

Travel Insurance Policy

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

GloHealth

Important Telephone Numbers

Customer Services:	00 353 1 619 3674
Policy cancellation enquiries (Main policy):	1890 744 744
(Winter sports option only):	00 353 1 619 3674
24hr emergency repatriation service:	UK +44 (0)20 8666 0628
Legal advice helpline:	00 353 1 619 3672
Claims:	00 353 1 619 3673

Contents

	Page
Summary of cover	3
Important information	3-4
Definition of words	5-7
24-hour emergency medical assistance	7
Reciprocal health arrangements	8
Health declaration and health exclusions	8
General exclusions	8
Conditions	9
Making a claim	10-11
Making a complaint	11
Cancellation or curtailment charges – Section 1	12-13
Loss of passport – Section 2	13
Delayed personal possessions – Section 3	13
Personal possessions – Section 4	14
Personal money – Section 5	15
Personal accident – Section 6	15
Missed departure – Section 7	16
Delayed departure – Section 8	16
Personal liability – Section 9	17
Legal expenses – Section 10	18
Emergency medical and associated expenses - Section 11	19
Winter sports cover – Section 12	20

Summary of cover

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

Cover	Limit (up to)	Excess
1. Cancellation or curtailment - Excursions	€1,500 €150	€75 No excess
2. Loss of passport	€165	No excess
3. Delayed personal possessions	€165	No excess
4. Personal possessions - Single item, pair or set - Valuables limit - Tobacco, alcohol, fragrances limit	€1,650 €330 €440 €50	€75
5. Personal money - Cash limit	€500 €150	€75
6. Personal accident	€5,000	No excess
7. Missed departure	€550	No excess
8. Delayed departure - Delay - Abandonment	€20 first 12hrs, €10 each extra 12 hrs €300 max €1,500	No excess €75
9. Personal liability	€1 million	€75
10. Legal expenses	€15,000	No excess
11. Emergency medical and associated expenses - Winter sports related - Non-winter sports related	€5 million Amounts between €100,000 and €5 million	No excess No excess
Additional Cover	Cover	Excess
12. Winter sports cover		
Ski pack	€400	Nil
Ski equipment (own)	€650	€75
Ski equipment (hired)	€300	Nil
Delayed ski equipment	€20 per 24hrs €300 max	Nil
Avalanche closure	€50 per 24hrs €200 max	Nil

Note

Inner limits

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

Winter sports cover

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

Important information

Thank **you** for taking out GloHealth travel insurance with **us**.

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

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

Insurer

Your GloHealth travel insurance is underwritten by AGA International SA and administered in the Republic of Ireland by Allianz Global Assistance.

How your policy works

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

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

Information you need to tell us

There is certain information that **we** need to know as it may affect the terms of the insurance cover **we** can offer **you**.

You must, to the best of **your** knowledge, give accurate answers to the questions **we** ask when **you** buy **your** GloHealth travel insurance policy. If **you** do not answer the questions truthfully it could result in **your** policy being invalid and could mean that all or part of a claim may not be paid.

If **you** think **you** may have given **us** any incorrect answers, or if **you** want any help, please call **00 353 1 619 3674** as soon as possible and **we** will be able to tell **you** if **we** can still offer **you** cover.

Cancellation rights

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

- **For the main policy**
Please refer to the cancellation section in **your** GloHealth Health Insurance policy or alternatively contact GloHealth by Telephone **1890 744 744** for details.
- **For the winter sports option**
Notify Allianz Global Assistance within 14 days of receiving **your** winter sports policy schedule and return all **your** documents for a refund of **your** premium. Write to **us** at 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland, D12 R297, Phone **00 353 1 619 3674** or email **insurance@allianz-assistance.ie**

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

Policy excess

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

Data protection

Your personal information including sensitive personal data (for example health information) may be held on computer, paper file or other format. This information will be used by GloHealth, **us**, **our** representatives and the **insurer**, to arrange and manage **your** insurance policy including handling claims.

In certain circumstances, such as a medical emergency, this may involve transferring information about **you** to countries outside the European Economic Area (EEA) that may have limited or no data protection laws. **We** always take reasonable steps to safeguard **your** personal information.

We will exchange personal information with industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes. **We** may provide **your** information to others where required or permitted by law (for example, if requested by the police or another official authority).

You have the right to request a copy of the personal information **we** hold about **you** by writing to **us** at Allianz Global Assistance, 18b Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland D12 R297. A small charge may apply.

Allianz Global Assistance will not use **your** personal information or share it with other third parties for marketing purposes.

Investor Compensation Scheme

We are a member of the Investor Compensation Scheme, which was formed pursuant to the Investment Compensation Act 1998. **You** may be entitled to compensation from this scheme, if the **insurer** cannot provide the services **you** have paid for. The compensation amount will be 90% of **your** loss up to a maximum of €20,000.

Governing law

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

Third party rights

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

Stamp duty

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

Insurance Act 1936

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

Renewal of your insurance cover

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

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

Definition of words

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

Accident

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

Appointed adviser

The solicitor or appropriately qualified person, firm or company, including **us**, who is chosen to act for **you** in **your** claim for compensation.

Area of cover

Any country in the world.

Note

You will not be covered if **you** travel to a country or region where the Department of Foreign Affairs has advised against all travel or all but essential travel. For further details, visit www.dfa.ie/travel/travel-advice/

Business associate

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

Couple

Two adults who have been permanently living together at the same address for more than six months and who will be travelling together.

Departure point

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

Doctor

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

Economic sanction(s)

Any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or Republic of Ireland. These may change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities.

Excess

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

Family

Two adults and all of their children (including foster children) aged 17 and under if in full time education. All persons must live at the same address. Each adult can travel independently, however, all insured children must travel with at least one of the insured adults.

Hazardous activity

The following activities are automatically covered:

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

There is no cover for:

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

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

Home

Your usual place of residence in the Republic of Ireland.

Insurer

AGA International SA.

Journey

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

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

Legal action

Work carried out to support a claim that **we** have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by **you**:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgment or legally binding decision.

Legal costs

Fees, costs and expenses (including any appropriate taxes) which **we** agree to pay for **you** in connection with legal action. Also, any costs which **you** are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs **we** agree to pay.

Pair or set

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

Period of insurance

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

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

Personal money

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

Personal possessions

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

Person insured, you, your

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

Redundancy

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

Relative

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

Resident

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

Single parent family

One adult and all of their children (including foster children) aged 17 and under if in full time education. All persons must live at the same address. The adult can travel independently, however, all insured children must travel with the insured adult.

Ski pack

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

Travelling companion

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

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Valuables

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

We, our, us

Mondial Assistance Ireland Limited trading as Allianz Global Assistance who administer the insurance and handle claims on behalf of the **insurer** and Mondial Assistance (UK) Limited trading as Allianz Global Assistance who administer the insurance and handle complaints on behalf of the **insurer**.

Winter sports

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

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

There is no cover for:

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

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

You, your, person insured

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

24-hour emergency medical assistance

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

Phone: **UK +44 (0)20 8666 0628** Fax: **UK +44 (0)20 8603 0204**

Email: **medical@allianz-assistance.co.uk**

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

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

Confirmation of payment

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

Repatriation

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

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

Reciprocal health arrangements

European Health Insurance Card (EHIC)

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

Note

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

Australia

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

Health declaration and health exclusions

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

Your GloHealth Travel Insurance policy contains certain conditions and exclusions regarding **your** health, which are shown under the headings 'Section 3 – Personalised Packages', 'Section 5 - Your Plan Explained' and 'Section 6 – Glossary' of **your** GloHealth Health Insurance policy.

The conditions and exclusions relating to **your** GloHealth Health Insurance policy also apply to this GloHealth Travel Insurance policy.

General exclusions

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

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

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism, weapons of mass destruction.
- 2 Any epidemic or pandemic.
- 3 **You** not following any suggestions or recommendations made by the Department of Foreign Affairs, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 Any **economic sanction** which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy.
- 5 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 6 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 7 Any currency exchange rate changes.
- 8 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Personal accident and Emergency medical and associated expenses sections).
- 9 **You** acting in an illegal or malicious way.
- 10 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 11 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
- 12 **You** not enjoying **your journey** or not wanting to travel.
- 13 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 14 **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.

Conditions

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

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

We have the right to do the following

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

Making a claim

To claim, please visit the website www.azgatravelclaims.com. This will lead **you** to **our** online claims notification service where claim forms can be obtained immediately via email or by downloading directly from the site.

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

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

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

For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household.
- As much evidence as possible to support **your** claim.

Cancellation or curtailment

- If **you** need to curtail **your journey** call **UK +44 (0)20 8666 0628** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

If your passport is lost, stolen or destroyed

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

Personal possessions and Personal money

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

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

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

Personal accident

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

Missed departure

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

Delayed departure

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

Personal liability

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

Legal expenses

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies) within 90 days of the event causing **your** claim.
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

Emergency medical and associated expenses

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

Winter sports

Ski pack

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

Loss, theft or damage to ski equipment

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

Avalanche closure

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

Making a complaint

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

In the first instance, please:

Write to:

Customer Support,
AGA International SA,
C/O Allianz Global Assistance,
102 George Street,
Croydon, CR9 6HD
United Kingdom.

Telephone: **UK +44 (0)20 8603 9853**

Email: **customersupport@allianz-assistance.co.uk**

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

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

Cancellation or curtailment charges - Section 1

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

WHAT YOU ARE COVERED FOR

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

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

Cancellation

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

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country
- **You** or a **travelling companion** is needed by the Gardai following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**

Curtailment

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

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

Note

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

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

An **excess** of **€75**.

Any condition stated under Health declaration and health exclusions.

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

Booking, credit card and non-Euro transaction fees.

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

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

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

Anything caused by:

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

Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel. Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

Under Curtailment

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

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

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

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

Anything caused by **you** taking part in a **hazardous activity** or **winter sports** unless shown on **your** policy schedule.

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

Loss of passport - Section 2

WHAT YOU ARE COVERED FOR

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

Costs for issuing a temporary passport

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

Remaining value of original passport

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

WHAT YOU ARE NOT COVERED FOR

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

Delayed personal possessions - Section 3

WHAT YOU ARE COVERED FOR

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

Note

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

WHAT YOU ARE NOT COVERED FOR

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

Personal possessions - Section 4

WHAT YOU ARE COVERED FOR

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

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**

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

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

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

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

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

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

Personal money - Section 5

WHAT YOU ARE COVERED FOR

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

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

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

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

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

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

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

Personal accident - Section 6

WHAT YOU ARE COVERED FOR

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

Death

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

Permanent loss

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

Physical disablement

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

Note

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

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions.

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

Anything caused by:

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

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

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

Missed departure - Section 7

WHAT YOU ARE COVERED FOR

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

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

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

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

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

Delayed departure - Section 8

WHAT YOU ARE COVERED FOR

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

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

We will pay:

Delay

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

Abandonment

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

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

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

Missed connections.

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

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

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

Under Abandonment

An **excess** of **€75**.

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

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

Personal liability - Section 9

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

WHAT YOU ARE COVERED FOR

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

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of **€75**.

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

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

Any contractual liabilities.

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

Compensation or other costs caused by accidents arising from **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.

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

Legal expenses - Section 10

You can call **our** legal helpline 365 days a year for advice on a travel related legal problem to do with **your journey**. Phone **00 353 1 619 3672**

WHAT YOU ARE COVERED FOR

If **you** die, are ill, or injured during **your journey** and **you** or **your** personal representative take **legal action** to claim damages or compensation for negligence against a third party **we** will do the following:

- nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility;
- pay up to **€15,000** legal costs for **legal action** for **you** (but not more than **€30,000** in total for all **persons insured** on this policy) for each event giving rise to a claim.

Note

- **you** must conduct **your** claim in the way requested by the **appointed adviser**;
- **you** must keep **us** and the **appointed adviser** fully aware of all facts and correspondence including any claim settlement offers made to **you**;
- **we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- **we** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of the **legal action** could be more than the settlement.

WHAT YOU ARE NOT COVERED FOR

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;
- involving **legal action** between **you** and members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **insurer**, another **person insured** by this policy or **our** agent.

Legal costs:

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- if **we**, **you** or **your appointed adviser**, are unable to recover **legal costs** incurred following a successful claim for compensation, **we** will be entitled to receive such costs from the compensation **you** receive. Any repayment is limited to the actual costs incurred and will not be more than half of the compensation **you** receive;
- awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);
- for bringing **legal action** in more than one country for the same event.

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

Emergency medical and associated expenses - Section 11

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

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey**.

Your GloHealth Health Insurance policy provides cover for emergency medical and associated expenses incurred by **you** up to **€100,000** (subject to the policy terms and conditions) as long as these are not as a result of a **winter sports** related injury. Full details of the cover provided may be found under the headings 'Section 3 – Personalised Packages', 'Section 5 - Your Plan Explained' and 'Section 6 – Glossary' of **your** GloHealth Health Insurance policy.

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

- the cost of **your** medical treatment is over the **€100,000** limit provided by **your** GloHealth Health Insurance policy, where **we** will pay any amount above this sum, up to **€5 million** in total (subject to the policy terms and conditions); or
- the medical treatment relates to an injury sustained while taking part in **winter sports**, where **we** will pay up to **€5 million** in total (including mountain search and rescue service costs when deemed medically necessary).

WHAT YOU ARE NOT COVERED FOR

Any claim that is not covered by **your** GloHealth Health Insurance policy.

Any elective treatment, surgery or consultation.

You travelling for the purpose of receiving treatment abroad.

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

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

Anything caused by:

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

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

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

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

Winter sports cover - Section 12

This section is only in force if **you** have called **us** on **00 353 1 619 3674** and **we** have written to **you** to confirm that **your** policy has been upgraded to include this section.

WHAT YOU ARE COVERED FOR

Ski pack

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

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness during **your journey**.

Delayed ski equipment

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

Loss, theft or damage of ski equipment

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

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

Note

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

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

Avalanche closure

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

WHAT YOU ARE NOT COVERED FOR

Under Ski pack

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

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses – section 11.

Under Delayed ski equipment

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

Under Loss theft or damage to ski equipment

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

Under Avalanche closure

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

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

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

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

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

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

GloHealth Financial Services Limited trading as GloHealth is regulated by the Central Bank of Ireland.

GloHealth health insurance policies are underwritten by Great Lakes Reinsurance (UK) SE. Great Lakes Reinsurance (UK) SE is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules.

Registered Office: Silverstone House, Ballymoss Road, Sandyford Industrial Estate, Sandyford, Dublin 18.
Registered in Ireland 504645.

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