Global Individual policy wording

This travel insurance is only for residents of South Africa travelling outside South Africa

COVERAGE SUMMARY

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT		
		Basic Schengen	**Standard**	**Premium**
***Trip* Cancellation Coverage**	***You* have to cancel your *trip* before you depart.**	**ZAR 35,000** **(Deductible: 10%)**	**ZAR 55,000** **(Deductible: 10%)**	**ZAR 90,000** **(Deductible: 10%)**
Trip Interruption Coverage	**Trip Curtailment (*You* have to end *your* trip early and need to recover unused trip costs).**	**ZAR 35,000**	**ZAR 55,000**	**ZAR 90,000**
	Trip Incident (*Your* travel plans are interrupted while you are on *your* trip).	-	**ZAR 55,000** **(Deductible: 10%)**	**ZAR 90,000** **(Deductible: 15%)**
	Early Return Onward journey Additional accommodations		Included Included Max: 5 days (limit per day: ZAR 3,000)	Included Included Max: 5 days (limit per day: ZAR 3,00)
Travel Delay Coverage	***Your* travel plans are delayed while *you* are on *your* trip.**	**ZAR 1,500** (Minimum Required Delay: 4 hours)	**ZAR 5,000** (Minimum Required Delay: 4 hours)	**ZAR 10,000** (Minimum Required Delay: 4 hours)
	Per 24-hour "with receipts" sub-limit:	ZAR 1,500	ZAR 2,500	ZAR 2,500
Baggage Coverage	***Your* baggage is lost, damaged, or stolen while on *your* trip.**	**ZAR 15,000**	**ZAR 25,000**	**ZAR 30,000**
	Maximum benefit per item Maximum benefit for all high value items	ZAR 1,000 ZAR 6,000	ZAR 2,500 ZAR 7,000	ZAR 2,500 ZAR 9,000
Baggage Delay Coverage	***Your* baggage is delayed by an airline, cruise line, or other travel carrier while on *your* trip**	**ZAR 3,000** (Minimum Required Delay: 24 hours)	**ZAR 3,000** (Minimum Required Delay: 24 hours)	**ZAR 5,000** (Minimum Required Delay: 24 hours)
	Per 24-hour "no receipts" sub-limit (outbound only)	-	-	ZAR 900

Emergency Medical/Dental Coverage	***You*** **have to pay for emergency medical or dental treatment while on** ***your*** **trip.** Emergency Dental Treatment maximum sublimit:	**ZAR 1,000,000** ZAR 1,500	**ZAR 5,500,000** ZAR 1,500	**ZAR 9,500,000** ZAR 5,000
Emergency Transportation Coverage	**Transportation is needed following a medical emergency while on** ***your*** **trip.** Emergency Evacuation Medical Repatriation Transport to Bedside Return of Dependents Repatriation of Remains Search and Rescue	**Included in Emergency Medical/Dental Coverage Limit** Included Included Included Included Included Up to ZAR 15,000	**Included in Emergency Medical/Dental Coverage Limit** Included Included Included Included Included Up to ZAR 15,000	**Included in Emergency Medical/Dental Coverage Limit** Included Included Included Included Included Up to ZAR 15,000
Personal Liability Coverage	**You are financially liable for damage you cause to a third party or their property while on your** ***trip*****.**	**-**	**ZAR 4,500,000**	**ZAR 9,000,000**
Travel Accident Coverage	**You suffer death or a disability as a result of a travel accident during your trip.**	**-**	**ZAR 350,000**	**ZAR 550,000**
Identification Document Coverage	***Your*** **passport and / or visa is stolen, lost or damaged while on** ***your*** **trip.**	**-**	**ZAR 5,000**	**ZAR 10,000**
Personal Money Coverage	***Your*** **personal money withdrawn from an ATM is lost or stolen while on** ***your*** **trip.**	**-**	**ZAR 5,000**	**ZAR 10,000**
Rental Car Excess Coverage	**You are charged an excess by your rental car company if your rental car is damaged or stolen while on your trip.**	**-**	**-**	**ZAR 20,000**
Extra Covers if you purchased the Sports Cover add-on				
Missed Activity	***You*** **miss a prepaid activity during** ***your trip.***	**ZAR 3,000**	**ZAR 5,000**	**ZAR 9,000**
Sporting Equipment **coverage**	***Your sporting equipment*** **is lost, damaged, or stolen while on** ***your trip.***	**ZAR 5,000**	**ZAR 9,000**	**ZAR 14,000**
Sporting Equipment Rental coverage	***You*** **need to rent** ***sporting equipment*** **when** ***your personal sporting***	**ZAR 2,500**	**ZAR 4,500**	**ZAR 7,000**

	equipment **is lost, damaged, or stolen while on *your trip*.**			
Search and Rescue coverage	***You*** **are reported missing or need to be rescued from a physical emergency while on *your trip*.**	**ZAR 15,000**	**ZAR 15,000**	**ZAR 30,000**

The above is only a brief description of the coverage available under your *policy*. Terms, conditions, and exclusions apply to all coverages. Please carefully review your *policy* for complete details. The definitions of the terms in the Definitions section of the *policy* will also apply to those terms when used in this Coverage Summary.

Important Notices:

- Emergency Medical/Dental Coverage is secondary. If you have health insurance, you must submit your claim to that provider first. If you do not have health insurance or it is known that your health insurance does not provide coverage in the geographical area where your medical emergency is treated, please submit your claim directly to us. Any payment you receive from any other insurance provider or any other entity will be deducted from your claim.
- If not otherwise specified, the benefit limits shown above are per named insured.

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to give you 14 days to review your policy. If, during this 14-day period, you are not completely satisfied for any reason, you may cancel your policy and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.

CONTACT US

For customer service, please:
Call: +971 4 270 8705 (8am– 8pm GST, Mon - Fri)
Email: travel@nextcarehealth.com

For emergency assistance during your trip, please:
Call: +971 4 270 8705
WhatsApp: +971 56 216 4563
To file a claim, please visit: https://travelclaims.tatsh.cloud/

GENERAL CONDITIONS

WHO WE ARE

Allianz Partners travel insurance is underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA). AGCS SA Is An Authorized Financial Services Provider FSP No: 16722. Claims will be managed by Nextcare, an Allianz Partners appointed Third Party Administrator, which is duly licensed to provide specialized integrated management and technology solutions in the field of insurance management and administration.

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the "Definitions" section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

Your policy consists of 2 parts:

1. Certificate of Insurance
2. This General Conditions document, which describes the coverages (including the Coverage Summary, which provides the particular list of coverages and benefits covered), main provisions, exclusions, and conditions that govern this policy

NOTE:
Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this General Conditions document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

You are eligible for this policy if you meet the following criteria.

You ordinarily reside in South Africa and you:

a) are a South Africa resident; and
b) you will purchase your policy in South Africa before you start your trip; and
c) you intend to return to South Africa after your trip; and
d) the departure date on your policy reflects the date you are originally scheduled to begin your travel, as shown on your travel itinerary.

If requested by us, you will need to prove your eligibility by providing us with documentation including but not limited to:

i) a copy of your passport; or
ii) South Africa residency documents; or
iii) a copy of your current visa; or
iv) other official documents confirming your right to reside in South Africa; and
v) a copy of your travel itinerary.

WHAT'S INSIDE

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

Accident	An unexpected and unintended event that causes *injury*, property damage, or both.
Accommodation	A hotel or any other kind of lodging for which *you* make a reservation or where *you* stay and incur an expense.
Act of war	Any act which is associated with and occurring in the course of *war* or directly triggering it.
Adoption proceeding	A mandatory legal proceeding or other meeting required by law to be attended by you as a prospective adoptive parent(s) in order to legally adopt a minor child.
Baggage	Personal property *you* take with *you* or acquire on *your trip*.
Climbing sports	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
Civil disorder	Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of persons. **It does not include any such occurrence that rises to the level of or is connected with any *political risk, terrorist event, war*, or *act of war*.**
Cohabitant	A person you currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.
Computer System	Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.
Covered reasons	The specifically named situations or events for which *you* are covered under this *policy*.
Cyber Risk	Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: 1. Any unauthorized, malicious, or *illegal act*, or the threat of such act(s), involving access to, or the processing, use, or operation of, any *computer system*; 2. Any error or omission involving access to, or the processing, use, or operation of any *computer system*; 3. Any partial or total unavailability or failure to access, process, use, or operate any *computer system*; or 4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.
Departure date	The date on which *you* are originally scheduled to begin *your* travel, as shown on *your* travel itinerary.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be *you*, a *traveling companion*, *your family member*, a

	traveling companion's family member, the sick or *injured* person, or that person's *family member*.
Epidemic	A contagious disease recognized or referred to as an *epidemic* by a representative of the World Health Organization (WHO) or an official government authority.
Family member	*Your*: 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. *Cohabitants*; 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; and 10. Paid, live-in caregivers;
First responder	Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.
High-altitude activity	An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.
High value items	Collectibles, jewelry, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, *sporting equipment*, mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.
Hospital	An acute care facility that has a primary function of diagnosing and treating sick and *injured* people under the supervision of *doctors*. It must: 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Illegal act	An act that violates law where it is committed.
Injury	Physical bodily harm.
Local public transportation	Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport *you* or a *traveling companion* less than 150 kilometers.
Mechanical breakdown	A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tire, or running out of fluids (except fuel).
Medical escort	A professional person contracted by *our* medical team to accompany an ill or *injured* person while they are being transported. A *medical escort* is trained to provide medical care to the person being transported. This cannot be a friend, *traveling companion*, or *family member*.
Medically necessary	Treatment that is required for your illness, *injury*, or medical condition, consistent with *your* symptoms, and can safely be provided to *you*. Such treatment must meet

	the standards of good medical practice and is not for *your* or the provider's convenience.
Natural disaster	A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An *epidemic* that is recognized or referred to as a *pandemic* by a representative of the World Health Organization (WHO) or an official government authority.
Policy	This travel insurance contract. The *policy* includes this General Conditions document and the Certificate of Insurance
Political risk	Any one or more of the following: • Any event, organized resistance, or action intending or implying the intention to overthrow, supplant or change outside of normal legal processes the existing head of state, elected official, appointed official, government, or an organized political or ruling group; • Nationalization; • Confiscation; • Expropriation (including Selective Discrimination and Forced Abandonment); • Deprivation; • Requisition; • Revolution; • Rebellion; • Insurrection; • Uprising; • Military and usurped power.
Primary residence	*Your* permanent, fixed home address for legal and tax purposes.
Pre-existing medical condition	Any medical or physical conditions, injuries, mental illnesses, signs, symptoms or circumstances: a. which *you* are aware of, or ought to have been aware of; or b. for which advice, care, treatment, medication or medical attention has been sought, given or recommended; or c. which have been diagnosed as a medical condition or illness, or which are indicative of an illness; or d. which are of such a nature to require, or which potentially may require medical attention; or e. which are of such a nature as would have caused a prudent, reasonable person to seek medical attention, prior to the start date of cover under this *policy*. The illness, injury, or medical condition does not need to be formally diagnosed in order to be considered a pre-existing medical condition. This definition applies to *you*, *your* family members and *your travelling companions*.
Quarantine	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the

	spread of a contagious disease to which *you* or a *traveling companion* has been exposed.
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that *you* are eligible to receive from a *travel supplier*, or any credit, recovery, or reimbursement *you* are eligible to receive from *your* employer, another insurance company, a credit card issuer, or any other entity.
Rental Car	An automobile or other vehicle designed for use on public roads that *you* have rented for the period of time shown in a *rental car agreement* for use on *your trip*.
Rental car agreement	The contract issued to *you* by the rental car company that describes all of the terms and conditions of renting a *rental car*, including *your* responsibilities and the responsibilities of the rental car company.
Return Date	The date on which *you* are originally scheduled to end *your* travel, as shown on *your* travel itinerary.
Service animal	Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered *service animals*. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition.
Severe weather	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
Sporting equipment	Equipment or goods used to participate in a sport.
Terrorist event	An act, including but not limited to the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), which constitutes terrorism as recognized by the government authority or under the laws of your country of residence and is committed for political, religious, ethnic and / or ideological or similar purposes, including but not limited to the intention to influence any government and/or to put the public, or any section of the public, in fear. It does not include general civil disorder or unrest, protest, rioting, any *political risk*, war or acts of war.
Traffic Accident	An unexpected and unintended traffic-related event, *other than mechanical breakdown*, that causes *injury*, property damage, or both.
Travel carrier	A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: 1. Rental vehicle companies; 2. Private or non-commercial transportation carriers; 3. Chartered transportation, except for group transportation chartered by *your* tour operator; or 4. *Local public transportation.*
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.

Traveling companion	A person or *service animal* traveling with *you* or traveling to accompany *you* on *your trip*. A group or tour leader is not considered a *traveling companion* unless *you* are sharing the same room with the group or tour leader.
Trip	*Your* travel to, within, and/or from a location away from *your primary residence*, which is originally scheduled to begin on *your departure date* and end on *your return date*. It cannot include commuting to and from work or moving
Uninhabitable	A *natural disaster*, fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
Vandalism	Any *illegal act* that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by *terrorist events*, *war*, *acts of war*, *political risk*, or *civil disorder*.
War	A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organized political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.
Work strike	An organized and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any *civil disorder* or *political risk*.
We*, *Us*, or *Our	Allianz Partners travel insurance is underwritten by Allianz Global Corporate & Specialty SA Limited (AGCS SA). AGCS SA Is An Authorized Financial Services Provider FSP No: 16722. Claims will be managed by an Allianz Partners appointed Third Party Administrator
You* or *Your	All persons listed as insureds in the Certificate of Insurance

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance and send you an official confirmation of that. *Your policy's* coverage effective date is the policy issue date and the coverage end date is the policy expiry date, which are indicated in *your Certificate of Insurance. The policy* is effective the day *we* receive the order and *you* pay the full premium. The order must be received and the full premium must be paid on or before any *trip* starts

Coverage is only provided for losses that occur while *your policy* is in effect.

FOR SINGLE-TRIP POLICIES

All coverages, except trip cancellation coverage, are effective from the time when *you* have left on *your trip* on *your departure date* and until *your policy* ends.

Trip cancellation coverage is effective from *your policy* effective date and time and until the date and time when *you* have left on *your trip*.

Except for one-way and same-day return *trips*, the *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your policy ends on the coverage end date listed in *your Certificate of Insurance* however, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of the following:

1. the coverage end date listed in your Certificate of Insurance;
2. the day *you* cancel *your policy*;
3. the day *you* file a *trip* cancellation claim with *us*;
4. the day *you* end *your trip*, if *you* end *your trip* early;
5. the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
6. the 180th day of the trip.

However, if *your* return travel is delayed due to a reason covered under this *policy*, *we* will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

FOR ANNUAL MULTI-TRIP POLICIES

All coverages, except trip cancellation coverage, are effective from the time when *you* have left on *your trip* on *your departure date* and until *your policy* ends.

Trip cancellation coverage is effective from *your policy* effective date and time or the date *you* booked *your trip* (whichever is later) and ends when *you* leave to begin *your trip*.

The cover for each *trip* on all other coverage sections begins when *you* leave *your primary residence* to start that *trip* and ends on the earliest of:

1. the coverage end date listed in *your* Certificate of Insurance;
2. the day *you* cancel *your policy*;
3. the day *you* file a trip cancellation claim with *us*;

4. the day *you* end *your trip*;
5. the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
6. the 90^{th} day of *your trip*.

However, if *your* return travel is delayed due to a reason covered under this *policy*, *we* will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

DESCRIPTION OF COVERAGES

In this section, *we* will describe the many different types of insurance coverages which are included in *your policy*. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply. **Please note that exclusions may apply.**

A. TRIP CANCELLATION COVERAGE

If *your trip* is canceled or rescheduled for a covered reason listed below, *we* will reimburse *you* for *your* non-*refund*able *trip* payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for *trip* cancellation coverage listed in *your* Coverage Summary. Please note that this coverage only applies before *you* have left for *your trip*.

Also, if *you* prepaid for shared *accommodations* and *your traveling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, *we* will reimburse any additional *accommodation* fees *you* are required to pay.

NOTE: *We* will not reimburse *you* for any *trip* costs and/or fees that are *your travel carrier's* or *travel supplier's* responsibility

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

   The following condition applies:
   a. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

   The following condition applies:
   a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.

3. *You,* a *traveling companion, family member*, or *your service animal* dies on or after *your policy's* coverage effective date and before *your trip*.

4. *You* or a *traveling companion* is *quarantined* before *your trip* due to having been exposed to:
   a. A contagious disease other than an *epidemic* or *pandemic*; or
   b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:

i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and

ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined.*

5. *You* or a *traveling companion* is in a *traffic accident* on the *departure date*.

   One of the following conditions must apply:
   a. *You* or a *traveling companion* need medical attention; or
   b. *Your* or a *traveling companion's* vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

   The following condition applies:
   a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer, or paralegal, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
   A. A *natural disaster*;
   B. *Severe weather*;
   C. Work strike, unless threatened or announced prior to the purchase of *your policy;*
   D. Government-mandated shutdown of airline or train operations. This does not include travel alerts/bulletins or prohibitions by any government or public authority.

   However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy's trip* cancellation coverage maximum benefit:
   i. The necessary cost of the alternative transportation, less available *refunds*; and
   ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

   The following conditions apply:
   a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
   b. Coverage for a work strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*.

9. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

   The following conditions apply:
   a. The termination or layoff is not *your* or *your traveling companion's* fault;
   b. The employment must have been permanent (not temporary or contract); and

c. The employment must have been for at least 12 continuous months.

10. *You* or a *traveling companion* secures new permanent, paid employment, after *your policy's* purchase date, that requires presence at work during the originally scheduled *trip* dates.

11. *Your* or a *traveling companion's primary residence* is permanently relocated by at least 150 kilometers due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your spouse's* current employer.

12. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

13. *You* or *a traveling companion* receive a legal notice to attend an *adoption proceeding* during your *trip*.

14. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

15. *You* or a *traveling companion* is medically unable to receive an immunization required for entry into a destination.

16. *Your* or *traveling companion's* travel documents required for the *trip* are stolen

    The following condition applies:
    a. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities that would allow you to keep the originally scheduled *trip* dates

17. *You* or a *traveling companion* is refused a tourist visa by the authorities of the destination or transit country

18. *You* find out *you* are pregnant after purchasing this *policy*.

19. *You* need to attend the birth of a *family member's* child.

20. *Your* destination becomes *uninhabitable*.

21. Family outside *your* country of residence cannot accommodate *you* during your *trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.

22. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination that is in effect within 24 hours prior to *your departure date*.

    The following condition applies:
    a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

23. *You* or a *traveling companion* legally separates or divorces on or after *your policy's* purchase date but before *your* scheduled *departure date*.

    The following condition applies:
    a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit

24. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* on the way to the departure point of *your trip.*

25. *Your* or a *traveling companion's* primary vehicle intended for transporting *you* or the *travelling companion* to the point of *your trip's* departure or intended to be the primary mode of transportation during *your trip* is stolen.

26. *You* fail the final exam or *you* fail to advance to the next grade level at an accredited educational establishment, where *you* are a student.

27. *Your* tour operator or commercial event organizer cancels *your* multi-day tour or multi-day event that is the main purpose of *your trip* and was purchased prior to *your departure date* due to:
    a. A natural disaster;
    b. Severe weather.

    NOTE: Coverage is only available for lost, pre-paid, and nonrefundable cost of *accommodations* for and transportation to and from the cancelled multi-day tour or multi-day event. *We* will not reimburse *you* for the cost of the cancelled multi-day tour or multi-day event.

28. *You* or a *traveling companion* become ill or *injured or* develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) disabling enough to prevent *you* or the *travelling companion* from participating in the activity that is the main purpose of *your trip*. { this covered event is ONLY for use with the Sports add-on}

    The following condition applies:
    a. A *doctor* advises *you* or the *travelling companion* not to participate in the activity before *your departure date*.

B. TRIP INTERRUPTION COVERAGE

Trip Curtailment
If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you* for the prorated portion of *your* insured unused nonrefundable *trip* payments and deposits, less available *refunds*, up to the maximum benefit for trip curtailment coverage listed in *your* Coverage Summary.

For *destinations* where *you* are not scheduled to spend at least one night during *your trip,* reimbursement is available only for the nonrefundable unused *trip* costs specific to those locations, less available *refunds*.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to end *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel* *suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If an illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

NOTE: *We* will not reimburse *you* for the unused nonrefundable portion of *your* original return ticket under trip curtailment coverage if *we* have paid or reimbursed *you* for a travel *carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage.

The following covers only apply to the Standard and Premium levels of cover.

Early/Delayed Return

If *you* have to return from *your trip* earlier or later than *your* original *return date* due to one or more of the *covered reasons* listed below, *we* will reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* in the same class of service that *you* originally booked, less available *refunds,* up to the maximum benefit for early/delayed return coverage listed in *your* Coverage Summary.

NOTE: *We* will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *we* have reimbursed *you* for the unused nonrefundable portion of *your* original return ticket under trip curtailment coverage.

IMPORTANT: *We* will not pay or reimburse *you* for a *travel carrier* ticket(s) for *your* return travel to *your primary residence* under early/delayed return coverage if *you* cannot demonstrate that *you* had secured arrangements for return travel before *your departure date*.

Trip Continuation

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below, *we* will:

i. pay or reimburse *you*, less available *refunds,* for the necessary transportation expenses *you* incur to continue *your trip*, up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary;
ii. reimburse *you* for additional *accommodation* fees *you* are required to pay, less available *refunds,* up to the maximum benefit for trip continuation coverage listed in *your* Coverage Summary, if *you* prepaid for shared *accommodations* and *your traveling companion* has to end their *trip*.

Extended Stay

If *you* have to interrupt *your trip* due to one or more of the *covered reasons* listed below and the interruption causes *you* to stay at *your destination* (or the location of the interruption) longer than originally planned, *we* will reimburse *you*, less available *refunds*, up to the maximum benefit for extended stay coverage listed in *your* Coverage Summary, for additional *accommodation* and *local public transportation* expenses.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such

as COVID-19).

The following condition applies:

a. A *doctor* must either examine or consult with *you* or the *traveling companion* before *you* make a decision to interrupt the *trip*.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

   The following condition applies:

   a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor,* or require hospitalization.

3. *You*, a *traveling companion*, *family member*, or *your service animal* dies during *your trip*.

4. *You* or a *traveling* companion is *quarantined* during *your trip* due to having been exposed to:
   a. A contagious disease other than an *epidemic* or *pandemic*; or
   b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
      i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
      ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined.*

5. *You* or a *traveling companion* is in a *traffic accident*.

   One of the following conditions must apply:

   a. *You* or a *traveling companion* needs medical attention; or
   b. The vehicle needs to be repaired because it is not safe to operate.

6. *You* are legally required to attend a legal proceeding during *your trip*.

   The following condition applies:

   a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, judge, court clerk, law enforcement officer or paralegal, this would not be covered).

7. *Your primary residence* becomes *uninhabitable*.

8. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
   A. A *natural disaster*;
   B. *Severe weather;*
   C. Work strike, unless threatened or announced prior to the purchase of *your policy;*
   D. Government-mandated shutdown of airline or train operations. This does not include travel alerts/bulletins or prohibitions by any government or public authority.

However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy's trip* interruption coverage maximum benefit:

i. The necessary cost of alternate transportation, less available *refunds*; and
ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following conditions apply:

a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
b. Coverage for a work strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*

9. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

10. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

11. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

12. *You* miss at least 50% of the length of *your trip* due to one of the following:

    A. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
    B. A work strike, unless threatened or announced prior to the purchase of *your policy*;
    C. A *natural disaster*;
    D. Roads are closed or impassable due to *severe weather*;
    E. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
        i. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities
    F. Civil disorder

13. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.

14. *You* need to attend the birth of a *family member's* child.

15. *Your* destination becomes *uninhabitable*.

16. Family outside *your* country of residence cannot accommodate *you* during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.

17. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination while *you* are on *your trip*.

    The following condition applies:
    a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

18. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip, which results in the vehicle being unable to be driven safely.*

19. *Your* or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip,* is stolen.

20. *You* are legally required to attend a legal proceeding during *your trip*.

    The following condition applies:
    a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

21. *Your primary residence* becomes *uninhabitable*.

22. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
    - *A natural disaster*
    - *Severe weather*
    - *Work strike unless threatened or announced prior to the purchase of your policy*
    - *Government-mandated shutdown of airline or train operations. This does not include travel alerts/bulletins or prohibitions by any government or public authority*

    However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy's trip* interruption coverage maximum benefit:

    i. The necessary cost of alternate transportation, less available *refunds*; and
    ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

    The following conditions apply:

    a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
    b. Coverage for a work strike does not apply when the striking workers are employed by the *travel carrier*, or an affiliate of the *travel carrier*, from which *you* purchased *your policy*

23. *You* or a *travelling companion* serving as a *first responder* is called in for duty due to an *accident* or emergency (including a *natural disaster*) to provide aid or relief during the originally scheduled *trip* dates.

24. *You* or a *traveling companion* is a traveler on a hijacked aircraft, train, vehicle, or vessel.

25. *You*, a *traveling companion*, or a *family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

26. *You* miss at least 50% of the length of *your trip* due to one of the following:
    a. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to *your departure date*);
    b. A work strike, unless threatened or announced prior to the purchase of *your policy*;
    c. A *natural disaster*;
    d. Roads are closed or impassable due to *severe weather*;
    e. Lost or stolen travel documents that are required and cannot be replaced in time for continuation of *your trip*;
        i. *You* must make diligent efforts and provide documentation of *your* efforts to obtain replacement documents through appropriate authorities
    f. Civil disorder.

27. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.

28. *You* need to attend the birth of a *family member's* child.

29. *Your* destination becomes *uninhabitable*.

30. Family outside *your* country of residence cannot accommodate *you* during *your trip*, as planned, because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.

31. Government authorities order a mandatory evacuation due to a *natural disaster* at *your* destination while *you* are on *your trip*.

    The following condition applies:
    a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

32. *Your* or a *traveling companion's* vehicle experiences a *mechanical breakdown* during *your trip, which results in the vehicle being unable to be driven safely.*

33. *Your* or a *traveling companion's* vehicle, which serves as a primary mode of transportation during *your trip,* is stolen.

C. TRAVEL DELAY COVERAGE

If *your* or a *traveling companion's trip* is delayed for one of the *covered reasons* listed below, *we* will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary for travel delay:

i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary (With Receipts Daily Limit applies)

ii. If the delay causes *you* to miss the departure of your cruise or tour, necessary transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.

iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, necessary transportation expenses to either help *you* reach *your* destination or return home.

NOTE: *We* will not reimburse *you* for any expenses that are *your travel carrier's* or *travel supplier's* responsibility

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*);
2. A work strike, unless threatened or announced prior to the purchase of *your policy*
3. *Quarantine* during *your trip* due to having been exposed to:
   a. A contagious disease other than an *epidemic* or *pandemic*; or
   b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
      i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
      ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking, except when it is a *terrorist event*;
7. Civil disorder or
8. A *traffic accident*.
9. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include being denied boarding due to your refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

D. BAGGAGE COVERAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for *baggage* coverage in *your* Coverage Summary:

i. Cost to repair the damaged *baggage*; or
ii. Cost to replace the lost, damaged, or stolen *baggage with* the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. *You* have taken necessary steps to keep *your baggage* safe and intact and to recover it;

b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
c. *You* must file and retain a copy of a police report in case of theft of any one or more *high-value items*;
d. *You* must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. **For items without an original receipt or a proof of purchase, *we* will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
e. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. **Animals, including remains of animals;**
2. **Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;**
3. **Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);**
4. **Hearing aids, prescription eyewear, and contact lenses;**
5. **Artificial teeth, prosthetics, and orthopedic devices;**
6. **Wheelchairs and other mobility devices;**
7. **Consumables, medicines, medical equipment/supplies, and perishables;**
8. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
9. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travelers cheques, securities, bullion, and keys;**
10. **Rugs and carpets;**
11. **Antiques and art objects;**
12. **Fragile or brittle items;**
13. **Firearms and other weapons, including ammunition;**
14. **Intangible property, including software and electronic data;**
15. **Property for business or trade;**
16. **Property *you* do not own;**
17. ***High value items* stolen from a car, locked or unlocked;**
18. ***Baggage* while it is:**
    a. **Shipped, unless with *your travel carrier*;**
    b. **In or on a car trailer;**
    c. **Unattended in an unlocked motor vehicle; or**
    d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;**

E. BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, *we* will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for *baggage* delay.

The following conditions apply:
a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under *baggage* delay in *your* Coverage Summary.
b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Coverage Summary. Only available for *your* outbound travel (not *your* return travel).

F. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* abroad for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip abroad*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip abroad*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

If *you* need to be admitted to a *hospital* as an inpatient, *we* may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

IMPORTANT: Please note that this is secondary coverage. If *you* have health insurance, *you* must submit *your* claim to that provider first. If *you* do not have health insurance or it is known that *your* health insurance does not provide coverage in the geographical area where *your* medical emergency is treated, please submit your claim directly to us. Any payment *you* receive from any other insurance provider or any other entity will be deducted from *your* claim.

The following conditions and exclusions apply in addition to the General Exclusions:

a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.

b. This coverage will not pay for any care provided after *your* coverage ends.

c. This coverage will not pay for any care for any illness, *injury,* or medical condition that did not originate during *your trip* abroad;

d. This coverage will not pay for any non-emergency care or services in general and the following care and services in particular:

   1. **Elective cosmetic surgery or care;**
   2. **Annual or routine exams;**
   3. **Long-term care;**
   4. **Allergy treatments (unless the allergic reaction is life threatening);**
   5. **Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;**
   6. **Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you*);**
   7. **Experimental treatment; and**
   8. **Any other non-emergency medical or dental care.**

G. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT:

- If *your* emergency is immediate or life threatening, seek local emergency care at once.
- *We* are not, and shall not be deemed to be, a provider of medical or emergency services.
- *We* act in compliance with all national and international laws and regulations, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)
If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip, we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor* to obtain information necessary to make appropriate decisions regarding *your* overall medical condition;
2. *We* will identify the closest appropriate available *hospital* or other appropriate available facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply to items 1, 2, and 3 above:
a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;
b. All decisions about *your* evacuation must be made by medical professionals licensed in the countries where they practice;
c. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
d. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Medical Repatriation (Getting *you* home after *you* receive care)
If *you become* seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will**:**

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked, unless a different class of service is otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
   a. *Your primary residence*;
   b. A location of *your* choice in *your* country of residence; or
   c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.

2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:
a. Special *accommodations* must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements. *We* will not assume any responsibility for any transportation arrangements that *we* did not authorize or arrange;

c. All decisions about *your* repatriation must be made by medical professionals licensed in the countries where they practice;
d. *You* must comply with the decisions made by *our* assistance and medical teams. If *you* do not comply, *you* effectively relieve *us* from any responsibility and liability for the consequences of *your* decisions, and *we* reserve the right to not provide coverage;
e. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.

Transport to Bedside (Bringing a friend or *family member* to *you*)
If *you are* told by the treating *doctor* that *you* will be *hospital*ized for more than 72 hours during *your trip* or that *your* condition is immediately life-threatening, *we* will arrange and pay for round-*trip* transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:
a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Return of Dependents (Getting minors and dependents home)
If *you* die or are told by the treating *doctor* during your trip that *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18, or are dependents requiring *your* full-time supervision and care to one of the following:
1. *Your primary residence*; or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your traveling companions* who are under the age of 18 or are dependents requiring *your* full-time supervision and care, if *we* determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:
a. This benefit is only available while *you* are hospitalized, or if *you* die, and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Repatriation of Remains (Getting *your* remains home)
We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:
1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence

The following conditions apply:

a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, we will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

H. PERSONAL LIABILITY COVERAGE

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 the amount shown in your summary of cover 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 close 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 close 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 the amount shown in your summary of cover.

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 close 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 close 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 claim incident occurring in your home country.

- Any contractual liabilities.
- Any liability for bodily injury suffered by you, a close relative or travelling companion.
- Compensation or other costs caused by accidents arising from your ownership or possession of 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.

I. TRAVEL ACCIDENT COVERAGE

We will pay up to the maximum benefit for Travel Accident Coverage listed in *your* Coverage Summary if:

a. an *accident* occurs during *your* trip outside of South Africa (ZA); and
b. *you* sustain an injury which within 90 days from the date of the *accident*, causes your death or *permanent disablement.*

The following condition applies:

a. If the *accident* is during a flight, the flight must be operated by a commercial airline company and be between two commercial airports.

What is not covered:
We will not pay claims arising directly or indirectly from:

1. *Your* participation in manual or hazardous work;
2. Deliberate exposure to danger unless in the attempt to save a human life;
3. Disease or any disease process, illness or any natural causes;
4. *You* do not follow our instructions or requirements under any other coverage this *policy* provides.

J. IDENTIFICATION DOCUMENT COVERAGE

If *your identification document* is lost, stolen or damaged during *your trip*, *we* will reimburse *you* for the cost, including shipping fees, to replace this *identification document*, up to the maximum benefit shown in *your* Coverage Summary for identification document coverage.

The following condition applies:

a. The *identification document's* expiration date may not be sooner than 6 months after the event triggering *your* claim under this coverage

K. PERSONAL MONEY PROTECTION

If *you* withdraw money (metallic money or banknotes) from an ATM (automatic teller machine) during *your trip* and it is stolen from *you* or accidentally lost by you, while being carried by *you* or left in a locked safety deposit box, *we* will reimburse *you* for the lost money, up to the maximum benefit shown in *your* Coverage Summary for personal money protection.

The following conditions apply:

a. In case of theft, *you* must provide proof of the incident (witness statement, police report, etc.);

b. The incident must have occurred within four hours following the withdrawal of cash from an ATM.

NOTE: Reimbursement is limited to the amount of money withdrawn from the ATM

L. RENTAL VEHICLE EXCESS (RVE)

IMPORTANT: This coverage does not replace any vehicle coverage mandated by law, does not provide bodily injury and property damage liability insurance and does not comply with any financial responsibility law or any other law mandating motor vehicle coverage.

If *your rental car* is stolen or damaged during the scheduled rental period, as shown on the *rental car agreement,* and while on *your trip*, *we* will pay *you*, up to the maximum benefit listed for Rental Car Damage and Theft Coverage in *your* Coverage Summary:

i. The specified excess, deductible or damage liability fee *you* are liable to pay under *your rental car agreement*.

The following conditions apply:

a. If the *rental car* is damaged while being operated, the driver at the time the damage occurs must be listed on the *rental car agreement*;

b. This *policy* must have been purchased and become effective prior to *you* or any driver listed in the *rental car agreement*, or anyone acting on your or their behalf, first taking possession of the *rental car* at the beginning of the scheduled rental period as shown on the *rental car agreement*;

c. *You* must file a report with the rental car company, either within 24 hours of the loss or damage or when *you* return the *rental car* (whichever comes first); and

d. If the *rental car* is stolen, *you* must promptly notify the police.

***Rental cars* do not include:**

1. **Vehicles used for peer-to-peer car sharing;**
2. **Trucks or moving vans;**
3. **Campers, trailers, or recreational vehicles;**
4. **Motorcycles, motorbikes, snowmobiles, kit-cars, or all-terrain vehicles;**
5. **Vehicles when used off-road;**
6. **Vehicles that are more than 10 years old;**
7. **Vehicles that seat more than nine persons, including the driver;**
8. **Vehicles that do not have to be licensed or are not legal where used;**
9. **Vehicles that are rented for commercial or for-hire purposes, including limousines; and**
10. **Vehicles that have a manufacturer's suggested retail price of more than 1,200,000 ZAR.**

***You* are not covered for any loss that results directly or indirectly from any of the following specific exclusions:**

1. **Any obligation *you* assume under any agreement, (e.g. *you* pay for the car rental agency's supplemental insurance), except a collision or comprehensive *deductible* for *your* primary insurance;**
2. **Violating the *rental car agreement*;**
3. **Leases or rentals for 31 consecutive days or longer;**
4. ***Rental car's* loss of value; or**
5. ***Mechanical breakdown* or ordinary wear and tear;**

M. TRAVEL ASSISTANCE SERVICES DURING YOUR TRIP

If *you* need travel services during *your trip*, *we* are available 24 hours a day. With *our* global reach and multi-lingual staff, *we* are here to help *you*.

Finding a *Doctor* or Medical Facility
If *you* need care from a *doctor* or medical facility while *you* are traveling, *we* can assist *you* in finding one.

Monitoring *Your* Care
If *you* are hospitalized, *our* medical staff will stay in contact with *you* and the *doctor* caring for *you*. *We* can also notify *your* family and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

Emergency Message Delivery
We can assist *you* in getting an urgent message to someone back home.

The following is only available if *you* purchased the Sports Cover add-on

N. SPORTS COVERAGE

Missed activity
If *you* cannot participate in one or more of *your* prepaid activities during *your trip* for a *covered reason* listed below, *we* will reimburse *you* for *your* non-refundable costs that you paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity Coverage. Please note that this coverage only applies before the start of the activity.

Covered reasons:

1. *You,* a *traveling companion*, or a *family member* who is participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

   The following conditions apply:
   a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
   b. A *doctor* advises *you,* a *traveling companion,* or a *family member* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you,* the *traveling companion,* or the *family member* within 72 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.

2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

   The following condition applies:
   a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require hospitalization, or require *your* care.

3. *You* or a *traveling companion* dies on or after *your policy's* coverage effective date.

4. *Your family member* or *your service animal* dies on or within 30 days prior to the scheduled start date of the activity and on or after *your policy's* coverage effective date.

5. *Your* prepaid activity is canceled by the supplier of the activity due to *severe weather*.

6. *Your* ski resort closes 75% or more of its ski trails due to lack or excess of snow.

   The following condition applies:
   a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

Sporting equipment coverage
If *your sporting equipment* is lost or damaged by a *travel supplier*, or stolen, while *you* are on *your trip*, *we* will pay *you*, less available *refunds*, the lesser of the following, up to the maximum benefit listed for *Sporting Equipment* Damage, Loss, or Theft in *your* Coverage Summary:

i. Cost to repair the damaged *sporting equipment*; or

ii. Cost to replace the lost, damaged, or stolen *sporting equipment* with the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:
a. *You* have taken necessary steps to keep *your sporting equipment* safe and intact and to recover it;
b. *You* have filed and have a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
c. *You* must provide original receipts or another proof of purchase for each lost, stolen, or damaged item. **For items without an original receipt or a proof of purchase, *we* will only cover 50% of the current market price of each item.**

The following are not covered:

1. **Items other than *sporting equipment*;**
2. **Animals, including remains of animals;**
3. **Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;**
4. **Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;**
5. **Prosthetics, and orthopedic devices, unless specifically designed for use in a particular sport;**
6. **Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;**
7. **Intangible property, including software and electronic data;**
8. **Property for business or trade;**
9. **Property *you* do not own;**
10. ***Your* gross negligence or willful and wanton conduct leading to loss, theft, or damage of *your sporting equipment*; and**
11. ***Sporting equipment* while it is:**
    a. **Shipped, unless with *your travel carrier*;**
    b. **In or on a car trailer; or**
    c. **Unattended in an unlocked motor vehicle.**

***Sporting equipment* rental coverage**

If *your sporting equipment* is lost, damaged, or delayed by a *travel supplier* during *your* outbound travel, or stolen while on *your trip*, *we* will reimburse the necessary costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for *Sporting Equipment* Rental Coverage in *your* Coverage Summary. This coverage does not include motorized equipment or vehicles.

The following condition applies:
    a. *You* have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency. The maximum benefit listed for this coverage is in addition to any other search and rescue benefit that this *policy* provides.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An "exclusion" is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

If you have traveled against an order or advice against travel issued by your home country's or *trip* destination's government or local authority, this *policy* excludes any loss directly or indirectly resulting from, arising out of, or related to any reason for or subject of such travel order or advice.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. **Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;**
2. ***Pre-Existing medical conditions*;**
3. ***Your* intentional self-harm or if *you* attempt or commit suicide;**
4. **Normal, complication-free pregnancy or childbirth, except when and to the extent that normal, complication-free pregnancy or childbirth is expressly referenced in and covered under *trip* cancellation coverage or *trip* interruption coverage;**
5. **Fertility treatments or elective abortion;**
6. **The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;**
7. **Acts committed with the intent to cause loss;**
8. **Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;**
9. **Participating in or training for any professional or semi-professional sporting competition;**
10. **Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions and tournaments organized by hotels, resorts, or cruise lines to entertain their guests.**

General exclusion 11 applies to customers who have not purchased the Sports Cover add-on:

11. **Participating in extreme, high-risk sports and activities in general and the following activities in particular:**
    a. **Skydiving, BASE jumping, hang gliding, or parachuting;**
    b. **Bungee jumping;**
    c. **Caving, rappelling, or spelunking;**
    d. **Skiing or snowboarding outside marked trails or in an area accessed by helicopter;**
    e. ***Climbing sports* or free climbing;**
    f. **Any *high-altitude activity*;**
    g. **Personal combat or fighting sports;**
    h. **Racing or practicing to race any motorized vehicle or watercraft;**
    i. **Free diving; or**
    j. **Scuba diving at a depth greater than 20 meters or without a dive master.**

For extreme high-risk sports and activities that are not expressly excluded to be covered, they must be:

i. Arranged as part of *your trip;*
ii. Provided by a company that is regulated or licensed where required; and
iii. Not otherwise prohibited by law.

You must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

General exclusion 12 applies to customers who have purchased the Sports Cover add-on:

12. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
    a. Any *high-altitude activity*, BASE jumping, or free climbing;
    b. Rafting/kayaking above Class V rapids or canoeing above Class III rapids;
    c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
    d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
    e. Racing any motorized vehicle or watercraft other than go-karts; or
    f. Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive master

    For extreme high-risk sports and activities that are not expressly excluded to be covered, they must be:

    i. Arranged as part of *your trip;*
    ii. Provided by a company that is regulated or licensed where required; and
    iii. Not otherwise prohibited by law.

    You must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

13. An *illegal act* resulting in a conviction, except when *you*, a *traveling companion*, a *family member*, or *your service animal* is the victim of such act;
14. An *epidemic* or *pandemic*, except when and to the extent that an *epidemic* or *pandemic* is expressly referenced in and covered under *trip* cancellation coverage, *trip* interruption coverage, travel delay coverage, or emergency medical/dental coverage;
15. *Natural disaster*, except when and to the extent that a *natural disaster* is expressly referenced in and covered under *trip* cancellation coverage, or *trip* Interruption coverage, or travel delay coverage;
16. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
17. Nuclear reaction, radiation, or radioactive contamination;
18. War or acts of war;
19. Military duty, except when and to the extent that *military duty* is expressly referenced and covered under *trip* cancellation coverage or *trip* interruption coverage;
20. *Political risk;*
21. *Cyber risk;*
22. Civil disorder or unrest, except when and to the extent that civil disorder or unrest is expressly referenced in and covered under *trip* interruption coverage or travel delay coverage;
23. *Terrorist events -* This exclusion does not apply to Emergency Medical or Emergency Transportation coverage.

24. **Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except when and to the extent that an act, travel alert/bulletin, or prohibition by a government or public authority is expressly referenced in and covered under *trip* cancellation coverage or *trip* interruption coverage;**
25. **Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;**
26. ***A travel supplier's* restrictions on any *baggage*, including medical supplies or equipment;**
27. **Ordinary wear and tear or defective materials or workmanship;**
28. **An act of gross negligence by *you* or a *traveling companion,***

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. ***Your travel carrier* tickets do not show travel date(s);**
2. **The *Departure Date* and *Return Date* as shown on the Coverage Summary do not match *your trip's* actual *departure date* and *return date* (does not apply to insurance purchased with a one-way booking); or**
3. ***You* intend to receive health care or medical treatment of any kind while on *your trip*.**

CLAIMS INFORMATION

To make a claim, please visit the website at https://travelclaims.tatsh.cloud/. This will lead you to our online claims notification service where you can fill in an online claim form.

You can also get a claim form by:

- Calling +971 4 270 8705 *(8am– 8pm GST, Mon - Fri)* or
- WhatsApp +971 56 216 4563 *(8am– 8pm GST, Mon - Fri)*
- For medical emergencies requests please contact our 24/7 Emergency line: +971 4270 8705 and Press 1

You should fill in the claim form and send it to *us* as soon as possible with all the information and documents *we* ask for. *You* must give *us* as much detail as possible so *we* can handle *your* claim quickly. Please keep copies of all the information *you* send *us*.

You will need to obtain some information to support *your* claim. Below is a list of actions *you* will need to take and documents *we* will need in order to deal with *your* claim. Further information and/or evidence may be required by *us* after *your* claim has been submitted. If this is the case, *we* will inform *you* as quickly as possible.

For all claims

- *Your* original *trip* booking invoice(s) and travel documents showing the dates and times of travel.
- Passport Copy
- 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 or private medical.
- As much evidence as possible to support *your* claim.

Trip Cancellation

- 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 independent evidence of these circumstances.

Trip Interruption

- *Your* original booking invoice(s) showing *your* revised time and *date of departure* and detailing whether any *refunds* can be provided.
- For claims relating to illness or *injury* a medical certificate will need to be completed by the treating *doctor*. A copy of the death certificate is required in the event of death.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

- 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.

- 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.
- If *your* claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, *you* should also report the theft, damage or loss to *your travel carrier*, tour operator, handling agent or *accommodation* manager and ask for a written report.
- For delays, losses and damage whilst in the care of a *travel carrier,* report this as soon as possible and obtain a written report from them. For airlines specifically, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged *baggage*.
- 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 of this action from them.

Baggage Delay

- Report the loss to the *travel carrier* and obtain a written report from them. For airlines, *you* must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. *You* then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Coverage abroad and Transportation Coverage

- Always contact our 24-hour emergency medical service when you are hospitalised, require repatriation or where medical fees are likely to exceed $500.
- Medical evidence from the treating *doctor* to confirm the illness or *injury* and treatment given, including *hospital* admission and discharge dates, if this applies.

Loss of Travel Documents Coverage

- A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if *your* passport or visa is stolen.

GENERAL PROVISIONS AND CONDITIONS

Means of compensation

We provide compensation for damage or loss by means of

- provision of a service, and/or
- replacement of the insured item, or
- provision of financial compensation.

How is damage and loss determined and compensated?

- *We* will let *you* know as soon as possible if *you* are eligible for compensation and for what amount.
- *Your* claim must be complete and truthful. Then *we* can correctly determine the amount of the damage.
- If *we* compensate *you* for damage to an insured object, *we* may ask you to transfer ownership of it to *us*.

What are *your* obligations in the event of damage (general obligations)?

You are obliged to:

- Limit the loss or damage as much as possible and avoid unnecessary costs;
- Notify *us* immediately and describe the insured event (e.g. event and extent).
- Provide *us* truthfully with all information necessary to clarify the facts and enable *us* to verify the cause and amount of the claim made. *You* must provide proof of the damage in the form of original invoices and documents.

When do we try to recover compensation paid?

- If a third party is liable for the damage *you* have suffered, *we* are entitled to recover the compensation *we* have paid from that third party.
- *We* can ask *you* to pay back any amounts *we* have paid out to *you*, which are not covered by this *policy*.

When is the *policy* invalid?

- *We* only insure people who live in a country where *our* license is valid. This means that *you* have to actually live in the country of your *primary residence* during the entire term of the *policy*.
- The *policy* is invalid if *we* have informed *you* beforehand that *we* do not wish to insure *you* or no longer wish to do so. In that case, *we* will *refund* the premium paid by *you*.
- If *you* have not paid the premium due in full and on time.

What is the limitation period of your claim for compensation?

Your claim for compensation expires after three years. The limitation period begins at the end of the year in which the claim was filed and *you* were aware of the circumstances justifying the claim, or should have been aware of such circumstances.

Which law applies?

The law of the country of your *primary residence* applies to *your policy*.

What should you do if you have a complaint?

Phone +971 4 270 8705
WhatsApp +971 56 216 4563
Email: travel@nextcarehealth.com

DISCLOSURE NOTICE

Full Name:	Allianz Global Corporate & Specialty South Africa Limited ("AGCS")
FSP Number:	16722
Registration number:	1961/000150/06
Physical address:	The Firs, 2nd Floor, Office 202, 32A Cradock Avenue, Rosebank, 2196
Postal Address	PO Box 62228, Marshalltown, 2107
Telephone:	+2711 214 7900
E-mail:	info@allianz.com
Webpage:	https://commercial.allianz.com/global-offices/africa.html

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AGCS has Professional Indemnity insurance cover
AGCS has a documented conflict of interest management policy which is available upon request.

Moonstone Compliance (Pty) Ltd is AGCS' Compliance Officer and is represented by: Nicholette McClure

Head Office:	+ (27) 21 883 8000
Telephone:	086 6151122
Mobile:	+ (27) 824576444
E-mail:	nmcclure@moonstonecompliance.co.za
Address:	25 Quantum Street, Technopark, Stellenbosch
Webpage:	www.moonstone.co.za

Claims Procedure

On the happening of any event, which may result in a claim under the policy, please submit your claim online: https://travelclaims.tatsh.com/index.aspx, or please notify your intermediary (if applicable as indicated on your policy disclosure notice) alternatively, the AGCS contact indicated on your policy disclosure notice or, you could obtain the contact details by dialing the following telephone number +27 11 214 7900. Our Travel insurance claims email is travel.claims@nextcarehealth.com and non-travel insurance related claims email is Claimsafrica@allianz.com

Complaints to be addressed to:

Name:	Kristin Van Niekerk
Telephone:	+2711 214 7951
E-mail:	kristin.vanniekerk@allianz.com

A complaints resolution process can be requested from our office at the above-mentioned contact details. If the matter is not resolved to your satisfaction, you may address your queries to the Ombudsman for Financial Services Providers and/or the Ombudsman for Short-Term Insurance:
The Office of the Ombud for Financial Services Providers to be contacted on:

Address	Sussex Office Park, Ground Floor, Block B, 473 Lynnwood Road Corner Lynnwood Road & Sussex Ave, Lynnwood, 0081
Telephone:	+27 12 762 5000
Share call:	086 066 3274
E-mail:	info@faisombud.co.za
Webpage:	www.faisombud.co.za

Ombudsman for Short Term Insurance

Address	P O Box 32334 Braamfontein, 2017
Telephone:	+27 011 726-8900
Share call:	0860 726 890
E-mail:	info@osti.co.za

AGCS is authorised to provide advice and intermediary services in terms of the following categories:

Category I	Advice	Intermediary Service
Short-term Insurance: Commercial Lines	x	
Short-term Insurance: Personal Lines	x	

Data Privacy

For information on how we protect your privacy please see
https://commercial.allianz.com/global-offices/africa/data-privacy.html