

Charge Card Travel Insurance

The Contract of Insurance

This is **Your** Charge Card Travel Insurance Policy, which with the application form and/or declaration made by **You** and should be read together and forms the contract of Insurance between **You** and **Us**, International Insurance company of Hannover Limited ("Inter Hannover") but it is only valid if You have paid the premium

Your premium has been based upon the information **You** have provided and recorded in the written application **You** have signed and/or declaration **You** have made. Please read them carefully to make sure that they meet **Your** requirements and that the details on The Schedules are correct. If after reading **Your** policy and schedules You have any questions, please contact **Your** insurance adviser.

In return for **You** having paid the premium, or any minimum and deposit agreed between **You** and **Us**, no longer than 60 days after the inception of this policy, for the **Period of Insurance We** will indemnify the **Insured Person** on **Your** behalf by payment or, at **Our** option, by reinstatement or repair, in respect of loss, liability, destruction, damage, accident injury or illness incurred whilst on an **Insured Journey** during the **Period of Insurance** subject to the terms contained in or endorsed on the Policy.



Nick Parr, Managing Director
Signed on behalf of International Insurance Company of Hannover Limited.

IMPORTANT

This policy is a legal contract. You must tell Us about any facts or changes which affects this insurance and which has occurred either since the policy started or since the last renewal date.

If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your policy may not be valid or the policy may not cover You fully.

You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this policy.

Choice of Law

It is hereby agreed between **Us**, and You that the law of the country from which You purchased this Policy will only apply if it is a legal requirement. If it is not a legal requirement this Policy shall be governed and constructed in accordance with the law of England and Wales and the English Courts alone shall have jurisdiction in any dispute.

The Contracts (Rights of Third Parties) Act 1999

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only **We** and **You** can enforce the terms of this policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

Data Protection

It is understood by the **Insured Person** that any information about him will be processed by **Us** in compliance with the Data Protection Act 1998 and only for the purpose of providing Insurance cover and handling any claims. This may necessitate providing such information to third parties although the protection provided by the Act shall still apply

International Insurance Company of Hannover Limited

60 Fenchurch Street London EC3M 4AD

Registered in the UK No 202640

Registered Office: 1 Arlington Square Bracknell United Kingdom RG12 IWA

Authorised and regulated by the Financial Services Authority

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Our Service to You

Our goal is to give excellent service to all **Our** customers but **We** recognise that things do go wrong occasionally. **We** take all complaints **We** receive seriously and aim to resolve all of **Our** customers' problems promptly. To ensure that **We** provide the kind of service **You** expect **We** welcome **Your** feedback. **We** will record and analyse **Your** comments to make sure **We** continually improve the service **We** offer.

What will happen if You complain

(1) **We** will acknowledge your complaint within 2 working days of receipt.

(2) **We** aim to resolve complaints, following assessment and investigation, within 5 working days of receipt.

Most of **Our** customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **We** will contact **You** with an update and give **You** an expected date of response.

What to do if you are dissatisfied

Seek resolution by Your insurance adviser or with Us.

If **You** are disappointed with any aspect of the handling of **Your** insurance **We** would encourage **You**, in the first instance, to contact the manager concerned. **You** can write or telephone, whichever suits **You**, and ask **Your** contact to review the problem.

If **You** remain unhappy with the decision **You** receive from **Us**, **You** may write to the Complaints Officer.

If **You** are dissatisfied with **Our** final decision from the Complaints Officer, **You** maybe entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of both **Our** Chief Executive and the FOS will be provided at the same time as **We** acknowledge **Your** complaint.

Note that the FOS will only consider **Your** complaint if **You** have given **Us** the opportunity to resolve it and **You** are a private policyholder, a business with a group turnover of less than £1 million, a charity with an annual income of less than £1 million or a Trustee of a trust with a net asset value of less than £1 million. If, however, **We** do not resolve **Your** complaint within 40 working days, the FOS will accept a direct referral.

Whilst **We** are bound by the decision of the FOS, **You** are not. Following the complaint procedure does not affect **Your** right to take legal action.

Financial Services Compensation Scheme

Our obligations are covered by the Financial Services Compensation Scheme (FSCS). If **We** were unable to meet our obligations, you could be entitled to compensation from this scheme, depending on the type of insurance and the circumstances at the time.

You would be covered for all of the first £2,000 of any claim and 90% of the remainder without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS website www.fscs.org.uk, or write to Financial Services Compensation Scheme, 7th floor Lloyds Chambers, Portsoken Street, London E1 8BN.

Useful Phone Numbers and Websites

Emergency Medical Assistance: +44(0) 1992 444 337

Claims Handler: +44(0) 1992 708 708

Complaints; 01344 397600

Financial Ombudsmen; 0845 080 1800

Financial Services Compensation Scheme; 0207 892 7300

Foreign Office Travel advice Website <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/>

Inter Hannover Website <http://www.inter-hannover.com>

Who to contact in the event of a Non-Emergency Medical Claim

All Non-Emergency Medical Claims should be notified to **Our** Claims Handler:-

ONE Claims Limited
1-4 Limes Court
Conduit Lane
Hoddesdon
Hertfordshire EN11 8EP
United Kingdom

Telephone Number: +44(0) 1992 708 708
Fax Number: +44(0) 1992 450 717
Email: mail@oneclaims.com

Claims Procedure

If in relation to any Non-Emergency Medical claim under this Policy **The Insured Person** must:

Tell **Us** as soon as reasonably possible of any event or occurrence which may result in a claim and in any event no later than 31 days after the occurrence of such event by writing or telephoning **Our** Claims Administrator and quoting the Scheme Number.

Immediately pass to **Us** unanswered, all communications from third parties in relation to any event that may result in a claim under this policy

At their own expense, provide **Us** with a written notification of a claim containing as much information as possible of the loss, destruction, damage, accident injury or illness, including the amount of the claim along with all certificates information and evidence reasonably required by **Us** and in the form and of such nature as **We** may prescribe

The **Insured Person** must not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this policy without **Our** written agreement

The Insured Person must submit to medical examination at **Our** request in respect of any alleged **Accidental Bodily Injury** or illness where **We** shall pay the fee

As soon as possible after the occurrence of any **Accidental Bodily Injury** or illness the **Insured Person** shall obtain and follow the advice of a registered **Medical Practitioner**. **We** shall not be liable for any consequences arising due to the **Insured Person's** failure to obtain and follow such advice and use such appliance or remedies as may be prescribed

In the case of **Accidental Death** of the **Insured Person** **We** shall be entitled to have a post-mortem examination at **Our** own expenses.

If the **Insured Person** fails to follow any of these conditions they will lose their right to indemnity or payment for that claim.

Who to contact in the event of Emergency Medical Claim

All Emergency Medical Claims should be notified to **Our Emergency Medical Assistance** service

Telephone Number: +44(0) 1992 444 337
Fax Number: +44(0) 1992 708 721
Email: mail@oneassist.com

General Definitions

Each time **We** use one of the words or phrases listed below, it will have the same meaning wherever it appears in this policy unless **We** state otherwise. A defined word or phrase will start with a capital letter each time it appears in the policy, except for headings and titles.

Accident / Accidental

Shall mean a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place

Accidental Bodily Injury

Injury which is sustained by an **Insured Person** as the result of an Accident during an **Insured Journey** which solely and independently of any other cause except surgical treatment rendered necessary by the **Accident** results in the **Insured Person's Death**, disablement or injury that incurs Medical Expenses.

Appropriate Authorities

The Foreign and Commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the **Policyholder**.

Child/Children

Any person who is unmarried and under 19 years of age or 23 years of age if in full time education and is travelling with an adult insured under this policy

Close Business Colleague

Shall mean an associate of the **Insured Person** employed by the same company as the **Insured Person** whose absence from work or place of employment necessitates the Cancellation of an **Insured Journey** as certified by a senior director of such company

Common Carrier

Planes, trains, ferries, ships, bus, coaches and taxi, provided they are fully licensed to carry passengers and are available to the public for transportation purposes including charter flights but excluding helicopters and hovercrafts.

Close Relative

The spouse or **Partner**, parent or parent in law, grandparent, brother, brother-in-law sister, sister-in-law, son/daughter-in-law, grandchild or fiancé(e), **Child** including adopted, foster or step-child of the **Insured Person**

Country of Residence

The Country in which the **Insured Person** has resided in for the last 12 months or more

Death

Means death caused as a result of **Accidental Bodily Injury**

Dependant(s)

The natural or legally adopted **Child** (or legal) wards of an **Insured Person** (and/or **Insured Person Partner** where applicable), who is unmarried and living at the same address, who are no older than 19 years of age or 24 years of age if in full time education...

Emergency Medical Assistance Service

Our specialist assistance provider who will advise on and where appropriate arrange all medical treatment, travel and accommodation covered under Medical and Emergency Travel Expenses, **Repatriations** and Emergency Evacuations

Excess

The first amount of any claim that the **Insured Person** shall pay

Exposure

Death and/or injury to an **Insured Person** as a direct result of exposure to the elements shall be deemed to have been caused by **Accidental Bodily Injury**.

Hijack

Unlawful seizure or unlawful control of an aircraft or other conveyance in which the **Insured Person** is travelling as a passenger.

Hospital

Any establishment which is registered or licensed as a full time facility for surgical and medical diagnosis and treatment of injured and ill persons by and under the supervision of a **Medical Practitioner** continuously providing a 24 hours a day nursing service supervised by State Registered Nurses or nurses with equivalent qualifications and is not primarily a mental institution or a place of rest or the aged, for drug addicts or alcoholics.

In-Patient

Person(s) who are admitted to a Hospital or clinic and stay for at least 24 hours, for the sole purpose of receiving medical treatment

Insured Journey

Any trip of up to a maximum of 90 days in duration outside the **Insured Person Country of Residence** which has been booked and paid for by the specified **Card** which begins during the Period of Insurance, commencing from the time the **Insured Person** leaves their home or place of business whichever is the later and continues during the entire period of the **Insured Journey** and terminating at the time the **Insured Person** returns to their home or place of business whichever is reached first during **the Period of Insurance**.

Insured Person

Any Person holding a Dinners Club Ireland Consumer/Corporate/Lodge card (the Cardholder) issued by the **Policyholder** who has paid in full, by means of that Card (including payment utilising air miles or points generated by that Card) during the **Period of Insurance**, the required cost of a ticket for a trip outside their normal **Country of Residence**, for the **Insured Person** the **Insured Persons Partner** and **Dependants** when accompanying them

Insured Persons Immediate Family

The **Insured Persons Partner**, parent, parent-in law, grandparent, **Dependants**, grandchild, brother, brother-in-law, sister, sister-in-law or fiancé(e).

Partner

An **Insured Person's** spouse or someone of either sex with whom an **Insured Person** has been living with for the last twelve months as though they were their spouse. sharing financial and where applicable responsibility for their **Dependants**

Kidnap

Unlawful seizure detention or taking by force or fraud of an **Insured Person** (except a child by its parent or legal guardian) by a third party without the consent of that Insured Person.

Loss of Limb

Shall mean permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle, and includes permanent and total and irrecoverable loss of a hand , arm or leg.

Loss of Sight

Permanent and total Loss of Sight shall be considered as having occurred:

- a) in both eyes, if an **Insured Person's** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
- b) in one eye, if the degree of sight remaining after correction is 30/60 or less on the Snellen Scale and is without hope of improvement.

Permanent Total Disablement

Permanent disablement wholly preventing the **Insured Person** from engaging in or giving attention to any and every occupation caused other than by **Loss of Limb or Sight** which disablement lasts without interruption for more than 12 months from the date of Accident, and in all probability shall continue for the remainder of the **Insured Person's** life.

Money

Coins, bank or currency notes, cheques, postal orders, travellers cheques, travel tickets, luncheon vouchers, petrol or other coupons with a monetary value and credit vouchers which belong to or are under the custody and control of the Insured Person.

Personal Belongings

Items which are the property of the **Insured Person** or property for which they are personally responsible (other than Business Equipment or Business Samples) and which are taken on or acquired during an **Insured Journey**.

Period of Insurance

From the effective date until the expiry date shown in The Schedule and any subsequent period for which We accept payment for renewal of this policy.

Repatriation

With prior approval from **Our Emergency Medical Assistance** and due solely for medical reasons the return of the **Insured Person** to their normal **Country of Residence** by normal scheduled airlines or by an air ambulance or other suitable means of transport.

Rental Car

is travelling as a passenger or driver of a rental car only if the rental fare was paid with a Diners Club Card by the **Cardholder**

The Policyholder

The Bank or Financial Institution named in The Schedule as **The Insured** who has issued the **Insured Person** with a card as part of their card programme

Terrorism

Any act , including but not limited to the use of force or violence and/or the threat thereof , of any person or group(s) or government (s), committed for political, religious, ideological or similar purpose or reasons including the intention to influence any government and/or put the public , or any section of the public in fear.

Medical Practitioner

A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an **Insured Person**, **Insured Persons Partner**, and a member of the **Insured Persons Immediate Family** or an employee of the **Policyholder**

Unattended

Means any article is left Unattended if it is not close enough to the **Insured Person** for him to prevent unauthorised interference with such article by a third party. This shall not include an article left in the custody of an authorised carrier.

Valuables

Means spectacles, sunglasses, contact or corneal lenses, watches, furs, jewellery and telecommunication, audio visual and computer equipment or game consoles, including accessories

We/Us/Our

International Insurance Company of Hannover Limited

War

Armed conflict between nations, invasion, act of an enemy foreign to the nationality of the **Insured Person** or the country in, or over, which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, explosions of war weapons, release of weapons of mass destruction that do not involve an explosive sequence, murder or assault subsequently proved in a legally constituted court to have been the act of agents foreign to the nationality of the Insured Person whether war be declared with that state or not.

Winter Sports

Skiing (including off-piste skiing), Ski jumping / flying / acrobatics / stunting / mountaineering / randonee, heliskiing, heliboarding, speed skiing, cresta run or the use of bobsleighs or skeletons or ice hockey ,cross country (Nordic) skiing, mono skiing, ski bobbing, skidooring, snow mobiling snow blading, snowboarding, curling, tobogganing, and ice skating (other than on an indoor rink).

General Conditions applicable to the Policy as a whole:

1. This Policy, the Schedule(s) and endorsement(s), if any, shall be read together as one contract and any word or expression to which specific meaning had been attached shall unless the context otherwise requires bear such meaning wherever it may appear.
2. No sum payable by us under this policy shall carry interest..
3. If the **Insured Person** is pregnant and undertaking an **Insured Journey** between 25-35 weeks of giving birth **they** must obtain a certificate from their **Medical Practitioner** or midwife 5 days before their departure on the **Insured Journey** certifying that they are fit to travel and able carry out any work they intend to do upon the arrival at their destination.
4. At the time of booking the **Insured Journey** the **Insured Person** is not receiving or waiting for medical treatment at a hospital or nursing home or waiting for investigation or referral or for the results of any investigation, medical treatment surgical procedure for any condition whether diagnosed or not.
5. **The Insured Person** must not travel to a country contrary to the advice of their **Appropriate Authorities** in their **Country of Residence** or against the advice of their **Medical Practitioner**
6. No refund of premium is allowed once this Policy has been effected.
7. Where the **Insured Person** or their personal representatives do not comply with any obligation to act in a certain way specified in this Policy **We** reserve the right not to pay a claim.
8. The **Insured** or the **Insured Person** or their personal representative may not assign the benefits under this Policy. **We** shall not be bound to accept or be affected by any notice or any trust, charge, lien, purported assignment or any dealing with or relating to this policy.
9. This Policy will be voidable in the event of misrepresentation, misdescription or nondisclosure of any material fact by or on behalf of the **Policyholder** or **the Insured Person**.
10. The **Insured Person** must take ordinary and reasonable care to safeguard against loss, damage, **Accident**, injury, **Accidental Bodily Injury** or illness as though not insured.
11. If the **Insured Persons Country of Residence** is within the European Union they should arrange to have a European Health Insurance Card (EHIC) issued and carry this with them when they travel within the European Union.

General Exclusions applicable to the Policy as a whole:

1. **We** shall not be liable for payment of any benefit for **Accidental Bodily Injury**, illness loss or expense suffered or incurred after the **Insured Person** has attained the age of 76
2. **We** shall not be liable for **Accidental Bodily Injury**, illness loss or expense resulting from or contributed to by, directly or indirectly:
 - 2.1 Any defect, infirmity or condition of **Insured Person** for which treatment (including medication), investigation or advice has been prescribed during the 12 months prior to booking the **Insured Journey** or for which such person is on a waiting list to receive treatment as an **In-Patient** or for any ongoing medical condition (or complication directly or indirectly attributable to that condition) that has been diagnosed and documented.
 - 2.2 Any circumstance which could reasonably have been foreseen by **Insured Person** as likely to give rise to a claim at the time that the **Insured Journey** was booked..
 - 2.3 Any **Insured Journey** booked or commenced against medical advice of or after receipt of a terminal prognosis from a **Medical Practitioner**.
 - 2.4 Any **Insured Journey** undertaken for the purpose of medical treatment or convalescent care.
 - 2.5 Pregnancy or any condition connected with pregnancy where the expected date of confinement is within two months of the date of return from the **Insured Journey**.
 - 2.6 **The Insured Person** insanity, actual or attempted suicide or intentional self-injury or illness, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or the use of drugs (other than drugs taken in accordance with the treatment prescribed by a **Medical Practitioner** but not for the treatment of drug addiction.
 - 2.7 **The Insured Persons** needless self-exposure to danger except to save human life or engaging in any criminal or illegal act.
 - 2.8 Aerial activities and air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed chartered aircraft), two-wheeled motorised vehicles unless at the time of the accident the driver is duly qualified is in possession of a current full driving licence valid in the country where the vehicle is operated and the driver and passenger are wearing a safety crash helmet, or two-wheeled motorised vehicles over 125cc.
 - 2.9 Acquired Immune Deficiency Syndrome (AIDS) AIDS Related Complex (ARC) or Human Immune-deficiency (HIV) howsoever these have been acquired or may be named and/or any mutant derivative or variation thereof.
 - 2.10 **War**, whether declared or not except claims arising where the **Insured Person** is not actively engaged in any of the stated events.
 - 2.11 **The Insured Person** participating in any Military, Air Force or National Service or Operation
 - 2.12 **Terrorism** involving the use of or release or threat thereof of any nuclear weapon or device or chemical or biological agent
 - 2.13 Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic explosive or other hazardous properties of any nuclear assembly or nuclear components thereof.
 - 2.14 **The Insured Person** travelling to a country contrary to the advice of their **Appropriate Authorities**.
 - 2.15 The insolvency of a travel agent, tour operator, airline, accommodation provider or carrier.
 - 2.16 **The Insured Person** participating in
Abseiling, American football, ballooning, bungee jumping, deep sea fishing (outside coastal waters) g, gliding, hanggliding, hunting on horseback, point-to-pointing, steeplechasing, eventing, showjumping, equestrian competitions, football, rock climbing or mountaineering normally requiring the use of ropes or guides, free climbing, caving or potholing, rafting or kayaking or canoeing involving white water rapids in excess of grade 5, canyoning, motor sports or competitions, any other sports or competitive races involving the use of vehicles or watercraft ,scuba diving at a depth of more than 30 metres, solo diving sailing, yachting or boating (outside coastal waters), parascending, lacrosse, polo, rugby, windsurfing, **Winter Sports** or any sport in a professional or semi professional basis,
We shall not be liable for
 - 2.17 Loss or damage in respect of any property more specifically insured elsewhere or any claim recoverable under any other insurance.
 - 2.18 Claims increased by **Insured Persons** own act or omission.
 - 2.19 Consequential loss of any nature.

Section 1 - Personal Accident

We will pay:

Up to the amount shown in the Schedule to the **Insured Person** or their executors or administrators if they are involved in an **Accident** whilst on a Journey outside their normal **Country of Residence** which, within 12 months of the accident, results in one or more of following:

- **Death**
- **Loss of sight**
- **Loss of limb**
- **Loss of speech**
- **Loss of hearing**
- **Permanent Total Disablement**

The **Accidental Death** benefit is limited to the amount shown in the Schedule of Benefits in respect of **Child** under sixteen years old.

Payment of Benefit

We will not pay under more than one of the benefits listed in the Schedule of Benefits for **Death, Loss of Sight, Loss of Limbs or Permanent Total Disablement** Benefits in conjunction with the same **Accident** for the same **Insured Person**.

After payment has been made for a **Death, Loss of Sight, Loss of Limbs or Permanent Total Disablement** claim no further liability shall attach to Us in respect of that **Insured Person** during the current **Period of Insurance**

We will not pay:

1. If **Accidental Bodily Injury** results from the **Insured Person** suffering from illness, sickness or disease not directly resulting from **Accidental Bodily Injury**.
2. For any gradually operating cause or any naturally occurring condition or degenerative process
3. The Death benefit in respect of Children is reduced to 2.50% of the Sum Insured stated in the Schedule.

Section 2 Medical and Emergency Travel Expenses.

We will pay:

Up to the amount shown in the Schedule for Medical and Emergency Travel Expenses and **Emergency Medical Assistance** if during an **Insured Journey** the **Insured Person** becomes ill or sustain **Accidental Bodily Injury**.

This includes:

1. **Medical Expenses**
Reasonable and necessary emergency medical, surgical, **Hospital** and nursing home charges prescribed by a **Medical Practitioner** or emergency dental fees up to XXXXXX (for the relief of pain and suffering) and the cost of rescue services to take the **Insured Person** to **Hospital**
2. **Emergency Travel Expenses**
Reasonable and necessary additional costs of transport and accommodation incurred in respect of the **Insured Person** or any one relative or friend who upon the advice of a **Medical Practitioner** has to travel to remain with or escort the **Insured Person** home to the **Insured Persons Country of Residence**. All additional costs of transport and accommodation on the same basis as **the Insured Persons** original booked travel arrangements
3. **Repatriation**
Upon medical the advice of **Our Emergency Medical Assistance Service** the **Repatriation** of the **Insured Person** to their **Country of Residence** or the reasonable cost of transporting the **Insured Persons** body or ashes for burial in their **Country of Residence** (including funeral and interment costs), or alternatively for funeral expenses incurred in their burial or cremation outside their **Country of Residence**.
4. **Emergency Medical Evacuation**
Upon the advice of **Our Emergency Medical Assistance Service** the reasonable and necessary costs of transporting the **Insured Person** to the nearest suitable **Hospital**

Provided:

1. The **Emergency Medical Assistance Service** is informed immediately or as soon as reasonably possible of any emergency that may potentially give rise to a claim for **In-patient Hospital** treatment, **Emergency Travel Expenses**, **Repatriation** or **Emergency Medical Evacuation**.
2. The **Insured Person** does not make or attempt to make arrangements without the involvement and/or agreement of the **Emergency Medical Assistance Service**.
3. Any **Repatriation** is organised by the **Emergency Medical Assistance Service** who will use the most appropriate method including, if necessary, the use of air services and arrange qualified medical staff to accompany an **Insured Person** if required.
4. The **Insured Person** will reimburse the **Emergency Medical Assistance Service** in respect of all costs incurred in the event of **Repatriation** services being provided by the **Emergency Medical Assistance Service** in good faith to any person not insured under this policy.
5. **We** reserve the right to:
 - 5.1 **Repatriate** the Insured Person when, in the opinion of the treating **Medical Practitioner** and the **Medical Emergency Service**, they are fit to travel;
 - 5.2 Avoid further liability in the event that the **Insured Person** refuses repatriation when, in the opinion of the treating **Medical Practitioner** and the **Emergency Medical Assistance Service**, they are fit to travel; and
 - 5.3 Transfer the **Insured Person** to the **Hospital**, clinic or location of **Our** choice when, in the opinion of the treating **Medical Practitioner** and the **Emergency Medical Assistance Service**, they are fit to be transferred.

Provided medical treatment, travel or accommodation has been arranged by **Our Emergency Medical Assistance Service** **We** will pay all associated costs incurred on behalf of **the Insured Person** for the following

- Making arrangements for the **Insured Persons** to travel home and where necessary ensure they are escorted by a medical attendant
- Ensure assistance is provided upon arrival in **Insured Persons Country of Residence** following a **Medical Repatriation**.
- Making arrangements for the outward and return journeys for the next of kin or other nominated person to visit a sick or injured **Insured Person**
- Assist in locating and sending drugs if not available locally
- Provide advice on minor ailments

We will not pay:

1. The **Excess**, as shown in the Schedule.
2. Any expenses which are recovered from any other insurance policy, national insurance programme or reciprocal health arrangement which is applicable to the **Insured Person**.
3. Any expenses incurred after twelve months from the time of the incurring of the first expense.
4. Dental or optical expenses other than those incurred in providing the minimum treatment necessary to relieve pain and discomfort for the duration of the **Insured Journey**.
5. For any surgical or medical treatment that can reasonably be delayed until the **Insured Persons** return to their **Country of Residence**.
6. For any treatment or medication that, at the commencement date of the **Insured Journey**, is known to be required or continued during the Journey.
7. For any costs incurred for **In-Patient patient Hospital** treatment, **Emergency Travel Expenses**, **Repatriation** or **Emergency Medical Evacuation** not authorised by the **Emergency Medical Assistance Service**.
8. The additional cost of a single or private room at a **Hospital**, clinic or nursing home except when the treating **Medical Practitioner** considers it necessary.
9. For any treatment, costs or expenses incurred after the **Insured Person** has returned to their **Country of Residence**.
10. Any expenses incurred where the **Insured Journey** was booked or undertaken against the advice of the **Insured Persons Medical Practitioner** or where the purpose of the **Insured Journey** is to receive medical treatment or advice or where a terminal prognosis has been given.
11. Medical Expenses incurred in a Private Hospital without the prior approval of **Our Medical Emergency Service**.
12. Any expenses incurred for physiotherapy, chiropractic or osteopathy or alternative or complementary medicine.
13. Any treatment or medication that in the opinion of the treatment **Medical Practitioner** and **Our Medical Emergency Service** can be delayed until **the Insured Persons** return to their **Country of Residence**.

Section 3 – Emergency Medical Assistance

Our Emergency Medical Assistance Service has experienced multi-lingual staff that will

- Take charge of enquiries 24 hours a day 365 days a year and where necessary contact hospitals and guarantee any necessary fees
- Talk to doctors and hospital staff in their own language
- Ensure medical advisers are consulted at the outset for their views on the possibility of arranging **Repatriation** and the best method of transportation to be adopted.

Other Emergency Medical Assistance Services provided whilst travelling

Assistance and Guidance whilst travelling

- General Medical advice whilst abroad
- Curtailment and Missed Departure assistance
- A phone home service if there is an emergency
- On stolen or lost passports, driving licenses air tickets or other travel documents
- On how to trace luggage with an airline operator if it is delayed or lost
- On contacting local Embassies or Consulates
- Information on languages and time zones
- On transfer of money to You if required
- On cancellation of credit cards if lost or stolen with the ability to report loss to the card provider
- To relatives friends or employees if the **Insured Person** is hospitalised

In the event of a Medical Emergency overseas please immediately contact **Our Emergency Medical Assistance Service ONE ASSIST** on

Telephone; +44(0) 1992 444 337
Fax: +4490) 1992 708 721
Email: ops@oneassit.com

Section 4 – Your Personal Belongings

We will pay:

Up to the amount shown in the Schedule in total if the **Insured Persons Personal Belongings** or baggage are lost or stolen during the **Insured Journey** (less a consideration for wear, tear and depreciation).

This includes:

- Up to the amount stated in the Schedule of Benefits for any one item, set or pair;
- Up to the amount stated in the Schedule of Benefits in total for **Valuables**;
- Up to 25% of the amount stated in the Schedule of Benefits for the first 6 hour delay and up to a further 25% for each full 6 hour delay thereafter up to the maximum of amount stated in the Schedule of Benefits.
- Loss of medication and other equipment considered necessary by a **Medical Practitioner** for a medical condition

Provided:

1. **The Insured Person** reports the theft of their **Personal Belongings** or baggage to the Police (and the hotel management if it is stolen in a hotel) within 24 hours of its Loss or theft and an original written report is obtained from them and provided to **Us**.
2. **The Insured Person** provides proof of ownership of **Valuables**.
3. **The Insured Person** provides proof of purchase of replacement items of clothing or toiletries.
4. Loss or damage occurring in the custody of an airline or other transport carrier is reported immediately upon discovery and in the case of an airline a Property Irregularity Report obtained.
5. **The Insured Person** takes all reasonable precautions for the safety of any insured article.
6. On the happening of any loss or damage **We** are entitled:

- a) to take and keep possession of any article and to deal with salvage in a reasonable manner.
- b) at **Our** own opinion to repair or replace any article for which **We** are liable.

We will not pay:

1. The **Excess**, as shown in the Schedule.
2. For any **Personal Belongings** or baggage stolen from an **Unattended** vehicle unless
 - 1.1. They were In the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motor homes locked away and out of public view.
 - 1.2. There is evidence that entry was effected by violent and forcible means.
 - 1.3. Other than between the hours of 8.00pm and 8.00am.
3. For any **Valuables** stolen from an **Unattended** vehicle.
4. For loss of or damage to **Valuables** contained in baggage whilst such baggage is in the custody of an airline or other carrier and outside of the **Insured Persons** control.
5. For loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from
6. For loss or damage due to:
 - 6.1 Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
 - 6.2 Inherent mechanical or electrical failure, breakdown or derangement.
 - 6.3 Any process of cleaning, restoring, repairing or alteration.
7. For more than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
8. For loss of or damage to pedal or motor cycles, watercraft, prams, buggies, pushchairs and wheelchairs.
9. For loss of or damage to stamps, documents (other than as covered under Sections 5 and 6), contact or corneal lenses, dentures, hearing-aids, fragile articles or business goods and samples.
10. For loss due to confiscation or detention by customs or any other authority.
11. For loss of or damage to sports equipment whilst in use.
12. For any article more specifically insured or recoverable under any other insurance.

Section 5 - Delayed Baggage

We will pay:

Up **to** the amount shown in the Schedule in respect of emergency and necessary purchases in the event of **Insured Person** being temporarily deprived of their **Personal Belongings** for at least 6 hours from the time of arrival at their destination during a **Trip** because of temporary loss or mis-direction by the carriers, **We** will reimburse You with an additional €75.00 for each additional 12 hour period or temporary loss or misdirection subject to a maximum payment overall of €300.

Provided:

That such loss or misdirection is substantiated by a report from the carrier stating the date and time of temporary loss or mis-direction

Section 6- Travel Delay

We will pay:

Up to the amount shown in the Schedule if-

- The aircraft, in on which the **Insured Person** was booked to travel is delayed at least 4 hours
- The **Insured Person** is denied boarding on a previously booked flight as a result of overbooking and experiences a delay of more then 4 hours from the scheduled time of the booked flight.
- The flight the **Insured Person** is booked on is cancelled and postponed by more then 4 hours from the scheduled time of departure.
- In the case a flight delay the **Insured Person** misses a booked connected flight , when there is no other flight available for more then 4 hours

Provided:

1. **They** provide **Us** with original written details from the airline, shipping company, coach or train operators of the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organisation report confirming the date, cause and time of the breakdown.

We will not pay:

1. The **Excess**, as shown in the Schedule if the Journey is abandoned after a delay of at least 24 hours of the scheduled departure.
2. If the **Insured Person** does not check-in for departure before the scheduled departure time and in accordance with the Journey itinerary.
3. If the **Insured Person** departure or arrival was delayed as a result of strike or industrial action that was public knowledge when the Insured **Journey** was booked.
4. Following the failure of the **Insured Person** to obtain written confirmation from the carriers or their handling agents of the number of hours delay and the reason for such delay.
5. Following the withdrawal from service temporarily or otherwise of any aircraft or sea vessel on the orders or recommendation of the manufacturer the civil aviation authority any port authority or any similar body in any country
6. Following the failure of the **Insured Person** to accept alternative equivalent means of transport within the period of delay where this is offered on reasonable terms in lieu of the original mode of conveyance.
7. Claims as a result of strike labour dispute or industrial action which existed or the possibility of which existed and for which advance warning had been given prior to the date on which the Insured Journey was booked.
8. Claims arising from delay where compensation is recoverable from the airline or other carrier.
9. For any circumstance that could have been reasonably foreseen as giving rise to a claim at the time the **Insured Journey** was booked.