

# Travel Insurance Policy

Cover is only available if **you** are a **resident** of the Republic of Ireland.  
This policy is provided in conjunction with **your** Irish Life Health Insurance  
policy.

## Important Telephone Numbers

Customer Services:	00 353 1 619 3674
Winter sports option enquiries:	00 353 1 619 3674
24hr emergency repatriation service:	00 353 1 619 3620
Claims:	00 353 1 619 3673

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## Summary of cover

The following is only a summary of the main cover limits. **You** should read the rest of this policy for the full terms and conditions.

Cover	Limit (up to)	Excess
1. Cancellation or curtailment - Excursions	€1,500 €150	€75 No excess
2. Loss of passport	€165	No excess
3. Delayed personal possessions	€165	No excess
4. Personal possessions - Single item, pair or set - Valuables limit - Tobacco and vaping products, alcohol, fragrances limit	€1,650 €330 €440 €50	€75
5. Personal money - Cash limit	€500 €150	€75
6. Personal accident	€5,000	No excess
7. Missed departure	€550	No excess
8. Delayed departure - Delay  - Abandonment	€20 first 12hrs, €10 each extra 12 hrs €300 max €1,500	No excess  €75
9. Personal liability	€1 million	€75
10. Emergency medical and associated expenses (Non-winter sports related)	Amounts between €100,000 and €5 million	No excess
Additional Cover	Cover	Excess
<b>11. Winter sports cover</b>		
Winter sports related emergency medical and associated expenses	€5 million	No excess
Ski pack	€400	No excess
Ski equipment (own)	€650	€75
Ski equipment (hired)	€300	No excess
Delayed ski equipment	€20 per 24hrs €300 max	No excess
Avalanche closure	€50 per 24hrs €200 max	No excess

### Note

#### Inner limits

Some sections of cover also have extra sub limits, for example the personal accident section has a benefit limit depending on the age of the **insured person**.

#### Winter sports cover

Cover under section 11 only applies if **you** have called **us** on **00 353 1 619 3674**, paid the additional premium and this is shown on **your** policy schedule.

## Important information

Thank **you** for taking out Allianz Assistance travel insurance with **us**.

**Your** policy schedule shows the people who are covered and any special terms or conditions that may apply.

**Your** policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should contact **us**. **You** should call **00 353 1 619 3674** or write to **us** at Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, D12 R297.

### Insurer

**Your** Allianz Assistance travel insurance is underwritten by AWP P&C S.A. – Dutch Branch, trading as Allianz Assistance, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and is administered by AWP Assistance Ireland Ltd trading as Allianz Assistance and which is regulated by the Central Bank of Ireland.

### How your policy works

**Your** policy and policy schedule is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**. Unless specifically mentioned, the benefits and exclusions within each section, apply to each **person insured**.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

### Conditions relating to your health

The conditions and exclusions relating to **your** Irish Life Health Insurance policy also apply to this Allianz Assistance Travel Insurance policy.

### Cancellation rights

If **your** cover does not meet **your** requirements please follow the instructions below:

- **For your Irish Life Health insurance policy**

Please refer to the cancellation section in **your** Irish Life Health Insurance policy or alternatively contact Irish Life Health by Telephone **1890 714 444** for details.

- **For the winter sports option**

Notify Allianz Assistance within 14 days of receiving **your** winter sports policy schedule and return all **your** documents for a refund of **your** premium.

Write to **us** at Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, D12 R297, Phone **00 353 1 619 3674** or email [insurance@allianz-assistance.ie](mailto:insurance@allianz-assistance.ie)

If during this 14 day period **you** have travelled, made a claim or intend to make a claim then **we** can recover all costs that **you** have used for those services. Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

If **you** cancel **your** Irish Life Health Insurance policy, all cover on this travel insurance policy will automatically be cancelled.

### Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each **person insured**, for each section, for each claim incident. The amount **you** have to pay is the **excess**.

### Insurance Compensation Fund

**We** are a member of the Insurance Compensation Fund, which was formed under the Investment Compensation Act 1998. **You** may be entitled to compensation from this scheme, if the **insurer** cannot provide the services **you** have paid for.

### Governing law

Unless agreed otherwise, Irish law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy the Irish courts shall have exclusive jurisdiction.

### Third party rights

This contract of insurance is intended solely for the benefit of **you** and **us**. Unless otherwise specifically provided, nothing in this contract of insurance shall be construed to create any duty to, or standard of care with reference to, or any liability to, any person or entity not a party to this contract of insurance.

### Stamp duty

The **insurer** has paid or will pay the appropriate Stamp Duty in accordance with the provisions of Section 5 Stamp Duty Consolidation Act 1999.

### Insurance Act 1936

All monies which may become due or payable by **us** shall be payable in Ireland.

### Renewal of your insurance cover

Irish Life Health will send **you** a renewal notice at least 21 days prior to the expiry of the **period of insurance** as shown on **your** policy schedule.

**We** may vary the terms of **your** cover and the premium rates at the renewal date.

## Data protection notice

**We** care about **your** personal data.

This summary and **our** full privacy notice explain how **we** protect **your** privacy and use **your** personal data. **Our** full Privacy Notice available at [www.allianz-assistance.ie/privacy-notice/](http://www.allianz-assistance.ie/privacy-notice/)

If a printed version is required, please write to Compliance Department, Allianz Assistance, 18b Beckett Way, Park West Business Campus, Dublin 12, D12 R297.

- **How will we obtain and use your personal data?**

**We** will collect **your** personal data from a variety of sources including:

- Data that **you** provide to **us**; and
- Data that may be provided about **you** from certain third parties, such as **your** insurance broker, **doctors** in the event of a medical emergency or airline companies in the event of repatriation

**We** will collect and process **your** personal data in order to comply with **our** contractual obligations and/or for the purposes of **our** legitimate interests including:

- Entering into or administering contracts with **you**;
- Informing **you** of products and services which may be of interest to **you**.

- **Who will have access to your personal data?**

**We** may share **your** personal data:

- With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
- With other service providers who perform business operations on **our** behalf;
- Organisations who **we** deal with which provide part of the service to **you** such as in the event of a medical emergency;
- To meet **our** legal obligations including providing information to the relevant ombudsman if **you** make a complaint about the product or service that **we** have provided to **you**.

**We** will not share information about **you** with third parties for marketing purposes unless **you** have specifically given **us your** consent to do so.

- **How long do we keep your personal data?**

**We** will retain **your** personal data for a maximum of seven years from the date the insurance relationship between **us** ends. If **we** are able to do so, **we** will delete or anonymise certain areas of **your** personal data as soon as that information is no longer required for the purposes for which it was obtained.

- **Where will your personal data be processed?**

**Your** personal data may be processed both inside and outside the European Economic Area (EEA). Whenever **we** transfer **your** personal data outside the EEA to other Allianz Group companies, **we** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, **we** take steps to ensure that personal data transfers outside the EEA receive an adequate level of protection.

- **What are your rights in respect of your personal data?**

**You** have certain rights in respect of **your** personal data. **You** can:

- Request access to it and learn more about how it is processed and shared;
- Request that **we** restrict any processing concerning **you**, or withdraw **your** consent where **you** previously provided this;
- Request that **we** stop processing it, including for direct marketing purposes;
- Request that **we** update it or delete it from **our** records;
- Request that **we** provide it to **you** or a new insurer; and
- File a complaint.

- **Automated decision making, including profiling**

**We** carry out automated decision making and/or profiling when necessary.

- **How can you contact us?**

If **you** would like a copy of the information that **we** hold about **you** or if **you** have any queries about how **we** use **your** personal data, **you** can contact **us** as follows:

By post: Data Protection Officer, Allianz Assistance, 18b Beckett Way, Park West Business Campus, Dublin 12, D12 R297

By telephone: **00353 1 602 7000**

By email: **AzPIEDP@allianz.com**

## Definition of words

When the following words and phrases appear in the policy document or policy schedule, they have the meanings given below. These words are highlighted by the use of bold print.

### Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

### Area of cover

Any country in the world.

### Note

**You** will not be covered if **you** do not follow any advice or recommendation made by any of the following: the Department of Foreign Affairs (DFA), World Health Organization (WHO) or any government or official authority at any destination **you** are travelling from, through or to. For further details on DFA travel advice, visit [www.dfa.ie/travel/travel-advice/](http://www.dfa.ie/travel/travel-advice/)

### Business associate

Any person in the Republic of Ireland that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your journey**.

### Computer system

Any computer hardware, software, communication system or electronic device (including smartphones, laptops, tablets and wearable devices), server, cloud, microcontroller or similar system (including any associated input, output or data storage device, networking equipment or backup facility).

### Cyber risk

- Any unauthorised, malicious or illegal act (or the threat of such an act), involving access to or the processing, use or operation of any **computer system**;
- Any error or omission involving access to or the processing, use, or operation of any **computer system**;
- Any partial or total unavailability or failure to access, process, use or operate any **computer system**; or
- Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount relating to the value of such data.

### Departure point

The airport, international train station or port where **your** outward journey from the Republic of Ireland to **your** destination begins and where **your** final **journey back home** begins (including any connecting transport **you** take later).

### Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

### Epidemic

A contagious disease recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination

### Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident.

### Home

**Your** usual place of residence in the Republic of Ireland.

### Insurer

AWP P&C S.A. - Dutch Branch, trading as Allianz Assistance, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and regulated by the Central Bank of Ireland for conduct of business rules.

### Journey

A trip that takes place during the **period of insurance** which begins when **you** leave **home** and ends when **you** get back **home** or to a hospital or nursing home in the Republic of Ireland, whichever is earlier.

- a trip which is booked to last longer than 31 days is not covered.
- trips within **your home** country must be for at least 3 nights and:
  - have pre-booked transport or accommodation; or
  - be more than 25 miles from **your home** (unless it involves a sea crossing)
- **you** will be covered for taking part in **winter sports** activities for up to 31 days in total during the **period of insurance** when the additional premium has been paid and this is shown on **your** policy schedule.

### Pair or set

A number of items of **personal possessions** that belong together or can be used together.

### Pandemic

An **epidemic** that is recognised as being a pandemic by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination

**Period of insurance**

The cancellation cover under Section 1 begins on the start date shown on **your** policy schedule or the date **you** booked **your journey**, whichever is the later and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.

All cover ends on the expiry date shown on **your** policy schedule or if **your** health insurance policy is cancelled, unless **you** cannot finish **your** journey as planned because of death, injury or illness or there is a delay to the public transport system that cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

**Personal money**

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

**Personal possessions**

Each of **your** suitcases, trunks and similar containers (including their contents) and articles worn or carried by **you** (including **your valuables**).

**Person insured, you, your**

Each person shown on the policy schedule, for whom Irish Life Health has paid the appropriate insurance premium.

**Redundancy**

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 65 and under.

**Relative**

**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships or fiancé(e)).

**Resident**

A person who lives in the Republic of Ireland for six months or more in any calendar year.

**Ski pack**

Hired **ski equipment**, ski school fees and lift passes.

**Sports or leisure activity**

The following activities are automatically covered:

- banana boating, cricket, cycling, deep sea fishing, fell walking, glacier walking, golf, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing, marathon running, mountain biking, netball, orienteering, parascending over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, surfing, swimming, trekking, wakeboarding, walking, water skiing, windsurfing and zorbing.

There is no cover for:

- any professional sporting activity; or
- any kind of racing except racing on foot; or
- any kind of manual work.

**We** may be able to cover **you** for other activities that are not listed. Please contact **us** on **00 353 1 619 3674**.

**Travelling companion**

Any person that has booked to travel with **you** on **your journey**.

**United Kingdom (UK)**

England, Scotland, Wales and Northern Ireland.

**Valuables**

Jewellery, watches, items made of or containing precious metals, precious stones or semi precious stones, furs, binoculars, telescopes, computer / video games, PCs, laptops, tablets and other computerised equipment, any kind of photographic, audio, video, television, satellite navigation and phone equipment (including mobile accessories), multimedia players, recorded media (including CDs and DVDs) and drones.

**We, our, us**

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and/or

- AWP Assistance Ireland Ltd trading as Allianz Assistance, registered in Ireland No 163174, Registered Office 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, D12 R297, Ireland VAT no IE6563174F. AWP Assistance Ireland Ltd is regulated by the Central Bank of Ireland.

### Winter sports

The following activities are only covered if the **winter sports** upgrade has been paid and **we** have confirmed cover in writing:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.

Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighbing, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing.

**We** may be able to cover **you** for other activities that are not listed. Please contact **us** on **00 353 1 619 3674**. An extra premium may need to be paid.

### You, your, person insured

The policy holder and (if applicable) their partner (including common law and civil partnerships), child dependents aged 17 or under and/or adult dependents aged 18 or over as shown on the policy schedule, for whom Irish Life Health has paid the appropriate insurance premium. All insured adults can travel independently, however all insured children must travel with at least one of the insured adults.

## 24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** can call 24 hours a day 365 days a year or email.

Phone: **00 353 1 619 3620** Email: **medical@allianz-assistance.co.uk**

Please give **us your** age and **your** policy schedule number. Say that **you** are insured with Irish Life Health.

Below are some of the ways the 24-hour emergency medical assistance service can help.

### Confirmation of payment

**We** will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

### Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go **home** early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

**You** can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

## Reciprocal health arrangements

### European Health Insurance Card (EHIC)

- If **you** are travelling to other EU or European Economic Area (EEA) countries **we** would advise you to obtain the European Health Insurance Card (EHIC) which will entitle **you** to certain free health arrangements in the EEA.
- Information about EHIC can be obtained from the Health Service Executive. Visit **www.hse.ie** or call the HSE Info Line **1850 24 1850**.

#### Note

The EHIC does not cover the cost of medical treatment in a private hospital or clinic, the additional cost of returning to **your home** country or for a **relative** to stay or fly out to be with **you**. In a medical emergency **you** may have no control over the hospital **you** are taken to and the closest hospital may be private.

### Australia

- If **you** are travelling to Australia **you** can enrol in Medicare which will entitle **you** to subsidised hospital treatments and medicines. **You** can do this by contacting a local Medicare office in Australia.
- All claims for refunds under the Medicare scheme must be made before **you** leave Australia. For more information on Medicare visit: **www.medicareaustralia.gov.au** or email: **medicare@medicareaustralia.gov.au**.



## Conditions relating to your health

These apply to the Cancellation or curtailment charges, Personal accident, Emergency medical expenses and associated expenses and Winter sports cover sections.

**Your** Allianz Assistance Travel Insurance policy contains certain conditions and exclusions regarding **your** health, which are shown in **your** Irish Life Health Insurance policy.

The conditions and exclusions relating to **your** Irish Life Health Insurance policy also apply to this Allianz Assistance Travel Insurance policy.

## General exclusions

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or consisting of, the following:

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism or weapons of mass destruction.
  - 2 An **epidemic** or **pandemic**, except as expressly covered under Section 1 - Cancellation or curtailment charges, Section 2 - Emergency medical and associated expenses and Section 11 – Winter sports cover.
  - 3 **You** not following any suggestions or recommendations made by the Department of Foreign Affairs (DFA), World Health Organization (WHO) or any government or other official authority. This includes where:
    - Certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
    - The DFA has advised against:
      - all travel; or
      - all but essential travel (unless the purpose of **your journey** is necessary, urgent and cannot be postponed. Evidence of this will be required. See 'Making a claim'.);
    - **You** have travelled against the advice of a local authority at any destination **you** are travelling from, through or to.
- For further details on DFA travel advice, visit: [www.dfa.ie/travel/travel-advice/](http://www.dfa.ie/travel/travel-advice/)
- 4 Any international sanction which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy. This insurance may not provide any cover or benefit if either the cover or benefit violate any applicable sanction, law or regulations of the United Nations, the European Union, United States of America or any other applicable economic or trade sanction, law or regulation. **We** decline claims to persons, companies, governments and other parties to whom this is prohibited under national or international agreements or sanctions.
  - 5 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
  - 6 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
  - 7 Any currency exchange rate changes.
  - 8 **Cyber risks** of any kind
  - 9 **You** acting in an illegal or malicious way.
  - 10 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
  - 11 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
  - 12 **You** not enjoying **your journey** or not wanting to travel.
  - 13 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
  - 14 **You** not answering accurately any question(s) **we** have asked **you** at the time of taking out this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
  - 15 Something that happened before **your** policy or travel tickets for **your journey** were bought (whichever is later) and which could reasonably have been expected to be the reason for a claim, unless **we** agreed to it in writing.
  - 16 **You** taking part in any **sports or leisure activity** or **winter sports** unless:
    - it is listed as covered (see pages 7 and 8); or
    - It is not listed, but **we** have confirmed in writing that it is covered.

## Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1 **You** are a **resident** of the Republic of Ireland.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid policy schedule that is issued in conjunction with a Irish Life Health Insurance Policy.
- 4 **You** accept that **we** will not extend the **period of insurance** beyond the expiry of **your** policy.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6 **You** accept that no alterations can be made to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 7 **Your** Irish Life Health Insurance Policy is valid and all payments are up to date.

### We have the right to do the following

- 1 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 2 Cancel the policy if it has been issued after **we** have previously informed **you** that **we** do not want to insure **you** anymore. In these instances **we** will refund any premium paid by **you**.
- 3 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give any false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the Gardai.
- 4 Cancel this travel insurance policy if **you** do not maintain **your** insurance premiums on **your** Irish Life Health Insurance Policy.
- 5 Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
- 6 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 7 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department of Social and Family Affairs forms), which will help **us** to recover any payment **we** have made under this policy.
- 8 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a postmortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 9 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 10 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 11 If **you** decide that the policy does not meet **your** needs, **you** should contact **us** within 14 days from the date **you** receive **your** policy and policy schedule. **We** can recover, from **you**, all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
- 12 Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 13 If **we** do compensate **you** for damage or pay costs up front at **your** request, **you** assign **your** right to compensation under another insurance policy, public scheme or any legal obligation arising from a law or regulation to **us**.
- 14 If **you** cancel or cut short **your journey** for any reason other than those specified in section 1 of this policy, all cover provided on **your** policy for that **journey** will be cancelled.
- 15 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## Making a claim

To claim, please visit the website [www.azgatravelclaims.com](http://www.azgatravelclaims.com). This will lead **you** to **our** online claims notification service where **you** can complete an online claim form.

Alternatively, please phone: **00 353 1 619 3673** and ask for a claim form or write to: Allianz Assistance, Claims Department, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, D12 R297.

**You** should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

### For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household.
- As much evidence as possible to support **your** claim.
- If **you** have decided to travel despite the Department of Foreign Affairs advising against all but essential travel, **we** will need evidence of why **you** believe **your** travel should be considered essential.

What **we** consider to be essential reasons for travel are if:

- A **relative** is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy;
- A **relative** has died and **you** need to attend the funeral;
- **Your** property abroad has been seriously damaged and **you** need to arrange and/or oversee professional repairs;
- **You** have an urgent work matter that cannot reasonably be cancelled, postponed or delayed;
- **You** have a full-time but short-term placement at a recognised educational establishment where attendance must be in person.

If **you** are unsure whether the purpose of **your** travel would be considered as essential or want to discuss any other aspect of the policy cover, please call **us** on **00 353 1 619 3674** or write to Allianz Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, D12 R297, Ireland.

### Cancellation or curtailment

- If **you** need to curtail **your journey** call **00 353 1 619 3620** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

### If your passport is lost, stolen or destroyed

- A receipt from the Consulate confirming the cost of the replacement passport and a written report from the police, if **your** passport is stolen.

### Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Euros.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with **your** network provider and obtain written confirmation from them.

### For loss or damage in transit claims, including delayed possessions and ski equipment

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

### Personal accident

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate if this applies.

#### Missed departure

- Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the public transport provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

#### Delayed departure

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

#### Personal liability

- A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without our written consent.
- Full details of any witnesses, providing written statements where available.

#### Emergency medical and associated expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised or require repatriation.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### Winter sports

##### Winter sports related emergency medical and associated expenses

- Anything mentioned under 'Emergency medical and associated expenses above.

##### Ski pack

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

##### Loss, theft or damage to ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.

##### Avalanche closure

- Written confirmation from **your** tour operator, the local authority confirming the location of the avalanche.

## Making a complaint

**We** aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

#### Step 1

In the first instance, please:

Write to:

Customer Service,  
Allianz Assistance  
18b Beckett Way  
Park West Business Campus  
Nangor Road  
Dublin 12  
D12 R297

Telephone: **+353 1 602 7000**

Email: **insurance@allianz-assistance.ie**

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

#### Step 2

If **you** are not satisfied with **our** final response **you** can refer the matter to the Financial Services and Pensions Ombudsman for independent arbitration. Visit **www.fspo.ie** write to Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29 call **+353 1 567 7000** or email **info@fspo.ie**

## Section 1 - Cancellation or curtailment charges

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay up to **€1,500** in total (including up to **€150** in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

**We** will provide this cover in the following necessary and unavoidable circumstances:

#### Cancellation

If **you** cancel **your journey** before it begins because one of the following happens:

- The death, serious injury or serious illness of
  - 1 **you**;
  - 2 a **travelling companion**;
  - 3 a **relative of you** or a **travelling companion**;
  - 4 someone **you** were going to stay with; or
  - 5 a **business associate of you** or a **travelling companion**.

#### Note

For **1**, **2**, and **3** above, this will include being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19.

- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country
- **You** or a **travelling companion** is needed by the Gardai following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**.
- **You** or a **travelling companion** being held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a **travelling companion**, specifically, have been exposed to a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19). This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.
- **You** or a **travelling companion** being refused boarding of the public transport on which **you** are booked to travel, on the order of any government, public authority or carrier, due to **you** or a **travelling companion** displaying symptoms of a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19).

#### Curtailment

**You** cut **your journey** short (curtail) after it has begun because of one of the following:

- Anything mentioned in Cancellation except **redundancy**.
- **You** are injured or ill and are in hospital for the rest of **your journey**.

#### Note

**We** will calculate curtailment claims from the date it is necessary for **you** to return to **your home** country or the date **you** are either held in **quarantine** or are hospitalised as an in-patient, for the rest of **your journey**. **We** will pay unused personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

## WHAT YOU ARE NOT COVERED FOR

### Under Cancellation and Curtailment

An **excess** of €75.

Any condition stated under Conditions relating to **your** health.

Anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for.

Booking, credit card and non-Euro transaction fees.

The cost of Airport Departure Duty/Tax recoverable from elsewhere.

Administration costs charged by **your** travel, accommodation or other provider to process a refund as a result of cancelling all or part of **your** booking (including obtaining Airport Departure Duty/Tax refunds).

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carrier's refusal to allow **you** to travel for any reason, other than those shown as being covered;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your** journey;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- the death of any pet or animal;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

### Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.

Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your** journey were bought (whichever is the later).

### Under Curtailment

Cutting short **your** journey unless **we** have agreed.

Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.

The cost of any of **your** remaining pre-booked tickets if **you** have not used them and **we** have paid extra transport costs for **you** to return to **your** home country earlier than planned.

**You** travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 2 - Loss of passport

### WHAT YOU ARE COVERED FOR

**We** will pay the following if **your** passport is lost, stolen or destroyed on **your** journey.

#### Costs for issuing a temporary passport

Up to €165 in total for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your** home country.

#### Remaining value of original passport

The equivalent cost (based on the current replacement costs) of the period remaining on **your** passport that is lost stolen or destroyed.

### WHAT YOU ARE NOT COVERED FOR

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 3 - Delayed personal possessions

### WHAT YOU ARE COVERED FOR

Up to **€165** in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Note

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under the Section 4 - Personal possessions.

### WHAT YOU ARE NOT COVERED FOR

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Section 4 - Personal possessions

### WHAT YOU ARE COVERED FOR

Up to **€1,650** in total for **your personal possessions** damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is **€440** in total whether jointly owned or not. There is also a single article, pair or set limit of **€330**.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**

More than the part of the **pair or set** that is stolen, lost or destroyed.

More than **€50** for tobacco and vaping products, alcohol, fragrances, and perfumes.

Breakage of or damage to:

sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.

The cost of replacing or repairing false teeth.

A claim for more than one mobile phone per **person insured**.

Loss or theft of, or damage to, the following:

- items for which **you** are unable to provide a receipt or other proof of purchase;
- films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost;
- goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents;
- **personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle;
- **valuables** left in a motor vehicle;
- **valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time;
- **valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**;
- contact or corneal lenses, unless following fire or theft;
- bonds, share certificates, guarantees or documents of any kind;
- **personal money** (see section 5);
- passport (see section 2).

Please refer to Sections General exclusions, Conditions and Making a claim that also apply.

## Section 5 - Personal money

### WHAT YOU ARE COVERED FOR

Up to **€500** for loss or theft of **your personal money** (but no more than **€150** in cash in total, whether jointly owned or not) while on **your journey**.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency.

Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.

Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 6 - Personal accident

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representative one of the following amounts for an **accident** during **your journey**.

#### Death

**€5,000** for death. (**We** will not pay more than **€1,000** if **you** are aged 15 or under at the time of the **accident**.)

#### Permanent loss

**€5,000** for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

#### Physical disablement

**€5,000** for a permanent physical disability as a result of which there is no paid work which **you** are able to do. (**We** will not pay any compensation if **you** are aged 15 or under or aged 65 or over at the time of the **accident**.)

#### Note

Death benefit payments will be made to **your** Personal Representative.

### WHAT YOU ARE NOT COVERED FOR

Any condition stated under Conditions relating to **your** health.

Any claim arising more than one year after the original **accident**.

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your** policy schedule;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets.

**We** will not pay more than one of the benefits resulting from the same injury.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**



## Section 7 - Missed departure

### WHAT YOU ARE COVERED FOR

We will pay **you** up to **€550** in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- public transport (including scheduled flights) does not run to its timetable; or
- the vehicle **you** are travelling in has an accident or breaks down.

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

- get a letter from the public transport provider (if this applies) confirming that the service did not run on time;
- get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in;
- have allowed time in **your** travel plans for delays which are expected.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 8 - Delayed departure

### WHAT YOU ARE COVERED FOR

Compensation if the flight, international train or sea vessel **you** are booked on is delayed at its **departure point** from the time shown in **your** travel itinerary (plans) because of:

- a serious fire, storm or flood damage to the **departure point**;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel; or
- the grounding of the aircraft due to a mechanical or a structural defect.

We will pay:

#### Delay

**€20** after the first full 12 hours of delay and **€10** after each extra delay of 12 hours up to **€300** in total; or

#### Abandonment

up to **€1,500** in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave the Republic of Ireland.

### WHAT YOU ARE NOT COVERED FOR

#### Under Delay and Abandonment

Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.

Missed connections.

Compensation unless **you** get a letter from the airline, railway company or shipping line giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight, international train or sea vessel.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

#### Under Abandonment

An **excess** of **€75**.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 9 - Personal liability

If **you** are hiring a motorised or mechanical vehicle while on **your journey** **you** must make sure that **you** get the necessary insurance from the hire company. **We** do not cover this under **our** policy.

### WHAT YOU ARE COVERED FOR

**We** will pay up to **€1 million** plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a relative have not hired, loaned or borrowed.
- Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

#### Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do;
- something which is caused by something **you** deliberately did or did not do;
- something which is caused by **your** employment or employment of a **relative**;
- something which is caused by **you** using any firearm or weapon;
- something which is caused by any animal **you** own, look after or control.;
- something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **you** owning, hiring or using any of the following:

- the use of any land or building except for the accommodation **you** are using on **your journey**;
- motorised or mechanical vehicles and any trailers attached to them;
- aircraft, motorised watercraft or sailing vessels.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 10 - Emergency medical and associated expenses

If **you** are taken into hospital, or incur medical expenses **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** Personal Representatives for necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19 as well as being subject to compulsory **quarantine** on the orders of a treating **doctor**).

**Your** Irish Life Health Insurance policy provides cover for emergency medical and associated expenses incurred by **you** up to **€100,000** (subject to the policy terms and conditions) as long as these are not as a result of a **winter sports** related injury. Full details of the cover provided may be found in **your** Irish Life Health Insurance policy.

**Your** Allianz Assistance Travel Insurance policy provides cover for emergency medical and associated expenses incurred by **you** during **your journey** if the cost of **your** medical treatment is over the **€100,000** limit provided by **your** Irish Life Health Insurance policy, where **we** will pay any amount above this sum, up to **€5 million** in total (subject to the policy terms and conditions).

### WHAT YOU ARE NOT COVERED FOR

Any medical claim that is not covered by **your** Irish Life Health Insurance policy.

Any elective treatment, surgery or consultation.

**You** travelling for the purpose of receiving treatment abroad.

Any expenses incurred without **our** prior agreement.

Extra transport and accommodation costs which are of a higher standard to those already used on **your journey**, unless **we** agree.

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life);
- **you** travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets.

Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section, unless **we** agree otherwise.

The cost of all treatment which is not directly related to the illness or injury that caused the claim.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

## Section 11 - Winter sports cover

This section is only in force if **you** have called **us** on **00 353 1 619 3674** and **we** have written to **you** to confirm that **your** policy has been upgraded to include this section. If **you** are taken into hospital, or incur medical expenses **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

#### Winter sports related emergency medical and associated expenses

**We** will pay up to **€5 million** in total for emergency medical and associated expenses incurred by **you** during **your journey** if the medical treatment relates to an injury sustained while taking part in **winter sports**. These expenses include mountain search and rescue service costs when deemed medically necessary.

#### Ski pack

**We** will pay up to **€400** in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness (including being diagnosed with any **epidemic** or **pandemic** disease such as COVID-19) during **your journey**.

#### Delayed ski equipment

- **We** will pay up to **€20** per day up to **€300** in total for the hire of alternative **ski equipment** if **you** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Loss, theft or damage of ski equipment

- **We** will pay up to **€650** (own) **€300** (hired) in total for your **ski equipment** that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€450**, whether jointly owned or not.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items
- to replace **your** belongings with equivalent items, or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

#### Avalanche closure

**We** will pay up to **€50** per day, up to **€200** in total for the cost of extra transport and accommodation costs **you** need to pay to get **you** to **your journey** destination or back **home** because of an avalanche in **your** resort.

### WHAT YOU ARE NOT COVERED FOR

#### Under Winter sports related emergency medical and associated expenses

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 10 - Emergency medical and associated expenses.

#### Under Ski pack

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 1 - Cancellation or curtailment charges.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 10 - Emergency medical and associated expenses.

#### Under Delayed ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 4 - Delayed personal possessions.

#### Under Loss theft or damage to ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 5 - Personal possessions.

#### Under Avalanche closure

Any claim unless **you** have a letter from the relevant authority or your tour operator's representative confirming the dates and location of the avalanche.

Compensation which **you** can get from **your** tour operator or anywhere else.

**Please refer to Sections General exclusions, Conditions and Making a claim that also apply.**

This policy is available in large print, audio and Braille.

Please contact us on  
Phone **00 353 1 619 3674**

and we will be pleased to organise an alternative for you.

Irish Life Health DAC Registered in Ireland No 376607,  
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Irish Life Health DAC is regulated by the Central Bank of Ireland.

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