

**OP-Visa Gold**  
**Travel Insurance and Ticket**  
**Cancellation Wording**

Inter Partner Assistance S.A.  
OP GOLD 01112021EN

01/11/2021



## Emergency Assistance

24/7, 365 days a year

+358 9 4245 6233

## Claims Team

09:00 - 17:00 Monday - Friday



## OP-Visa Gold Customer Service

24/7, 365 days a year

+358 (0) 100 0510

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# BENEFIT TABLE

| Cover  | Limit       | Excess |
|--|-------------|--------|
| <b>Cancellation or Curtailment</b>   |             |        |
| Cancellation, maximum per beneficiary  | €1 500      | €25    |
| Cancellation, maximum for all beneficiaries travelling together                          | €6 000      | €25    |
| Curtailment, maximum for all beneficiaries travelling together                           | €10 000     | €75    |
| <b>Delayed Departure</b>   |             |        |
| Maximum per beneficiary after 4 hours  | €100        | Nil    |
| Maximum for all beneficiaries travelling together after 4 hours                          | €400        |        |
| Maximum per beneficiary after 8 hours  | €100        |        |
| Maximum for all beneficiaries travelling together after 8 hours                          | €400        |        |
| Maximum per beneficiary after 24 hours   | €100        |        |
| Maximum for all beneficiaries travelling together after 24 hours                         | €400        |        |
| <b>Missed Departure / Missed Connection</b>  |             |        |
| Missed Departure, maximum  | €1 000      | €75    |
| Missed Connection, maximum   | €500        | €50    |
| <b>Baggage Delay and Extended Baggage Delay</b>  |             |        |
| Baggage Delay, maximum after 2 hours   | €200        | Nil    |
| Extended Baggage Delay, maximum after 48 hours for all beneficiaries travelling together | €800        |        |
| <b>Baggage and Personal Money</b>  |             |        |
| Baggage, maximum per beneficiary   | €1 000      | €75    |
| Baggage, maximum for all beneficiaries travelling together                               | €4 000      | €75    |
| - Theft from a safebox   | €700        | €50    |
| Personal Money, maximum  | €400        | €50    |
| Valuables, maximum   | €800        | €50    |
| <b>Medical Expenses</b>  |             |        |
| Medical Expenses, maximum  | €20 000 000 | Nil    |
| Funeral Expenses   | €3 000      |        |
| Acute Emergency Dental Expenses  | €500        |        |
| Emergency Dental Expenses following an accident  | €1 000      |        |
| <b>Personal Accident</b>   |             |        |
| Personal Total Disablement, maximum  | €40 000     | Nil    |
| - Personal Total Disablement, under 25 years old   | €4 000      |        |
| Loss of Life, maximum  | €40 000     |        |
| - Loss of Life, under 25 years old   | €4 000      |        |
| <b>ATM Assault</b>   |             |        |
| ATM Assault, maximum   | €500        | Nil    |
| <b>Personal Liability Abroad</b>   |             |        |
| Personal Liability Abroad, maximum   | €80 000     | €50    |
| <b>Overseas Legal Expenses</b>   |             |        |
| Overseas Legal Expenses, maximum   | €50 000     | €250   |
| <b>Rental Car Collision Damage Excess Waiver</b>   |             |        |
| Rental Car Collision Damage Excess Waiver, maximum                                       | €2 000      | Nil    |
| <b>Ticket Cancellation</b>   |             |        |
| Ticket Cancellation, maximum for all beneficiaries                                       | €1 000      | Nil    |

# YOUR TRAVEL BENEFITS

## INTRODUCTION

These are the terms and conditions of the OP Card Travel Insurance and they summarise the benefits provided to **you** by virtue of **your** holding an OP-Visa Gold Credit Card through OP Retail Customers Plc. The provision of those benefits is enabled by an insurance policy held by and issued to OP Retail Customers Plc by Inter Partner Assistance.

This is a group insurance which means that OP Retail Customers Plc is the only Policyholder under the insurance Policy and only it has direct rights against the insurer under the policy. This agreement does not give **you** direct rights under the Policy of Insurance, it enables **you**, as an OP Retail Customers Plc **cardholder** to receive benefits. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

## ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid OP Retail Customers Plc **cardholder** at the time of any incident giving rise to a claim. OP Retail Customers Plc will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to OP Cards **cardholders** and is the basis on which all claims **you** make will be settled.

## BENEFICIARY

The policy is valid for OP-Visa Gold **cardholders** under 91 years of age with permanent residence in Finland.

The insurance also covers the **cardholder's** children under 24 years of age and spouse/cohabitant when they live in the same household with the **cardholder**.

## VALIDITY OF THE COVER

The Insurance is in force during a **trip** abroad when 50% of the travel expenses (transport and accommodation) are paid with the OP-Visa Gold Credit Card.

The Insurance is in force during a **trip** in the **country of residence** when accommodation is pre-booked for at least two nights or transport (airplane, bus, train or rental car) is pre-booked for a fee and paid with the OP-Visa Gold Credit Card.

## INSURER

This policy is underwritten by Inter Partner Assistance SA, member of the AXA Assistance group, Avenue Louise 166, 1050 Brussels, Belgium, insurance company regulated by the National Bank of Belgium under the number 0487, Company number: 0415.591.055.

## POLICYHOLDER

OP Retail Customers Plc, Gebhardinaukio 1, 00510 Helsinki.

## DUAL INSURANCE

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to PERSONAL ACCIDENT).

## IMPORTANT HEALTH REQUIREMENTS

**You** must comply with the following conditions in order to have full cover under this policy. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a

# YOUR TRAVEL BENEFITS

**medical practitioner** had **you** sought his/her advice);

- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered under MEDICAL EXPENSES, or for CANCELLATION or CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);
- are not a permanent resident of, and (where applicable) registered with a General Practitioner in the **country of residence**.

**Please note:** The Insurance covers in situations only where the underlying **medical condition** that the claim event is related to begins or shows first symptoms during the **trip** and where the **medical condition** has been given medical care during the **trip**.

## INDIRECTLY RELATED CONDITIONS

For **your** information, examples of conditions that can be indirectly linked to any **medical condition** you have, or have had include:

- someone with breathing difficulties who then suffers a chest infection of any kind;
- someone with high blood pressure or diabetes who then has a heart attack, stroke or mini-stroke;
- someone who has or has had cancer who suffers with a secondary cancer;
- someone with osteoporosis who then suffers with a broken or fractured bone.

## IMPORTANT INFORMATION

1. No claim arising directly or indirectly from a chronic or reoccurring **medical conditions** which doesn't begin and first show symptoms during a **trip**, and where the condition has not been given medical care during the **trip**, will not be covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. In case of any **medical emergency** **you** or the treating facility should contact **us** on +358 9 4245 6233 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
5. If **you** need to **curtail your trip** **you** must contact **us** on +358 9 4245 6233.
6. This policy will be governed by the laws of Finland.
7. **We** will only pay up to the single article limit for any **baggage** or **valuables**.
8. The duration of any **trip** may not exceed 45 consecutive days. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**.
9. **Trips** must begin and end in the **country of residence**. Any **trip** solely within the **country of residence** is only covered where:
  - **you** have pre-booked accommodation at least two nights' accommodation rented for a fee OR
  - **you** have pre-booked transport for a fee and are travelling at least 50 kilometres from **your home**, workplace, place of study or holiday home that is in **your** regular use.
10. Cover for Benefits in MEDICAL EXPENSES, OVERSEAS LEGAL EXPENSES, PERSONAL LIABILITY and ATM ASSAULT is excluded in the **country of residence**.

## AGE LIMITATIONS

The maximum age limit for all benefits is 90 years inclusive.

# YOUR TRAVEL BENEFITS

The maximum age limit for children covered under these benefits is 24 years inclusive at the commencement of a **trip**.

## IMPORTANT LIMITATIONS UNDER CANCELLATION OR CURTAILMENT

These benefits will not cover any claims under CANCELLATION OR CURTAILMENT arising directly or indirectly from any **pre-existing medical conditions** known to **you** prior to these benefits becoming effective or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any **close business associate**, any person with whom **you** are travelling or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to these benefits becoming effective or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

## EMERGENCY ASSISTANCE

Contact **us** on Telephone: +358 9 4245 6233.

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip** **you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorised by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us** when **you** are **home**.

## MEDICAL ASSISTANCE ABROAD

**We** will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative** at **home**.

## PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **we** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. **We** will also arrange transport **home** when this is considered **medically necessary**, or when **you** have news of serious illness, injury, or death of a **close relative** at **home**. Please contact **us** on +358 9 4245 6233 for **you** as soon as possible. For simple outpatient treatment, **you** should pay the hospital/clinic yourself and claim back medical expenses from **us** on **your** return to the **country of residence**. Please be careful not to sign anything confirming **you** will pay for excessive treatment or charges. If in doubt regarding any requests, please call **us** for guidance.

## RECIPROCAL HEALTH AGREEMENTS

### EUROPEAN UNION (EU), EUROPEAN ECONOMIC AREA (EEA) AND SWITZERLAND

Before travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **we** recommend that **you** apply for a European Health Insurance Card (EHIC). This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

### AUSTRALIA

**You** must enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of Belgium/ Finland/ Italy/ Malta/New Zealand/ the Netherlands/ Norway/the Republic of Ireland/ Slovenia/Sweden/ or the United Kingdom and will need to show **your** passport with an appropriate visa. If **you** do not enrol at Medicare offices **we** may reject **your** claim or limit the amount **we** pay to **you**. If **you** need treatment which cannot be carried out under Medicare **you** must contact **us** before seeking private treatment. If **you** do not do so,

# YOUR TRAVEL BENEFITS

**we** may reject **your** claim or limit the amount **we** pay to **you**.

For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: <http://www.humanservices.gov.au>.

## DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in **bold**. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section

|                            |   |
|----------------------------|---|
| ADVERSE WEATHER CONDITIONS | Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.   |
| ASSAULT(ED)                | Any threat or physical violence committed by a third party (a person other than a <b>close relative</b> , relative or person in <b>your</b> employment) with the intention of depriving <b>you</b> of <b>your cash</b> .  |
| BAGGAGE                    | Clothing, personal effects, luggage and other articles which belong to <b>you</b> (excluding <b>valuables, personal money</b> and documents of any kind) and are worn, used or carried by <b>you</b> during any <b>trip</b> .   |
| BENEFIT TABLE              | The table listing the benefit amounts on page 2.  |
| BODILY INJURY              | An identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of <b>your</b> unavoidable exposure to the elements during <b>your trip</b> shall be deemed to be a <b>bodily injury</b> .   |
| CARDHOLDER                 | The holder of a <b>covered card</b> .   |
| CLOSE BUSINESS ASSOCIATE   | Any person whose absence from business for one or more complete days at the same time as <b>your</b> absence prevents the proper continuation of that business.   |
| CLOSE RELATIVE             | Mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.  |
| COMPLICATIONS OF PREGNANCY | The following unforeseen <b>complications of pregnancy</b> as certified by a <b>medical practitioner</b> : toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; <b>medically necessary</b> emergency Caesarean sections/ <b>medically necessary</b> termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date. |
| COUNTRY OF RESIDENCE       | Finland. <b>You</b> must have a residential address that <b>you</b> can refer to within that country.   |
| COVERED CARD               | A OP-Visa Gold Credit Card, issued by OP Retail Customers Plc, the card being valid, activated, and the account balance having been paid in accordance with the <b>Cardholder</b> agreement at the time of any incident giving rise to a claim.   |
| CURTAILMENT/ CURTAIL       | Cutting short <b>your trip</b> by returning <b>home</b> due to an emergency authorised by <b>us</b> .   |
| EXCESS                     | The first amount, as shown in the <b>benefit table</b> , which <b>you</b> will be responsible for, per <b>beneficiary</b> , for each and every event.   |
| HOME                       | <b>Your</b> normal place of residence in <b>your country of residence</b> .   |

# YOUR TRAVEL BENEFITS

|                      |   |
|----------------------|---|
| HOMeward JOURNEY     | Travelling to <b>your home</b> address in the <b>country of residence</b> from <b>your trip</b> destination.  |
| LOSS OF LIMB         | Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.  |
| LOSS OF SIGHT        | Total and irrecoverable <b>loss of sight</b> in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet (90cm) or less what <b>you</b> should see at 60 feet (18 metres).   |
| MANUAL WORK          | Any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light <b>manual work</b> at ground level including retail work and fruit picking. |
| MEDICAL CONDITION(S) | Any medical or psychological disease, sickness, condition, illness or injury that has affected <b>you</b> or any <b>close relative</b> , travelling companion or person with whom <b>you</b> intend to stay whilst on <b>your trip</b> .  |
| MEDICAL EMERGENCY    | A <b>bodily injury</b> or sudden and unforeseen illness suffered by <b>you</b> , which first shows symptoms during the <b>trip</b> , outside the <b>country of residence</b> and a registered <b>medical practitioner</b> tells <b>you</b> that <b>you</b> need immediate medical treatment or medical attention.   |
| MEDICALLY NECESSARY  | Reasonable and essential medical services and supplies, ordered by a <b>medical practitioner</b> exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, <b>medical condition</b> , disease or its symptoms, and that meet generally accepted standards of medical practice.   |
| MEDICAL PRACTITIONER | A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to <b>you</b> , any <b>travelling companion</b> , or any person with whom <b>you</b> have arranged to stay.   |
| OUTWARD JOURNEY      | Travelling from <b>your home</b> or business address in the <b>country of residence</b> to <b>your trip</b> destination including international flights, sea crossings or rail journeys which are booked prior to <b>you</b> leaving <b>your country of residence</b> which is directly related to the outbound journey.  |
| PAIR OR SET          | Items forming part of a set or which are normally used together.  |



# YOUR TRAVEL BENEFITS

Cover begins for any **trip** commencing on or after the start date of **your covered card**, when 50% of the travel expenses (transport and accommodation) are paid with the OP-Visa Gold Credit Card.

Cover will end when the card account is terminated or when these benefits are cancelled or expire. The duration of any **trip** may not exceed 45 consecutive days. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**.

Under CANCELLATION cover shall begin from the time **you** book the **trip** and stops at the start of **your trip**. For all other sections, the benefits start when **you** leave **your home**, workplace, place of study or holiday home that is in **your** regular use (whichever is the later) to commence the **trip** and terminates at the time **you** return to **your home**, workplace, place of study or holiday home that is in **your** regular use (whichever is the earlier) on completion of the **trip**.

Under RENTAL CAR COLLISION DAMAGE EXCESS WAIVER begins for cars rented after the start date of **your covered card**. (All benefits subject to terms and conditions.) Cover will end when the card account is terminated or when these benefits are cancelled or expire.

## Extension to the period of cover

The period of cover is automatically extended for the period of the delay in the event that **your** return to **your country of residence** is unavoidably delayed due to covered event.

## PERIOD OF COVER

## PERMANENT TOTAL DISABLEMENT

Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevent **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

## PERSONAL MONEY

Bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

## PUBLIC TRANSPORT

Any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.

## SPORTS AND ACTIVITIES

The activities listed under SPORTS AND ACTIVITIES on page 13.

## STRIKE OR INDUSTRIAL ACTION

Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

## TERRORISM

An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

## THEFT

Any **theft** committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, **close relative** or travel companion)

# YOUR TRAVEL BENEFITS

Any holiday, or journey for business or pleasure made by **you** worldwide which begins and ends in **your country of residence**, during the **period of cover**.

Any **trip** solely within the **country of residence** is only covered where:

- **you** have pre-booked accommodation at least two nights' accommodation rented for a fee; OR
- **you** have pre-booked transport for a fee and are travelling at least 50 kilometres from **your home**, workplace, place of study or holiday home that is in **your** regular use.

## TRIP

Cover does not apply to the above-mentioned places or during travel between these places.

**Please note:** cover does not apply when traveling across the border to Russia in **your** own car but will apply when travelling across the border by boat or train.

**Please note:** Any trips to a country, specific area or event when the Ministry of Foreign Affairs or a regulatory authority in a country to/from which **you** are travelling has advised against all travel are not covered.

## UNATTENDED

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

## UNDER THE INFLUENCE

If a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

## VALUABLES

Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television- games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, MP3/4 players.

## WE/US/OUR

The service provider, arranged by Inter Partner Assistance S.A.

## YOU/YOUR/ BENEFICIARY(IES)

the **Cardholder** and his/her spouse or legal partner (any couple in a common law relationship living permanently at the same address) and their children, aged under 25 travelling on the same **trip**.

All **beneficiaries** must be travelling on the same **trip** with and to the same destination as the **Cardholder**.

## GENERAL CONDITIONS

**You** must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. Cover for benefits in MEDICAL EXPENSES, OVERSEAS LEGAL EXPENSES, PERSONAL LIABILITY and ATM THEFT, is excluded in **your country of residence**.
2. **You** must take all reasonable care and precautions prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
3. If **you** need to **curtail your trip** **you** must contact **us** on +358 9 4245 6233. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury excluding fractures costs must be paid for by **you** and reclaimed).

# YOUR TRAVEL BENEFITS

5. **We** ask that **you** notify us within 28 days of **you** becoming aware that **you** need to make a claim and that **you** provide us with any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
7. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
8. **You** must provide all necessary documentation requested by **us** on page 29 at **your** expense. **We** may also request more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.
9. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
10. The policy **excess**, as and when applicable, will be deducted in respect of each **beneficiary** and each and every incident.
11. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
12. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
13. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
14. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
15. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - take over the settlement of any claim;
  - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
  - take any action to get back any lost property or property believed to be lost.
16. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
17. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
18. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
19. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any expenses.
20. If **you** possess multiple OP Cards cards **we** will only pay the highest single limit of the cards, the benefit values will not be cumulative.

## GENERAL EXCLUSIONS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Under all sections, any claim arising from a reason not listed in WHAT IS COVERED.

# YOUR TRAVEL BENEFITS

2. Claims where **you** have not provided the necessary documentation requested by **us** on page 29 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
3. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles in **your country of residence** and **your trip** destination and a crash helmet is worn (see SPORTS AND ACTIVITIES on page 13) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
4. **Your** participation in or practice of any other sport or activity unless shown as covered under SPORTS AND ACTIVITIES on page 13. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
5. Any claim resulting from **you** attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
6. Self-exposure to needless peril (except in an attempt to save human life).
7. Any claim resulting from **your** involvement in a fight except in self-defence.
8. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
9. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
10. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
11. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under CANCELLATION OR CURTAILMENT.
12. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
13. **Your** travel to a country, specific area or event when the Ministry of Foreign Affairs or a regulatory authority in a country to/from which **you** are travelling has advised against all travel.
14. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
15. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
16. Any circumstances known to **you** before **your** enrolment into the policy or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this policy.
17. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
18. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
19. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under MEDICAL EXPENSES and PERSONAL ACCIDENT unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

## YOUR TRAVEL BENEFITS

20. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
21. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
22. Any claim within the **country of residence** for MEDICAL EXPENSES, OVERSEAS LEGAL EXPENSES, PERSONAL LIABILITY or ATM THEFT.
23. Any virtual currency including fluctuations in value and also crypto currency.
24. No insurer shall be deemed to provide and no insurer shall be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

## SPORTS AND ACTIVITIES

**You** are covered when participating in the following activities.

**Sports and activities** are excluded if **your** participation in them is the sole or main reason for **your trip** (excluding golf and Winter Sports **trips**).

Any **sports and activities** marked with \* is excluded under PERSONAL LIABILITY and PERSONAL ACCIDENT.

- \*Abseiling
- \*Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- \*Canoeing (up to grade/class 3)
- \*Clay pigeon shooting
- Cricket
- Cross country skiing
- \*Elephant Riding
- \*Fell running
- \*Fencing
- Fishing
- Football
- \*Glacier Skiing
- \*Go- Karting
- Golf
- Hockey
- \*Horse Riding
- \*Horse Trekking
- \*Hot air ballooning
- Ice Skating (on recognised ski rinks)
- \*Jet Biking
- \*Jet Skiing
- Kitesurfing
- Monoskiing
- \*Mountain bicycling on tarmac
- Netball
- Orienteering
- \*Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- \*Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- \*Ski touring
- \*Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- \*Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- \*Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- \*War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- \*Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – **you** are only covered for scuba diving up to the depth of **your** qualification. **You** must hold the relevant qualification for **your** dive and be diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation.

**Please note:** **You** are not covered when participating in any training or qualification course.

## CANCELLATION OR CURTAILMENT

### DEFINITIONS - APPLICABLE TO THIS SECTION

#### PERSONAL QUARANTINE

a period of time where **you** are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

#### REGIONAL QUARANTINE

Any period of restricted movement or isolation, including national lockdowns, within **your country of residence** or destination country imposed on a community or geographic location, such as a county or region, by a government or public authority.

## CANCELLATION

### WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **beneficiaries** together with any reasonable additional travel expenses incurred if cancellation or rebooking of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, **complication of pregnancy** or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip** where the underlying **medical condition** that the claim is related to begins or shows first symptoms during the **trip**.
- b. The Travel Advice Unit of the Ministry of Foreign Affairs or other regulatory authority in a country in which **you** are travelling advising against all travel or all but essential travel to the area **you** are travelling to/in, but not including where advice is issued due to a pandemic or **regional quarantine**, providing the advice came into force after the date **your covered card** became active or the date **you** booked the **trip** (whichever is the later) and was within 21 days of **your** departure date.
- c. Compulsory **personal quarantine**, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s).
- d. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the policyholder is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- e. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.
- f. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).
- g. If the car which **you** intended to use for **your trip** is stolen, or damaged and is unroadworthy, within seven days of the original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

**Please note:** This benefit only covers claims arising directly or indirectly from circumstances that have taken place after the time of booking or commencing any **trip** (whichever is later).

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### WHAT IS NOT COVERED

1. Any claim where **you** cannot travel or choose not to travel because the Ministry of Foreign Affairs (or any other equivalent government body in another country) advises against travel due to a pandemic.

# BENEFIT SECTIONS

2. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **trip**. **Our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. Claims for unused travel tickets to a destination where **we** have already paid for **your** alternative travel arrangements.
4. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later.
5. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment and have passed **your** probationary period.
6. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
7. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
8. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations.
9. Any amount for which **you** have claimed under CURTAILMENT.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## CURTAILMENT

**You must always contact us before curtailing your trip**

Telephone Number: +358 9 4245 6233.

## WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **beneficiaries** together with any reasonable additional travel expenses incurred if the trip is **curtailed** before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, **complication of pregnancy** or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip** where the underlying **medical condition** that the claim is related to begins or shows first symptoms during the **trip**.
- b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the policyholder is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- c. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

**Please note:** This benefit only covers claims arising directly or indirectly from circumstances that have taken place after the enrolment into the policy or the time of booking or commencing any **trip** (whichever is later).

**Please note:** Reimbursement will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. Any claim where **you** do not get pre-authorisation from **us** before returning to **your country of residence**.



# BENEFIT SECTIONS

**We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.

2. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
3. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**.
4. Any amount for which **you** have claimed under CANCELLATION.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## WHAT IS NOT COVERED UNDER CANCELLATION OR CURTAILMENT

1. The **excess** as shown in the **benefit table** per **beneficiary** for each and every claim.
2. Any claim due to a **regional quarantine**.
3. Any claim relating to IVF treatment
4. Claims where **you** have not provided the necessary documentation requested by **us**.
5. Any costs for cancellation or **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
6. Claims for travelling companions if they are not **beneficiaries**.
7. Any costs paid for using any airline mileage reward scheme or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
8. Any unused or additional costs incurred by **you** which are recoverable from:
  - a. The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
  - b. The providers of the transportation, their booking agents, travel agent or compensation scheme.
  - c. **Your** credit or debit card provider or Paypal.
9. Any costs or charges for which the **public transport** provider will compensate **you**.
10. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
11. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
12. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
13. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
14. Any cancellation or **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
15. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## DELAYED DEPARTURE

### WHAT IS COVERED

Up to the amounts shown in the benefit table if **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled public transport is delayed at the final departure point due to:

# BENEFIT SECTIONS

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.
3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 4 hours of the scheduled departure time.
8. Any claims for delayed departure under this section if **you** have claimed under MISSED DEPARTURE / MISSED CONNECTION.
9. Privately chartered flights.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## MISSED DEPARTURE / MISSED CONNECTION

### WHAT IS COVERED

#### MISSED DEPARTURE

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of:

- a. the failure of other scheduled **public transport**; or
- b. an accident to or breakdown of the vehicle in which you are travelling or a major event causing serious delay on the roads on which **you** are travelling;
- c. unexpected **adverse weather conditions**

**we** will reimburse **you** up to the amount shown in the **benefit table** per **trip** for all beneficiaries travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

**Please note:** Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

#### MISSED CONNECTION

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of delay of a connecting flight to **your** international departure point when the connecting time between flights is no more than 12 hours and no less than 2 hours (a longer connecting time must be allowed for if flight reservation systems require longer periods for connections), **we** will reimburse **you** up to the amount shown in the **benefit**

# BENEFIT SECTIONS

**table per trip** for all **beneficiaries** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## WHAT IS NOT COVERED

1. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/ route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
3. Costs in excess of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
4. All amounts paid in compensation by the carrier.
5. Claims where **you** have not retained and provided original receipts for costs above €5.
6. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
7. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
8. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
9. Any claims for missed departure or missed connection under this section if **you** have claimed under CANCELLATION or under DELAYED DEPARTURE.
10. Privately chartered flights.
11. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made **your** travel arrangements or paid for **your trip**, whichever is the later.
12. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements within 4 hours of the scheduled departure time or within 4 hours of an actual connecting flight arrival time.
13. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## BAGGAGE DELAY AND EXTENDED BAGGAGE DELAY

### WHAT IS COVERED

#### BAGGAGE DELAY

Up to the amount shown in the **benefit table** in total for all **beneficiaries** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 2 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under BAGGAGE AND PERSONAL MONEY.

#### EXTENDED BAGGAGE DELAY

Up to the amount shown in the **benefit table** in total for all **beneficiaries** travelling together, for Extended

# BENEFIT SECTIONS

Baggage Delay if the checked in baggage has still not arrived at **your** destination airport within 48 hours of **your** arrival on **your outward journey**.

## IMPORTANT CLAIM CONDITIONS

1. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
  - obtain a Property Irregularity Report from the airline or their handling agents
  - give written notice of the claim within the time limitations of the carrier and retain a copy.
  - retain all travel tickets and tags to submit with a claim.
2. All amounts are only for actual receipted expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **benefit table** are the total for each delay irrespective of the number of **beneficiaries** travelling together.
4. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.

Please refer to MAKING A CLAIM for the documents you would need to provide.

## WHAT IS NOT COVERED

1. Claims which do not relate to **your outward journey** on a **trip** outside of **your country of residence**.
2. Claims due to delay, confiscation or detention by customs or other authority.
3. Claims arising from **baggage** shipped as freight or under a bill of lading.
4. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
5. Reimbursement for items purchased after **your baggage** was returned.
6. Reimbursement where itemised receipts are not provided.
7. Claims where **you** do not obtain written confirmation from the carrier (or their handling agents), confirming the number of hours the **baggage** was delayed and when the **baggage** was returned to **you**.
8. Any purchases made outside of 4 days of the actual arrival at the destination.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## BAGGAGE AND PERSONAL MONEY

### WHAT IS COVERED

#### BAGGAGE

Up to the amount shown in the **benefit table** per **trip** for all **beneficiaries** travelling together, for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property as shown in the table below, (or if the item can be repaired economically **we** will pay the cost of repair only).

The maximum **we** will pay for any article, **pair or set** of articles stolen from a safebox is equal to the limit shown in the **benefit table**.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **benefit table**.

#### PERSONAL MONEY

Up to the amounts shown in the **benefit table** per **trip** for all **beneficiaries** travelling together for the accidental loss of, **theft** of or damage to **personal money**.

**We** will pay up to the amounts shown in the **benefit table** under cash limit for bank notes and coins and up to the cash limit.

# BENEFIT SECTIONS

Please refer to MAKING A CLAIM for the documents **you** would need to provide

## IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
  - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
  - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.
4. Any amounts paid under BAGGAGE DELAY AND EXTENDED BAGGAGE DELAY will be deducted from the final amount to be paid under this section.

## WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **beneficiary** for each and every claim.
2. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
3. Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
4. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed the issuer's instructions.
7. Claims relating to currency when **you** do not produce evidence of the withdrawal.
8. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage). Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
9. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
10. Any amounts already paid under BAGGAGE DELAY AND EXTENDED BAGGAGE DELAY.
11. All items used in connection with **your** business, trade, profession or occupation.
12. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
13. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
14. Claims arising from loss or **theft** from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
15. **Valuables** or **personal money** or passport left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.

# BENEFIT SECTIONS

16. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.

17. Claims arising from **baggage** shipped as freight.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## MEDICAL EXPENSES

### This is not private medical insurance

If **you** become unexpectedly ill, injured or have a **complication of pregnancy** and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed €500 then **you** must contact **us** in advance on +358 9 4245 6233.

**We** may:

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believes that it is **medically necessary** and safe to do so.

If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

## WHAT IS COVERED

Up to the amount shown in the **Benefit table** for costs incurred outside **your country of residence** for:

- All reasonable and necessary expenses which arise during the current **trip** as a result of a **medical emergency** involving **you** where the medical illness first presented acute during the **trip**. This includes **medical practitioners' fees**, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
- All reasonable and necessary medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
- Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
- With **our** prior authorisation, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the **outward journey** unless **we** agree otherwise.
- With **our** prior authorisation, and if deemed **medically necessary** by **our** Chief Medical Officer:
  - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you** cannot use **your** original ticket.
  - all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home** to **your country of residence**.
  - all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **beneficiaries** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.
- If **you** die abroad suddenly and unexpectedly due to a **medical emergency** where the underlying **medical condition** that the claim event is related to begins or shows first symptoms during the **trip**:

# BENEFIT SECTIONS

- cremation or burial charges in the country in which **you** die; or
- transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents you would need to provide

## WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **beneficiary** for each and every claim.
2. No claim arising directly or indirectly from any **medical conditions** which doesn't begin and first show symptoms during a **trip**, and where the **medical condition** has not been given medical care during the **trip**.
3. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
4. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and it will be at **your** own risk and own cost.
5. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).
6. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
7. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
8. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
9. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
10. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
11. Additional costs arising from single or private room accommodation.
12. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **us**.
13. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
14. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
15. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.
16. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
18. Any costs incurred in Australia where **you** would have been eligible and had the opportunity to enrol in the Medicare scheme and **you** have failed to do so.
19. Costs of telephone calls, other than calls to **us** notifying **us** of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
20. Air-sea rescue costs.

# BENEFIT SECTIONS

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## PERSONAL ACCIDENT

### WHAT IS COVERED

Up to the amount shown in the **benefit table**, if **you** suffer a **bodily injury** caused by an accident during a **trip**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- **Permanent Total Disablement**

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for **permanent total disablement**.

| Loss of:   | Benefit Amount            |
|--|---------------------------|
| Both hands                                       | 100% of the Total Benefit |
| Both feet  |                           |
| Entire sight in both eyes                        |                           |
| One hand and one foot                            |                           |
| One hand or foot and the entire sight of one eye |                           |
| One hand   | 50% of the Total Benefit  |
| One foot   |                           |
| The entire sight of one eye                      |                           |

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under permanent total disablement, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

### WHAT IS NOT COVERED

1. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
2. Payment under permanent total disablement one year before the date **you** sustain **bodily injury**.
3. Normal and habitual travel between **you home** and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## ATM ASSAULT

### WHAT IS COVERED

Up to the amount shown in the **benefit table** if **you** are assaulted during a **trip** outside of the **country of residence** and the cash that **you** have withdrawn from an ATM is taken from **you** within 4 hours of the withdrawal.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.



## WHAT IS NOT COVERED

1. Any cash that is withdrawn 4 hours before the time of the assault.
2. Claims where the assault is not reported to the local police within 24 hours of the assault and obtain a written report which includes an incident number.
3. Any incident not reported to **us** within 72 hours of the assault.
4. Claims where there is no proof of the amount, date and time of the withdrawal of money.
5. Claims where **you** have not provided medical reports or an official statement from a witness describing the circumstances of the assault, dated and signed, with the full name of the witness, date and place of birth, address and employment, together with an official document justifying the witness' identity and signature, such as passport or driving license.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## PERSONAL LIABILITY ABROAD

### WHAT IS COVERED

Up to the amount shown in the **benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your** death, **your** legal representative(s) will have the protection of the **Benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

### WHAT IS NOT COVERED

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation).

# BENEFIT SECTIONS

- f. **Your** criminal, malicious or deliberate acts.
  - g. Punitive or exemplary damages
- Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## OVERSEAS LEGAL EXPENSES

### DEFINITIONS - APPLICABLE TO THIS SECTION

|                 |   |
|-----------------|---|
| ADVISER         | Specialist solicitors or their agents.  |
| ADVISER'S COSTS | Reasonable fees and disbursements incurred by the adviser with <b>our</b> prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against <b>you</b> and paid on the standard basis of assessment. |
| PANEL           | <b>Our</b> panel of advisers who may be appointed by <b>us</b> to act for <b>you</b> .  |

### WHAT IS COVERED

Up to the amount shown in the **benefit table** for legal costs to pursue a civil action for compensation if someone else causes **your bodily injury**, illness or death during **your trip**. **We** will also pay reasonable costs for an interpreter we have selected for court proceedings.

### HOW WE SETTLE LEGAL EXPENSES CLAIMS

**We** will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** to act on **your** behalf, **you** must notify **us** immediately to that effect. **We** will, upon receipt of **your** notice, advise **you** of any conditions concerning such appointment.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### SPECIAL CONDITIONS

1. **You** must notify **us** of claims as soon as reasonably possible and in any event within 90 days of **you** becoming aware of an incident which may generate a claim.
2. **You** must provide **us** with all the required information related to the incident. **You** must supply at **your** own expense all of the information which **we** require to decide whether a claim may be accepted.
3. **We** will only authorise a legal adviser if there is a reasonable prospect of success. **We** will only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken where there are reasonable prospects of success. In the event that **you** instruct an adviser of **your** choice instead of the **panel adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our** standard **panel adviser's costs**.
4. **We** will not initiate legal proceedings in more than one country for the same occurrence.
5. **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

### WHAT IS NOT COVERED

1. Any claim where **we** think there is not more than a 51% chance of **you** winning the case or achieving a reasonable settlement.
2. Costs or expenses incurred before **we** accept **your** claim in writing.
3. Claims not notified to **us** within 90 days of the incident or as soon as reasonably possible.
4. Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip**, Inter Partner Assistance, **your** employer, **us** or our agents.
5. Claims against someone **you** were travelling with or another **beneficiary** or any other person covered under any OP Cards policy.

# BENEFIT SECTIONS

6. Legal action where in **our** opinion the estimated amount of compensation is less than € 750 or where **you** do not have a reasonable chance of success.
7. Actions undertaken in more than one country.
8. Lawyers' fees incurred on the condition that **your** action is successful.
9. Penalties or fines which a court awards against **you**.
10. Claims by **you** other than in **your** private capacity.
11. Any claims occurring when travelling in **your country of residence**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## RENTAL CAR COLLISION DAMAGE EXCESS WAIVER

### DEFINITIONS - APPLICABLE TO THIS SECTION

|                          |  |
|--------------------------|--|
| EXCESS                   | The part of the claim for which the <b>cardholder</b> remains financially responsible in the rental agreement and has not taken out any other <b>rental vehicle insurance</b> .  |
| RENTAL VEHICLE           | Passenger cars, estate cars and vans, authorised to carry up to nine people authorised to use on public roads. Rental vehicles hired on a daily or weekly basis from an authorised rental agency or hire car firm, must be paid for in full with <b>your covered card</b> . This cover is limited to no more than 30 days. RENTAL CAR COLLISION DAMAGE EXCESS WAIVER is valid in your country of residence and abroad. |
| RENTAL PERIOD            | The period shown on the rental agreement lasting no longer than 30 days.   |
| RENTAL VEHICLE INSURANCE | The primary insurance held by a licensed car rental agency or company in respect of the <b>rental vehicle</b> covering risks such as third party liability, or <b>theft</b> of the rental vehicle.   |

### WHAT IS COVERED

**Note:** **You** are covered for RENTAL CAR COLLISION DAMAGE EXCESS WAIVER only when the **cardholder** is named as the first driver in the rental agreement, he is at least 21 years of age and under 80 years of age and in possession of a valid driver's license valid for the class of **rental vehicle**.

Up to the amount shown in the **benefit table** for the amount of the **excess** (when the rental car company covers damages to the **rental vehicle** over and above the **excess** by means of another contract or **rental vehicle insurance**) if the licensed rental agency or company holds **you** responsible for costs arising from material damage to the **rental vehicle** during the **rental period** resulting from damage, fire, vandalism, or **theft** of the **rental vehicle**. Including subsequent loss of revenue while the **rental vehicle** is unavailable for hire as a result of such damage or loss, or material damage to the **rental vehicle** during the period of hire.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

### WHAT IS NOT COVERED

1. Cover will not apply to **you** if **you**:
  - do not hold a valid driving license for the class of **rental vehicle** being driven (such licence issued in the **country of residence** or in the country issuing your passport);
  - have more than three convictions for speeding or has collected more than nine points on their driving licence within the five years prior to the **trip**;
  - have any conviction (or pending prosecution) for driving whilst under the influence of a drug or drugs or drink driving; or had a conviction or period of disqualification (or is awaiting prosecution) for dangerous driving and/or careless driving offence;
  - are under 21 or over 79 years of age;
  - violate the conditions of the rental agreement.
2. Cover will not apply in respect of the following types of **rental vehicle**:

# BENEFIT SECTIONS

- mopeds and motorbikes; limousines, commercial vehicles, trucks, motor homes, and vehicles not licensed for road use including but not limited to trailers or caravans;
  - **rental vehicles** with a retail purchase price exceeding €60 000 (or local currency equivalent);
  - **rental vehicles** being used for reward, motor racing, rallies, speed, endurance tests, track days, or practising for such events.
  - **rental vehicles** used for commercial purposes.
3. Renting more than one **rental vehicle** at any one time.
  4. Rentals of more than the duration specified in the rental agreement or more than 30 days.
  5. Revolving, lease type rentals.
  6. Rental of vehicles on an hourly (or less) basis where the **rental vehicle** is not physically checked in and out by a representative of the licensed car rental agency.
  7. **We** will only pay in excess of any insurance which is included in the rental agreement, **rental vehicle insurance** or any other insurance that **you** hold which covers the same incident.
  8. Vehicles used off-road, in or in training for racing competitions, trials rallies or speed testing, or being used for a purpose other than stated in the rental agreement.
  9. Loss and/or damage to vintage cars over 20 years old, or cars that have not been manufactured for at least 10 years.
  10. Loss and/or damage resulting from failure of any person to observe the maintenance and operating instructions supplied with the **rental vehicle** or caused by wear and tear, insects or vermin.
  11. Any costs where **you** admit liability, negotiate, make and promise or agree any settlement.
  12. Any fines (including but not limited to speeding fines, parking fines) and punitive damages.
  13. The amount of the indemnity **you** are entitled to claim from any other insurance whether or not the insurer refuses the claim or fail to settle for any reason whatsoever.
  14. Benefits payable under, any uninsured or underinsured motorist law, first party benefit law or no-fault law, or law similar to the former, in any state or territory.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## TICKET CANCELLATION

### DEFINITIONS - APPLICABLE TO THIS SECTION

|               |   |
|---------------|---|
| EVENT TICKET  | Any pre-paid concert, theatre, sporting event or amusement park booked in advance and charged to the <b>covered card</b> for use by: <ul style="list-style-type: none"><li>- <b>you</b>;</li><li>- <b>your</b> spouse or partner;</li><li>- a carer responsible for the care of a member of <b>your</b> household; or</li><li>- any accompanying persons, up to a maximum of 4 adults and 2 children.</li></ul> |
| SEASON TICKET | A ticket for a series of events, number of journeys etc. within a limited time, usually obtained at a reduced rate.   |
| YOU/YOUR      | The <b>cardholder</b> .   |

### WHAT IS COVERED

**We** will reimburse the **cardholder** up to the amount shown in the benefit table per ticket, per event and in any 365 day period, for **event tickets** purchased with the **covered card** (up to the purchase price printed on the ticket) that **you** are unable to use due to:

1. **bodily injury, medical condition, complication of pregnancy** or death of **you** or a **close relative**; or
2. **theft** of or accident involving **your** motor vehicle causing it to be unroadworthy within the 48 hours before the scheduled event; or

# BENEFIT SECTIONS

3. burglary, flood or fire damage occurring to **your home** requiring **you** to remain at the **home**; or
4. **your** change of address due to new employment, provided the **event ticket** was purchased prior to **you** signing the new employment contract and the distance between **your** new address and the event exceeds 100km.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

## IMPORTANT CLAIMS CONDITIONS

1. **You** must provide a medical certificate from a **medical practitioner** confirming that the **medical condition** or **bodily injury** was serious and prevented **you** from attending the event, which must be confirmed by a **medical practitioner**.
2. As soon as **you** are aware of an incident which will result in **your** inability to attend the event, **you** must notify **us** immediately and return the **event tickets** to **us** within 72 hours of the incident.
3. **You** must provide proof of the **theft**, breakdown or accident involving **your** vehicle or the vehicle or **public transport** in which **you** were travelling.
4. **You** must provide proof from local authorities of the incident involving **your home**.

## WHAT IS NOT COVERED

1. When the event is cancelled by the organisers.
2. Any event which **you** could reasonably attend.
3. Any **event tickets** which were reserved, booked or purchased after a **medical condition**, which would not be covered by this insurance, existed.
4. **Strike or industrial action** affecting the **public transport** existing or declared publicly before the event date.
5. Service fees associated with reserving / purchasing the tickets.
6. **Season tickets**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

## MAKING A CLAIM

In the event of an emergency **you** should call **us** on +358 9 4245 6233.

For all other claims please call **our** claims helpline on +358 9 4245 6233 (Monday - Friday 09:00 – 17:00). **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

**We** ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and that **you** send **us** all required additional documents as soon as possible.

In any event, claims must be notified to **us** at the latest within 1 year of **you** becoming aware of an incident which may generate a claim or within 10 years of the incident, whichever comes first.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

**You** will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

## FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- 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 that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s).

## CANCELLATION OR CURTAILMENT

### CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide when making the claim.

### CURTAILMENT

- Original receipt or booking invoice for new flight
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are **curtailing** due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

## MISSED DEPARTURE/CONNECTION

- Proof of reason for missed departure:
  - Failure of **public transport** – letter confirming length and reason of delay.

# GETTING IN CONTACT

- Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
- Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

## DELAYED DEPARTURE

- Written confirmation from carrier (or their handling agents) confirming length and reason for delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.
- If after 24 hours delay on **your** initial outbound journey **you** choose to cancel, a cancellation invoice and letter from carrier confirming length and reason for delay.

## BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

## BAGGAGE AND PERSONAL MONEY

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If **personal money** was lost or stolen a police report confirming what happened and what was lost, and any bank statements/ bureau de change receipt as proof of ownership.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.

## MEDICAL EXPENSES

- In case of any **medical emergency you** must contact **us** on +358 9 4245 6233 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after **our** prior authorisation please provide these receipts.

## PERSONAL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies)
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable),
- Full details of any witnesses, providing written statements where possible.

## PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

## OVERSEAS LEGAL EXPENSES

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).

## GETTING IN CONTACT

- Any writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

### RENTAL CAR COLLISION DAMAGE WAIVER

- Rental Agreement as provided by Rental Company.
- Copy of driving licence
- Accident report.
- Bank statement or original receipt showing how much you have paid for the damages.

### ATM ASSAULT

- A police report with an incident number that confirms that you reported the assault within 24 hours.
- An official statement from a witness describing the circumstances of the assault dated and signed, with the full name of the witness, date of birth, address and employment, passport or driving license.
- If you require any medical treatment please obtain a written medical report from the medical practitioner.

## COMPLAINTS PROCEDURE

**We** make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

**You** can write to the Complaints Team, who will arrange an investigation on **your** behalf, at:

AXA Matkavakuutuspalvelut, PL 43, 00501 Helsinki.

Or **you** may use e-mail: [clp.fi.travelinsurance@partners.axa](mailto:clp.fi.travelinsurance@partners.axa) Or telephone: +358 9 4245 6233.

If **you** have not received the expected resolution from the insurer, you can contact the Finnish Financial Ombudsman bureau, Porkkalankatu 1, 00180 Helsinki, puh. 09 685 0120.

**You** are also able to get a recommendation solution from The Consumer Disputes Board PL 306, 00531 Helsinki.

If **you** are not satisfied with the resolution of the insurer, **you** can also start legal proceedings at the District Court of Helsinki or at the relevant court in **your** domicile within 3 years of **your** receiving the claims decision from the insurer.

These procedures do not affect **your** right to take legal action.

## CANCELLATION OF BENEFITS

These benefits are included with **your covered card**, the benefits cannot be cancelled separately. If **you** cancel the **covered card** the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.

## USE OF YOUR PERSONAL DATA

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at [www.axapartners.com/en/page/en.privacy-policy](http://www.axapartners.com/en/page/en.privacy-policy)

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

**We** use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.



## GETTING IN CONTACT

- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

**We** keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

**You** are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to **your** data protection authority or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer  
AXA Travel Insurance  
106-108 Station Road  
Redhill  
RH1 1PR

Email: [dataprotectionenquiries@axa-assistance.co.uk](mailto:dataprotectionenquiries@axa-assistance.co.uk)