

# Travel Insurance Policy

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

## Important contact details

Customer Services:	call: <b>00 353 1 619 3674</b>
Claims and related enquiries:	call: <b>00 353 1 619 3673</b> email: <b>contract.awpeurope@allianz.com</b> visit: <b>www.allianz-protection.com</b>
24hr emergency medical assistance (for medical emergencies or curtailment requests):	call: <b>00 353 1 619 3620</b>

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## Summary of cover

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

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

### Note

#### Inner limits

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

#### Emergency medical and associated expenses claims

**Your** Irish Life Health insurance policy provides cover (up to a specified amount) for **your** medical costs for in-patient emergency care in a medical facility whilst on a pre-booked temporary stay abroad. The maximum amount that will be covered under this benefit is set out in **your** Irish Life Health Table of Cover. Terms, conditions and exclusions apply to **your** Irish Life Health policy, for full details refer to **your** Irish Life Health membership handbook.

**Your** Allianz Partners insurance provides cover for amounts over **€100,000** up to a maximum of **€5 million** or for claims relating to **winter sports** injuries. Expenses relating to **winter sports** injuries are not covered on **your** Irish Life Health policy.

## Important information

Thank **you** for taking out Allianz Partners insurance with **us**, as part of **your** Irish Life Health policy.

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

**Your** policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need. If there is anything **you** do not understand **you** should contact **us**. **You** should call Allianz Partners on **00 353 1 619 3674** or email **us** at **contract.awpeurope@allianz.com**.

### Insurer

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

### How your policy works

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

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

### Conditions relating to your health

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

### Cancellation rights

If **your** cover does not meet **your** requirements please refer to the cancellation section in **your** Irish Life Health Insurance policy or alternatively contact Irish Life Health by Telephone **01 562 5100** for details.

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

### Policy excess

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

### Insurance Compensation Fund

The **insurer** is a member of the Insurance Compensation Fund, which was formed under the Insurance Act 1964 (as amended). **You** may be entitled to compensation from this scheme, if the **insurer** cannot provide the services **you** have paid for.

### Governing law

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

### Third party rights

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

### Stamp duty

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

### Insurance Act 1936

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

### Renewal of your insurance cover

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

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

## Definition of words

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

### Accident

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

### Area of cover

Any country in the world.

### Note

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

### Business associate

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

### Computer system

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

### Cyber risk

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

### Departure point

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

### Doctor

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

### Epidemic

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

### Excess

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

### Home

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

### Insurer

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

### Journey

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

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

### Pair or set

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

### Pandemic

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

### **Period of insurance**

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

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

### **Personal money**

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

### **Personal possessions**

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

### **Person insured, you, your**

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

### **Redundancy**

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

### **Relative**

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

### **Resident**

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

### **Ski pack**

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

### **Sports or leisure activity**

The following activities are automatically covered:

- archery, badminton, banana boating, baseball, basketball, bowls, cricket, curling, cycling, deep sea fishing, fell walking, fishing, glacier walking, golf, gymnastics, heptathlon, hiking (up to 3,000 metres altitude), horse riding (must be wearing a helmet – no jumping), ice skating, kite surfing, marathon running, mountain biking, netball, orienteering, parascending (over water), pony trekking, racket ball, rambling, ringos, rounders, running, scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, softball, squash, stand-up paddle boarding (SUP), swimming (except long distance in open water), surfing, table tennis, tennis, ten pin bowling, trekking (up to 3,000 metres altitude), tug of war, volleyball, wakeboarding, walking, water skiing, windsurfing, winter sports (as defined under '**winter sports**') and zorbing.

There is no cover for:

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

**We** may be able to cover **you** for other activities that are not listed. Please call **us** on 00 353 1 619 3674 or email [contract.awpeurope@allianz.com](mailto:contract.awpeurope@allianz.com)

### **Travelling companion**

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

### **United Kingdom (UK)**

England, Scotland, Wales and Northern Ireland.

### **Valuables**

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

### **We, our, us**

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AWP P&C S.A., has its registered office in 7 rue Dora Maar, Saint-Ouen, France, is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) 4 Place de Budapest CS 92459, Paris Cedex 09.

### Winter sports

**You** are covered for taking part in the following winter sports activities for up to a maximum of 31 days during the **period of insurance**:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing. Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

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

**We** may be able to cover **you** for other activities that are not listed. Please call **us** on **00 353 1 619 3674** or email **contract.awpeurope@allianz.com**

### You, your, person insured

The policy holder and (if applicable) their partner (including common law and civil partnerships), child dependents aged 17 or under and/or adult dependents aged 18 or over as shown on the policy schedule, for whom Irish Life Health has paid the appropriate insurance premium.

#### Note

All insured adults can travel independently, however all insured children must travel with at least one of the insured adults.

## 24-hour emergency medical assistance

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

Phone: **00 353 1 619 3620**

Email: **medical.ire@allianz.com**

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

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

### Confirmation of payment

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

### Repatriation

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

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

## Reciprocal health arrangements

### European Health Insurance Card (EHIC)

- If **you** are travelling to other EU or European Economic Area (EEA) countries **we** would advise you to obtain the European Health Insurance Card (EHIC) which will entitle **you** to certain free health arrangements in the EEA.
- Information about EHIC can be obtained from the Health Service Executive. Visit **www.hse.ie** or call the HSE Info Line **1800 700 700**.

#### Note

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

### Australia

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

## Conditions relating to your health

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

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

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

## General exclusions

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

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

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



## Conditions

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

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

### We have the right to do the following

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

## Making a claim

The quickest and easiest way to claim is to visit the website [www.allianz-protection.com](http://www.allianz-protection.com). This will lead **you** to **our** online claims notification service where **you** can complete an online claim form.

Alternatively, **you** can get a claim form by:

Phoning: **00 353 1 619 3673** or

Emailing: [contract.awpeurope@allianz.com](mailto:contract.awpeurope@allianz.com)

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

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

### For all claims

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

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

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

If **you** are unsure whether the purpose of **your** travel would be considered as essential or want to discuss any other aspect of the policy cover, please call **us** on **00 353 1 619 3674** or email: [contract.awpeurope@allianz.com](mailto:contract.awpeurope@allianz.com).

### Cancellation or curtailment

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

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

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

### Personal possessions and Personal money

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

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

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

### Personal accident

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

#### Missed departure

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

#### Delayed departure

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

#### Personal liability

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

#### Emergency medical and associated expenses

- Always contact **our** 24-hour emergency medical service on **00 353 1 619 3620** when **you** are hospitalised or require repatriation.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

#### Winter sports

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

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

##### Ski pack

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

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

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

##### Avalanche closure

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

## Making a complaint

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

#### Step 1

In the first instance, please contact **us** as follows:

Phone: **+353 1 619 3674**

Email: **contract.awpeurope@allianz.com**

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

#### Step 2

If **you** are not satisfied with **our** final response **you** can refer the matter to the Financial Services and Pensions Ombudsman for independent arbitration.

Visit [www.fspo.ie](http://www.fspo.ie)

Write to: Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29

Phone: **+353 1 567 7000**

Email: **info@fspo.ie**

## Section 1 - Cancellation or curtailment charges

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

### WHAT YOU ARE COVERED FOR

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

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

#### Cancellation

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

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

#### Note

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

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

#### Curtailment

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

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

#### Note

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

## WHAT YOU ARE NOT COVERED FOR

### Under Cancellation and Curtailment

An **excess** of **€75**.

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

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

Booking, credit card and non-Euro transaction fees.

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

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

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

Anything caused by:

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

### Under Cancellation

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

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

### Under Curtailment

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

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

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

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

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

## Section 2 - Loss of passport

### WHAT YOU ARE COVERED FOR

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

#### Costs for issuing a temporary passport

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

#### Remaining value of original passport

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

### WHAT YOU ARE NOT COVERED FOR

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

## Section 3 - Delayed personal possessions

### WHAT YOU ARE COVERED FOR

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

#### Note

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

### WHAT YOU ARE NOT COVERED FOR

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

## Section 4 - Personal possessions

### WHAT YOU ARE COVERED FOR

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

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

#### Note

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

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

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**

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

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

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

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

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

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

## Section 5 - Personal money

### WHAT YOU ARE COVERED FOR

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

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

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

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

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

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

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

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

## Section 6 - Personal accident

### WHAT YOU ARE COVERED FOR

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

#### Death

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

#### Permanent loss

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

#### Physical disablement

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

#### Note

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

### WHAT YOU ARE NOT COVERED FOR

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

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

Anything caused by:

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

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

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

## Section 7 - Missed departure

### WHAT YOU ARE COVERED FOR

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

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

### WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

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

Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements. The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

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

## Section 8 - Delayed departure

### WHAT YOU ARE COVERED FOR

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

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

We will pay:

#### Delay

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

#### Abandonment

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

### WHAT YOU ARE NOT COVERED FOR

#### Under Delay and Abandonment

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

Missed connections.

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

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

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

#### Under Abandonment

An **excess** of **€75**.

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

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



## Section 9 - Personal liability

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

### WHAT YOU ARE COVERED FOR

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

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

#### Note

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

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

### WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

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

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

Any contractual liabilities.

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

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

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

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

## Section 10 - Emergency medical and associated expenses

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

### WHAT YOU ARE COVERED FOR

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

**Your** Irish Life Health Insurance policy provides cover (up to a specified amount) for **your** medical costs for in-patient emergency care in a medical facility whilst on a pre-booked temporary stay aboard. The maximum amount that will be covered under this benefit is set out in **your** Irish Life Health Table of Cover. Terms, conditions and exclusions apply, for the terms and conditions of **your** Irish Life Health policy please refer to **your** Irish Life Health membership handbook.

**Your** Allianz Partners Insurance policy provides cover for emergency medical and associated expenses incurred by **you** during **your journey** if:

- the cost of **your** approved medical treatment is over **€100,000**, where **we** will pay any amount above this sum, up to **€5 million** in total (subject to the policy terms and conditions); or
- **your** medical treatment relates to an injury suffered while taking part in a covered **winter sports** activity, where **we** will pay up to **€5 million** in total (subject to the policy terms and conditions).

### WHAT YOU ARE NOT COVERED FOR

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

Any elective treatment, surgery or consultation.

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

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

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

Anything caused by:

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

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

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

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

## Section 11 - Winter sports cover

**You** are covered for taking part in **winter sports** activities for up to a maximum of 31 days in total during the **period of insurance**

### WHAT YOU ARE COVERED FOR

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

Please refer to section 10 - Emergency medical and associated expenses.

#### Ski pack

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

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

#### Delayed ski equipment

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

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

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

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

#### Note

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

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

#### Avalanche closure

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

### WHAT YOU ARE NOT COVERED FOR

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

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

#### Under Ski pack

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

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

#### Under Delayed ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Section 3 - Delayed personal possessions.

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

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

#### Under Avalanche closure

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

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

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

# Privacy notice

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

AWP P&C S.A. Dutch Branch trading as Allianz Partners (**'we'**, **'us'** **'our'**), is the Dutch branch of AWP P&C S.A., a French Insurance company which has its registered offices in Saint-Ouen, France and is part of Allianz Partners Group. AWP P&C S.A. - Dutch Branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorised under French law by 'L'Autorité de Contrôle Prudentiel et de Résolution' (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting **your** privacy is a top priority for **us**. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

## 1 Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

AWP P&C S.A. Dutch Branch is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that **we** request and collect from **you** for the purposes detailed in this privacy notice.

## 2 What personal data will be collected?

**We** will (or may) collect and process various types of personal data about **you**, other persons and third parties affected by a covered event such as:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Identification Document number (Identity card number, government ID, driver's licence, passport number) and expiry dates
- Age/Date of birth
- Address
- Contact details (email address, phone number)
- Language
- Residency
- Nationality
- IP address
- Bank/credit card and bank account details

Personal details of the **person insured**:

- Surname, First name
- Identification Document number (e.g Identity card number, passport number) and expiry dates
- Age/Date of birth

Depending on the claim submitted, **we** may also collect and process additional personal data including, sensitive personal data about you, other persons and third parties affected by covered events, such as:

- Medical conditions (physical and/or psychological)
- Medical history and reports
- Medical claims history
- Documentation justifying sick leave and duration
- Death certificates
- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc)
- Phone number and contact details if not provided previously.
- Details of a third party to contact with in case of emergency.
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives)
- IP address of the claimant if the claim is submitted by our available portals / apps
- Criminal convictions and offences (e.g. in case of requiring legal assistance)
- Results of criminal checks relating to prevention of fraud and/or terrorist activities
- Bank account details
- Tax code

By purchasing this insurance policy, **you** commit to give the information contained in this Privacy Notice to any third party whose personal information **you** may provide to **us** (e.g. other **insured persons**, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and **you** accept not to provide that information otherwise.

### 3 How will we obtain and use your personal data?

**We** will collect and use the personal data that **you** provide to **us** and that **we** receive about **you** (as explained below) for a number of purposes and with **your** express consent unless applicable laws and regulations do not require **us** to obtain **your** express consent, as shown below:

Purpose	Is your express consent required?
<ul style="list-style-type: none"> <li>Insurance contract quotation and underwriting.</li> </ul>	<ul style="list-style-type: none"> <li>No, to the extent these processing activities are necessary to perform the insurance contract to which <b>you</b> are a party to and to take the necessary steps previous to enter in this contract.</li> </ul>
<ul style="list-style-type: none"> <li>Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc).</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will request <b>your</b> express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences.</li> </ul> <p>However, <b>we</b> will be entitled to process this data without consent if:</p> <ol style="list-style-type: none"> <li>there is a vital interest of the owner of the data or any other natural person, and</li> <li>if the owner of the data is not physically or legally capable to give the consent (e.g emergency situations).</li> </ol> <ul style="list-style-type: none"> <li>If the handling of the claim does not require the processing of those categories of data, <b>we</b> will not be required to collect your consent, to the extent that they are necessary to comply the obligations <b>we</b> undertake in the insurance contract.</li> </ul>
<ul style="list-style-type: none"> <li>To conduct quality surveys about the services provided, with the purpose to assess <b>your</b> level of satisfaction and to improve them.</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> have a legitimate interest to contact <b>you</b> after handling a claim or after providing assistance to ensure <b>we</b> have complied with <b>our</b> obligations under the contract in a satisfying way for <b>you</b>. However, <b>you</b> have the right to object by contacting <b>us</b> as explained in section 9 below.</li> </ul>
<ul style="list-style-type: none"> <li>To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate.</li> </ul>	<ul style="list-style-type: none"> <li>If <b>we</b> carry out any of these processing activities, <b>we</b> will do so by aggregating and anonymising data. As a result, the data is not considered 'personal' data anymore and <b>your</b> consent is not required.</li> </ul>
<ul style="list-style-type: none"> <li>To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether <b>you</b>, <b>your</b> country or <b>your</b> sector are subject to sanctions impeding or restricting <b>us</b> to make payments if relevant).</li> </ul>	<ul style="list-style-type: none"> <li>No, to the extent these processing activities are expressly and legally authorised.</li> </ul>
<ul style="list-style-type: none"> <li>Fraud prevention and detection, including, when appropriate, for example, comparison of your information with previous service requests and/or previous claims, or checking of common claims filing systems.</li> </ul>	<ul style="list-style-type: none"> <li>No, it is understood that the detection and prevention of fraud is a legitimate interest of the Data Controller and therefore we are entitled to process <b>your</b> data for this purpose without collecting <b>your</b> consent.</li> </ul>

<ul style="list-style-type: none"> <li>• Audit purposes, to comply with legal obligations or internal policies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>We</b> can process <b>your</b> data in the framework of internal or external audits either required by law, or by internal policies. <b>We</b> won't request <b>your</b> consent for these processing to the extent that they are legitimated by the applicable regulations or <b>our</b> legitimate interest. However, <b>we</b> will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality.</li> </ul> <p>Internal Audits are usually conducted by our holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France)</p>
<ul style="list-style-type: none"> <li>• To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk)</li> </ul>	<ul style="list-style-type: none"> <li>• No when the processing of <b>your</b> data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also <b>our</b> legitimate interest.</li> </ul>
<ul style="list-style-type: none"> <li>• To inform <b>you</b> or permit Allianz Group companies and selected third parties to inform <b>you</b> about products and services <b>we</b> feel may interest <b>you</b> in accordance with <b>your</b> marketing preferences.</li> </ul> <p><b>You</b> can change these at any time by the links <b>we</b> will make available in every communication to unsubscribe, by means of the options in <b>your</b> client portal, where available, or by contacting <b>us</b> as specified in section 9 below.</p>	<ul style="list-style-type: none"> <li>• <b>We</b> will process <b>your</b> personal information for these purposes only if authorised by law (and within the limitations and by complying the requirements of those legal authorisations) or by collecting <b>your</b> express consent after providing <b>you</b> information about criteria <b>we</b> use to make the profiles and the impact/consequence and benefits of such profiling for <b>you</b>.</li> </ul>
<ul style="list-style-type: none"> <li>• To personalise <b>your</b> experience on <b>our</b> websites and portals (by presenting products, services, marketing messages, offers, and content tailored to <b>you</b>) or by using computerised technology to assess which products might be most suitable for <b>you</b>.</li> </ul> <p><b>You</b> will be able to modify these processing activities by using the options available in your browser (e.g. in the case of use of cookies and similar devices) or by contacting <b>us</b> as specified in section 9 below.</p>	<ul style="list-style-type: none"> <li>• <b>We</b> will ask for <b>your</b> consent</li> </ul>
<ul style="list-style-type: none"> <li>• For automated decision making, i.e., to make decisions that: <ol style="list-style-type: none"> <li>1 are based solely on automated processing and</li> <li>2 that may have legal or significant effects to <b>you</b>.</li> </ol> <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting <b>your</b> rights under the insurance contract, etc.</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to <b>your</b> financial circumstances like an automated denial of an insurance policy, or those affecting <b>your</b> access to <b>our</b> health assistance services.</p> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>We</b> will collect <b>your</b> consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences)</li> <li>• If no special categories of personal data are concerned and these decisions are in order to underwrite <b>your</b> insurance and/or process <b>your</b> claim <b>we</b> will not need to obtain your express consent.</li> </ul>

<ul style="list-style-type: none"> <li>To redistribute risks by means of reinsurance and co-insurance</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> can process and share <b>your</b> personal information with other insurance or reinsurance companies with whom <b>we</b> have signed or <b>we</b> will sign co-insurance or reinsurance agreements.</li> <li>Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them.</li> <li>Reinsurance is the ‘subcontracting’ of the coverage of part of the risk in a third reinsurance company. However, this is an internal agreement between <b>us</b> and the reinsurer and <b>you</b> don’t have a direct contractual relationship with the latter.</li> <li>These distribution of risks are legitimate interest of insurance companies, even usually expressly authorised by law (including the sharing of personal data strictly necessary for it)</li> </ul>
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As mentioned above, for the purposes indicated above, **we** will process personal data **we** receive directly from **you** and/or personal data **we** receive about **you** from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers etc), healthcare assistance services or contact persons **you** authorise, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

**We** will need **your** personal data if **you** would like to purchase **our** products and services and make use of the benefits and/or services provided by **us**. If **you** do not want to provide this personal data, including sensitive personal data, to **us**, **we** may not be able to provide the products, benefits and/or services **you** request, that **you** may be interested in, or to tailor our offerings to **your** particular requirements.

#### 4 Who will have access to your personal data?

**We** will ensure that **your** personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, **your** personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, **we** may also share **your** personal data with the following parties who operate as data processors, i.e., processing the data under our instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this Privacy Notice:-

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (claims, IT, postal, document management), experts, loss adjustors and service companies to discharge operations; and
- Advertisers and advertising networks to send you marketing communications, as permitted under local law and in accordance with **your** communication preferences. **We** do not share **your** personal data with non-affiliated third parties for their own marketing use without **your** permission.

Finally, **we** may share **your** personal data in the following instances:

- In the event of any contemplated or actual reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in any insolvency or similar proceedings); and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if **you** make a complaint about the product or service **we** have provided to **you**.

## 5 Where will my personal data be processed?

**Your** personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. **We** will not disclose **your** personal data to parties who are not authorised to process them.

Whenever **we** transfer **your** personal data for processing outside of the EEA by another Allianz Group company, **we** will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here:

<https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html>.

Where Allianz' BCR do not apply, **we** will instead take steps to ensure that the transfer of **your** personal data outside of the EEA receives an adequate level of protection as it does in the EEA. **You** can find out what safeguards **we** rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting **us** as detailed in section 9 below.

## 6 What are your rights in respect of your personal data?

Where permitted by applicable law or regulation, and within the scope therein defined, **you** have the right to:

- Access **your** personal data held about **you** and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw **your** consent at any time where **your** personal data is processed with **your** consent;
- Update or correct **your** personal data so that it is always accurate;
- Delete **your** personal data from **our** records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of **your** personal data in certain circumstances, for example where **you** have contested the accuracy of **your** personal data, for the period enabling **us** to verify its accuracy;
- Obtain **your** personal data in an electronic format for **you** or for **your** new insurer;
- Exercise **your** right to data portability; and
- File a complaint with **us** and/or the relevant data protection authority. For this purpose, relevant data privacy authorities are:
  - The supervisory authority in Ireland: Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Telephone: **01 7650100 / 1800 437 737**  
Visit: <https://dataprotection.ie/>
  - Dutch Data Protection Authority, supervisory authority of the country where **we** are established.
  - CNIL, French data privacy supervisory, to the extent that France is the country where Allianz Partners has its main establishment, and therefore **our** lead data privacy authority

**You** may exercise these rights by contacting **us** as detailed in section 9 below providing **your** name, email address, account identification, and purpose of **your** request.

## 7 How can you object to the processing of your personal data?

Where permitted by applicable law or regulation, **you** have the right to object to **us** processing **your** personal data or tell **us** to stop processing it (including for purposes of direct marketing). Once **you** have informed **us** of this request, **we** shall no longer process **your** personal data unless permitted by applicable laws and regulations.

**You** may exercise this right in the same manner as for **your** other rights indicated in section 6 above.



## 8 How long do we keep your personal data?

**We** will retain **your** personal data only for as long as they are necessary for the purposes informed in this Privacy Notice and deleted or anonymised when no longer required. Here below **we** inform **you** of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal claims can be interrupted and then start to run again.

Type of information	Retention period
<ul style="list-style-type: none"> <li>Personal information to obtain a quotation (when necessary)</li> </ul>	<ul style="list-style-type: none"> <li>During the validity period of the quotation provided</li> </ul>
<ul style="list-style-type: none"> <li>Policy Information (underwriting, claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes).</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will keep the personal information of <b>your</b> Insurance Policy during the validity period of <b>your</b> Insurance contract and the prescription period determined by the local applicable laws on insurance contracts.</li> <li>In case <b>we</b> realise of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment <b>we</b> are aware of it.</li> </ul>
<ul style="list-style-type: none"> <li>Claims Information (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes)</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will retain the personal information <b>you</b> provide to <b>us</b> or <b>we</b> collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.</li> </ul>
<ul style="list-style-type: none"> <li>Marketing information and related profiling</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will keep this information whilst <b>your</b> insurance policy period is still valid, and one additional year, unless <b>you</b> withdraw <b>your</b> consent (when required), or <b>you</b> object (e.g. in the event of marketing activities authorised by law <b>you</b> don't want to receive).</li> <li>In these cases, <b>we</b> will no longer process <b>your</b> data for these purposes, although <b>we</b> may legitimately keep some information to prove the previous processing activities were lawful.</li> </ul>
<ul style="list-style-type: none"> <li>Debt Recoveries</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will retain the personal information that <b>we</b> need to claim and administer debt recoveries, and that <b>you</b> have provided to <b>us</b>, or <b>we</b> may have collected and processed in accordance with this Privacy Notice, for a minimum term determined by the prescription periods set up by applicable laws.</li> <li>As a reference, for civil actions, <b>we</b> will keep <b>your</b> data for a minimum of 7 years.</li> </ul>
<ul style="list-style-type: none"> <li>Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting</li> </ul>	<ul style="list-style-type: none"> <li><b>We</b> will process in these documents the personal data <b>you</b> provide to <b>us</b>, or <b>we</b> collect and process according to this Privacy Notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year.</li> </ul>

**We** will not retain **your** personal data for longer than necessary and **we** will hold it only for the purposes for which it was obtained.

## 9 How can you contact us?

If **you** have any queries about how **we** use **your** personal data, **you** can contact **us** by email or post as follows:

AWP P&C S.A. Dutch Branch  
Data Protection Officer  
PO Box 9444  
1006 AK Amsterdam  
The Netherlands

Email: **AzPIEDP@allianz.com**

Phone: **00353 1 619 3681**

**You** can also use these contact details to exercise **your** rights, or to submit **your** queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which **we** may have shared **your** personal data. **We** will address them **your** request and support their handling and answer to **you** in our local language.

## 10 How often do we update this privacy notice?

**We** regularly review this privacy notice. This privacy notice was last updated on **9<sup>th</sup> July 2024**.

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

Please phone **00 353 1 619 3674**  
or email **contract.awpeurope@allianz.com**

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

Irish Life Health DAC Registered in Ireland No 376607,  
Registered Office Irish Life Centre, Lower Abbey Street, Dublin 1, VAT no 6396607G.

Irish Life Health DAC is regulated by the Central Bank of Ireland.

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