 72 hours of **Your** original date of return, as shown on **Your Travel Itinerary**, **We** will pay up to amount shown on the table of benefits for alternative travel arrangements to get **You** to **Your Final Destination**.

**You** must contact the Assistance Department before making alternative travel arrangements, because if appropriate under the circumstances, they will make these arrangements for **You**.

If **Your Trip** involves multiple destinations, cover under this section applies if **Your** onward connection is delayed by more than 24 hours due to **Airspace Closure**. **You** must contact the Assistance Department before making alternative travel arrangements, because if appropriate, they will make these arrangements for **You**. The Assistance Department will decide under the circumstances whether to bring **You** to **Your Country of Residence** or rearrange **Your** onward journey to **Your Final Destination**.

### **G.7. Additional car parking costs**



**We** will pay up to the amount shown on the table of benefits for additional car parking costs **You** incur if **Your** return to **Your Country of Departure** is delayed by more than 24 hours due **Airspace Closure**.

#### **G.8. Additional kennel or cattery fees**

**We** will pay up to the amount shown on the table of benefits for additional kennel or cattery fees if **Your** return journey to **Your Country of Departure** is delayed by more than 24 hours due **Airspace Closure**.

#### **Special conditions which apply to Sections G**

- 1 **We** will only pay costs which are not recovered from any other source, for example an airline or a tour operator.
- 2 The insurance under this section G does not cover any expenses met by the airline under Regulation 261/2004.
- 3 All additional expenses must be reasonable and necessary and incurred as a direct result of an **Airspace Closure**. For example, if **You** live near **Your** departure point, **We** may deem additional accommodation unnecessary and unreasonable if **You** could easily return to **Your Home**.
- 4 **We** may ask **You** to provide an official letter from **Your** carrier confirming the cause and length of the delay.
- 5 **You** must contact the Assistance Department before making arrangements to return to **Your Country of Residence**.

#### **What you are not covered for under Sections G**

1. Any **Claim** relating directly or indirectly to:
  - (a) an **Epidemic or Pandemic**
  - (b) any disease (including any mutation, strain, or variation of any such disease) or event declared by the World Health Organization as a public health emergency of international concern; or
  - (c) the threat or fear of any such **Epidemic or Pandemic**, disease or event.

#### **Claims evidence required by us in support of a claim**

- **We** will require **Your Travel Itinerary** along with proof of **Your** original travel plans (for example, confirmation invoice or travel tickets).
- For **Claims** under section G.1 **We** will require cancellation invoices or letters from **Your** tour operator, travel or accommodation provider confirming that **You** did not use their service and whether any refund is due to **You** from them.
- **You** must provide proof of all **Your** additional expenses (for example, receipts for food and drink, invoices detailing additional accommodation, receipts for additional car parking).
- If required by **Us** **We** may ask **You** to provide an official letter from **Your** carrier confirming the cause and length of the delay.

**Please note:** **We** may request other evidence to support **Your Claim** dependent upon **Your** circumstances.

Insurance underwritten by AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada M5J 0A8. The policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada)

#### **Your Right to Complain**

**We** believe **You** deserve courteous, fair and prompt service. If there is any occasion when **Our** service does not meet **Your** expectations please contact **Us** using the contact details below, providing the policy/**Claim** number and the name of the **Insured Person** to help **Us** address **Your** comments quickly.

Customer Relations: Address: 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada M5J 0A8  
Toll-free 1-800-387-4481

**We** take pride in providing exemplary service to **Our** policyholders. This quality service earns and maintains the trust and loyalty of **Our** customers.

The purpose of **Our** Complaint Resolution Policy (CRP) is to set up a free and equitable procedure for dealing with complaints. This CRP is also intended to provide oversight for the receipt of complaints, delivery of acknowledgements of receipt, creation of complaint files, compilation of complaints for the purpose of preparing and filing periodic reports with provincial regulators, and (in Québec) the transfer of complaint files to the Autorité des marchés financiers ("AMF")

If **Our** Travel Guard representatives are unable to resolve **Your** issue and **You** wish to have the **Insurer** further review **Your** complaint, **You** may contact **Us** verbally or in writing. If **You** know the name of the representative of the relevant business unit, please contact that person directly. If **You** are unsure of whom to contact **Our** Travel Guard representatives may provide **You** with the appropriate contact information.

The representative assigned to **Your** file will send **You** an acknowledgement of receipt within three (3) business days of receiving the complaint, highlighting information pertinent to the complaint.

On receiving the complaint, the representative will initiate the complaint examination process. A complaint file is created for each complaint, which will contain details of the respective complaint, the outcome of the complaint examination process (the analysis and the supporting documents), and all written correspondences to the complainant. The representative will examine the complaint and, within ten (10) business days of receipt of the complaint, prepare and send a written response to **You** with justifying reasons, or explaining that more time is necessary and why.

If the representative is unable to resolve **Your** concern, **You** may request that the complaint be escalated to senior management of the business unit for their attention and further efforts to resolve the complaint.

In order to consult the full complaints handling policy please go to [www.travelguard.ca](http://www.travelguard.ca)

# SPORTS AND ACTIVITIES LISTING

Where cover is provided in the table below this is on the basis that:

- **You** follow the safety guidelines and where applicable use recommended safety equipment; and
- The activity is not undertaken on a professional basis.

Name of Activity (Activities marked with an * are considered to be Winter Sports)	Activity Covered	Winter Sports Covered	Activity & Winter Sports Excluded	Applicable condition
Abseiling	+			Must be with professional organisers
Adventure Racing			+	
Aerobics	+			
Air Boarding	+			
Alpine Mountain Biking			+	
Amateur Athletics	+			Cover provided if part of a non-professional tournament or competition
American Football			+	
Angling	+			
Archery	+			
Assault Courses	+			
Badminton	+			
Bamboo Rafting	+			
Banana Boating	+			
Base Jumping			+	
Baseball	+			
Basketball	+			
Battle Re-enactment	+			Must be with professional organisers. Excludes the use of live ammunition
Beach Games	+			
Biathlon	+			
Big Game Hunting			+	
Bigfoot Skiing *		+		
Black Water Rafting			+	
BMX Riding - stunt/obstacle			+	
Boardsailing / Windsurfing	+			
Bobsleigh			+	
Body Boarding / Boogie Boarding	+			
Body Flying / Wind Tunnel Flying	+			
Bouldering			+	
Bowling	+			
Bowls	+			
Boxing			+	
Breathing Observation Bubble Diving (to 30 metres)	+			
Bridge Swinging			+	
Bridge Walking	+			Must be adequately supervised and full safety equipment used
Bungee Jumping	+			Maximum of 3 jumps in any one trip
Camel Riding	+			
Canoeing (river - not white water)	+			
Canopy Walking / Tree-Top Walking	+			
Canyoning			+	
Cascading			+	
Cat Skiing / Boarding *			+	
Catamaran Sailing	+			
Cave Tubing / River Tubing	+			
Caving / Pot Holing			+	
Charity Work / Conservation Work	+			Excludes working with wild animals
Clay Pigeon Shooting	+			No Personal Liability cover
Cliff Jumping			+	
Climbing (indoor)	+			
Climbing / Mountaineering (up to 4,000 metres using guides and ropes)			+	
Coasteering			+	
Cricket	+			Cover provided if part of a non-professional tournament
Croquet	+			
Cross Country Running	+			

Cross Country Skiing *		+		
Curling	+			
Cycling	+			On recognised routes, no racing or mountain biking
Dancing	+			Must be non-professional
Darts	+			
Deep Sea Fishing	+			
Dinghy Sailing	+			Within coastal waters
Diving (High Diving)			+	
Dog Sledding	+			
Drag Racing			+	
Dragon Boating	+			
Dry Slope Skiing / Boarding		+		
Dune / Wadi Bashing	+			
Elephant Trekking	+			Must be with official organisers
Endurance Tests			+	
Equestrian Events			+	
Expeditions			+	
Fell Running	+			
Fell Walking	+			
Fencing	+			Must be wearing appropriate safety equipment
Fishing	+			
Fives	+			
Flying as a non-fare-paying passenger in a private aircraft or helicopter	+			
Flying as a pilot or trainee pilot in a private aircraft or helicopter			+	
Football – American	+			Cover provided if part of a non-professional tournament
Football / Soccer	+			Cover provided if part of a non-professional tournament
Free Mountaineering			+	
Freestyle Skiing *			+	
Glacier Skiing *		+		
Glacier Walking up to 4,000 metres*		+		
Gliding	+			No Personal Liability cover
Go-Karting	+			
Golf	+			
Gorge Scrambling			+	
Gorge Swinging / Canyon Swinging			+	
Gorge Walking			+	
Gorilla trekking	+			Must be with official organisers
Gymnastics	+			Provided not professional
Handball	+			
Hang Gliding			+	
Harness Racing			+	
Heli-skiing *			+	
High Diving			+	(5 metres or over)
Hiking (below 4,000 metres)	+			
Hockey	+			Cover provided if part of a non-professional tournament
Horse Jumping			+	
Horse Racing			+	
Horse Riding (not polo, jumping or hunting)	+			Must be wearing a hard hat if available
Hot Air Ballooning	+			Organised pleasure rides as fare paying passenger only
Hunting on horse back			+	
Hurling	+			Cover provided if part of a non-professional tournament
Husky Sledge Rides *		+		Organised and non-competitive with an experienced local driver. Insured can drive the dogs themselves if supervised by an experienced local driver
Hydro Speeding			+	
Ice Climbing *		+		Must be adequately supervised and full safety equipment used
Ice Curling *		+		
Ice Diving *		+		Must be with official organisers

Ice Hockey *			+	
Ice Skating on a recognised rink *		+		
Ice Speedway			+	
Inline Skating	+			
Jet Boating	+			No Personal Liability cover
Jet Biking	+			No Personal Liability cover
Jet Skiing	+			No Personal Liability cover
Jogging	+			
Jousting			+	
Judo			+	
Karate			+	
Kayaking (up to grade 4 rivers only)	+			No cover kayaking in grade 5 waters and above
Kendo			+	
Kite Buggy	+			No Personal Liability cover
Kite Skiing *			+	
Kite Snowboarding *			+	
Kite Surfing (over land)	+			No Personal Liability cover
Kite Surfing (over water)	+			No Personal Liability cover
Kloofing			+	
Korfball	+			
Lacrosse	+			
Langlauf *		+		
Luging/Bobsleigh			+	
Marathon Running	+			
Martial Arts			+	
Mono Skiing *		+		
Motocross			+	
Motor Cycle Racing			+	
Motor Racing			+	
Motor Rallies			+	
Mountain Biking (competitive)			+	
Mountain Biking (recreational)	+			Must be on recognised routes. No cover for downhill racing, biking on vertical paths or competitions.
Mountain Boarding			+	
Mountaineering			+	
Mud Buggy	+			No Personal Liability cover
Netball	+			
Off Piste Skiing (within local ski patrol guidelines) *			+	
Off Piste Snowboarding (within local ski patrol guidelines) *			+	
Orienteering	+			
Ostrich Riding			+	
Outdoor Endurance Events			+	
Paintballing	+			Must wear eye protection. No Personal Liability cover
Parachute Jumping (static line)			+	
Parachute Jumping (tandem)			+	
Paragliding			+	
Parapenting	+			Must be adequately supervised
Parascending / Parasailing (over land)			+	
Parascending / parasailing (over water)	+			
Pistol Shooting			+	
Polo			+	
Pony Trekking	+			Must wear hard hat if available
Pool	+			
Pot Holing			+	
Powerboat Racing			+	
Power lifting			+	
Professional Sports of any kind			+	
Quad Biking			+	
Racquetball	+			
Rackets	+			
Rafting	+			
Rambling	+			
Rap Jumping			+	
Refereeing	+			Must be on an amateur basis
Reverse Bungee Jumping	+			Maximum of 3 jumps in any one trip
Rifle Shooting			+	

Ringos / Doughnuts	+			
River Bugging			+	
Rock Climbing - solo / freestyle / without ropes over 20 foot			+	
Rock Scrambling			+	
Rodeo			+	
Roller Blading / Skating	+			
Roller Hockey			+	
Rounders	+			
Rowing	+			
Rugby	+			Cover provided if part of a non-professional tournament
Running (not long distance)	+			
Running with Bulls			+	
Safari (no guns)	+			Must be organised by bona fide tour operator
Safari (with guns)			+	
Safari Trekking in a Vehicle	+			Must be organised by bona fide tour operator
Safari Trekking on Foot	+			Must be organised by bona fide tour operator
Sail Boarding	+			
Sailing / Yachting (within territorial waters)	+			
Sand Boarding	+			
Sand Dune Surfing / Skiing	+			
Scuba Diving (up to 30 metres depth if qualified or with an instructor)	+			
Sea Canoeing	+			
Sea Kayaking	+			
Shark Diving (in a cage)	+			
Skate Boarding	+			
Skeletons			+	
Ski Acrobatics / Aerials *			+	
Ski Biking / Snow Biking *		+		
Ski Blading / Snow Blading *		+		
Ski Jumping *			+	
Ski Racing *		+		Excludes Federation Internationale de Ski (or International Federation of Ski) events
Ski Randonee *			+	
Ski Stunting *			+	
Ski Touring *		+		
Ski-Dooing *		+		No Personal Liability cover
Skiing *		+		
Skiing – Off Piste *			+	
Sky Diving			+	
Sledging / Sleighing *	+			
Sleighing as passenger	+			
Small Bore Target Shooting	+			No Personal Liability cover
Snooker	+			
Snorkelling	+			
Snowboarding *		+		
Snowboarding – Off Piste *			+	
Softball	+			
Solo Climbing			+	
Speed Skating *		+		
Speedway			+	
Squash/ Rackets	+			
Street Dancing	+			
Street Hockey	+			Must wear pads and helmets. Not covered if part of a professional tournament.
Surfing	+			
Swimming	+			
Swimming with Dolphins	+			
Swimming with Stringrays	+			Must be with official organisers
Sydney Harbour Bridge Walk	+			Must be adequately supervised and full safety equipment used
Table Tennis	+			
Tae Kwon Do			+	
Tall-Ship Crewing			+	

Tennis	+			
Tenpin Bowling	+			
Tobogganing *		+		
Trampolining	+			
Trekking / Walking / Hiking up to 4,000 metres without need for ropes / pulley/ climbing equipment	+			
Triathlon			+	
Tug-of-War	+			
Ultimate Frisbee	+			
Via Ferrata			+	
Volleyball	+			
Wake Boarding	+			No Personal Liability cover
War Games	+			Must wear eye protection.
Water Polo	+			
Water Skiing no jumping	+			
Water Skiing Jumping			+	
White Water Canoeing / Rafting (Grade 4+)			+	
White Water Canoeing / Rafting (up to Grade 3)	+			
Windsurfing	+			
Wrestling			+	
Yachting	+			In territorial waters
Yoga	+			
Zip lining	+			Must be adequately supervised and full safety equipment used
Zorbing	+			