

**AA**



Travel Insurance

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# POLICY BOOKLET

# Contact us

In a medical emergency, if **you** go into hospital or need to return **home** urgently, contact **our** 24 hour Emergency Assistance Service providers, as detailed below, immediately. They are available 24 hours a day, 365 days a year.

<b>From anywhere in the world Phone</b>	<b>+353 1 431 1205</b>
<b>From Ireland Phone</b>	<b>01 431 1205</b>

When calling please quote **your** AA Travel Insurance policy number which is shown on **your** policy certificate. Write it below for easy reference.

.....

## My Policy Number

If **you** need to go into hospital, the doctor treating **you** may need to speak to **us** directly. Please give the doctor the contact numbers on this page together with **your** policy number

### AA Travel Insurance

Customer Services & Renewals  
61a South William Street, Dublin 2.  
Tel + 353 (0)1 617 9988  
Fax + 353 (0)1 617 9900  
Email: mytravel@theaa.ie

### Travel Claims

From **Ireland**: 01 431 1204  
Outside of **Ireland**: +353 (1) 43 11204

AA Ireland Limited trading as AA Insurance is regulated by the Central Bank of Ireland. AA Ireland Limited registered office: 61a South William Street, Dublin 2. AA Insurance is tied to Inter Partner Assistance for the purposes of selling Travel Insurance. Registered in **Ireland**, number 389194.

### Underwriter

**Your** Travel Insurance policy is underwritten by Inter Partner Assistance.

# Contents

Contact us ..... 2

Schedule of Benefits, Limits and Excesses ..... 4

Foreword and About Us ..... 5

Important Health Requirements – For All Insured Persons ..... 13

Sports and Activities Cover ..... 16

Section A – Cancellation or Curtailment Charges ..... 17

Section B – Emergency Medical and Other Expenses ..... 19

Section C – Personal Accident ..... 22

Section D – Baggage and Passport ..... 22

Section E – Personal Liability ..... 25

Section F – Delayed Departure..... 26

Section G – Holiday Abandonment..... 27

Section H – Missed Departure..... 28

General Conditions (applicable to the whole policy)..... 30

General Exclusions (applicable to the whole policy)..... 31

Claims Conditions ..... 34

Cancellation of Your Policy ..... 35

Complaints Procedure..... 35

Use of Your Personal Data..... 37

Frequently asked Questions? ..... 38

Other AA services available ..... 39

## Schedule of Benefits, Limits and Excesses

Section	Description	Value (Single Trip, Annual Multi Trip & Backpacker) Cover Limit	Excess per Insured person, each and every incident
A	Cancellation or <b>Curtailment</b>	Up to €1,500	€150 (€30 Loss of deposit)
B	Emergency Medical Expenses and other expenses	Up to €3,000,000	€150
	Repatriation – included above		
	Infants born following <b>complications of pregnancy</b> (maximum per event) - trips to USA or Caribbean	€200,000	€150
	Infants born following <b>complications of pregnancy</b> (maximum per event) - rest of the world	Up to €75,000 (or €200,000 for trips to USA or Caribbean)	€150
	Emergency dental pain relief	Up to €200	€150
	Funeral expenses	Up to €5,000	€150
C	<b>Personal Accident</b>	€15,000	N/A
	<b>Loss of limbs or Loss of sight</b>	€15,000	N/A
	<b>Permanent Total Disablement</b>	€15,000	N/A
	Death Benefit	€7,000	N/A
	Death Benefit	€2,000 (under 18 years)	N/A
D	<b>Baggage and Passport</b>	Up to €1,500	€150
	<b>Single Item</b> Limit	€150	N/A
	<b>Valuables</b> Limit in total	€250	N/A
	Unreceipted Items Limit	Up to €150	N/A
	Unreceipted <b>Single Item</b> Limit	€50	N/A
	Replacement of Passport	Up to €75	N/A
	Emergency Passport Travel	Up to €75	N/A
E	<b>Personal Liability</b>	Up to €1,000,000	€250
F	<b>Delayed Departure</b>	€20 per 12 hour period Up to €200	N/A
G	<b>Holiday Abandonment</b>	Up to €1,000 (after 24 hrs)	€150
H	<b>Missed Departure</b>	Up to €500	€150

# Foreword and About Us

## Welcome to AA Travel Insurance

A warm welcome and thank **you** for choosing to insure **your** travel through us. Our aim at AA Travel Insurance is to combine value for money with peace of mind, making travel insurance as straightforward as possible.

**Your** policy booklet and travel insurance certificate include everything **you** need to know about **your** travel insurance cover. **You** should read them very carefully and, in the event **you** do not understand something, **you** should contact our experienced customer service team on 01 617 9988 who are there to help **you** with all **your** travel insurance needs.

The AA also offers more than just travel insurance. If **you** want more information on our other products and services, please call us on 01 617 9950 or visit our website at theAA.ie.

## Introduction

This is **your** travel insurance policy. It contains details of cover, conditions and exclusions relating to each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the travel insurance certificate which must be attached to the policy.

In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your** travel insurance certificate.

The travel insurance certificate and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance.

## Policy Information

1. There is no cover for mobile phones under this policy.
2. This policy is only available to **you** if **you** permanently reside in **Ireland** and have been for the past six months, prior to date of issue of **your** policy.
3. **Your** policy will be governed by the law of Republic of Ireland unless **we** have specifically agreed otherwise.
4. The appropriate stamp duty has been or will be paid by **us** to the Revenue Commissioner in accordance with the provisions of the composition agreement entered into with them under section 5 of the Stamp Duties Consolidation Act 1999. All monies which may become

due or payable by **us** shall be payable from **our** offices in the Republic of Ireland to **you** at the address **you** have notified to **us** in **Ireland**.

5. This evidence of insurance is to confirm those persons who have paid the appropriate premium are insured under the Master Certificate Number AV/DRA/AAROIV01/2011.
6. Please carry this policy with **you** and contact the Emergency Assistance helpline on +353 (0) 1 431 1205 in the event of an emergency.
7. This document only constitutes a valid evidence of insurance when it is issued in conjunction with a travel insurance certificate.

## Eligibility

Please note, this policy is only available to residents of the Republic of Ireland. No person who is over the age of 45 at the commencement of the **period of insurance** will be covered under a Backpacker policy.

Family cover is for up to two adults and up to 5 of their children, step children or foster children who are unmarried and aged under 18 (or under 24 years if living at **home** and in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any **trip** to the same destination. Under annual multi **trip** cover each adult is also insured to travel on their own but children must always travel with one of the adults named on the travel insurance certificate.

## Underwriter

Benefits under this Policy are underwritten by Inter Partner Assistance (IPA), whose registered branch office in **Ireland** is 10/11 Mary Street, Dublin 1, **Ireland** (company number 906006) and is regulated by the Central Bank of Ireland for conduct of business rules. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised by the National Bank of Belgium. Some of the services under this policy will be provided by IPA's' agent, AXA Travel Insurance (company number 426087), of the same **Ireland** address. All companies are members of the AXA Assistance Group.

## Important Requirements - For Insured Persons with Private Health Insurance

If **you** have Private Health Insurance which includes cover for overseas in-patient medical treatment for a minimum of €55,000, this will be shown on **your** travel insurance certificate. **Your** confirmation that **you** have Private Health Insurance in place means that **you** agree to the following:

1. **You** have a Private Health Insurance policy in place for the entire **period of insurance** of this policy.

- 2. **Your** Private Health Insurance policy covers each **insured person** on this policy for overseas inpatient medical treatment for a minimum of €55,000.
- 3. **You** understand that if **you** are admitted into hospital abroad as an inpatient **you** must first claim against **your** Private Health Insurer up to **your** overseas benefit limit, before cover under Section B- Emergency Medical and Other Expenses of this policy will come into effect.

If **you** currently hold Private Health Insurance **you** must notify the relevant private medical insurance assistance company at the time of claiming. Here are some of the common insurers contact details noted below:

VHI Assistance:	<b>+353 1 448 2442</b>
VHI Assistance USA:	<b>1-800 364 9022</b>
Laya Healthcare Assistance:	<b>+353 21 422 2204</b>
Aviva Health Assistance:	<b>+353 1 481 7840</b>

Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning and are noted in bold throughout this policy.

Adverse weather conditions

Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event — such as, but not limited to, an earthquake, volcano or tsunami.

Baggage

Luggage, clothing, personal effects (excluding **valuables**) and other articles which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

Bodily injury

An identifiable physical injury sustained by **you** due to a sudden, violent, external, unexpected and specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to have been caused by **bodily injury**.

### Close relative

Mother, father, sister, brother, spouse, partner or fiancé/fiancée or civil partner (any couple, including same-sex, in a common law relationship and who have co-habited for at least 6 months), daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward.

### Complications of pregnancy

The following unforeseen **complications of pregnancy** as certified by a **medical practitioner**: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta prævia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

### Curtailment / curtail

Either:

- abandoning or cutting short the **trip** by immediate direct early return to **Ireland** due to an emergency authorised by **us**, in which case claims will be calculated from the day **you** returned to **Ireland** and based on the number of complete days of **your trip you** have not used, or
- by attending a hospital abroad as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day **you** were admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation.

### Excess

The first amount as shown in the **Schedule of Benefits, Limits and Excesses** for each **insured person** under **your** policy, for every incident of loss applying to each Section of cover under which a claim is made unless **you** have purchased the **excess** waiver and is shown on the travel insurance certificate. This means that if **you** claim for something under a Section of the policy for which an **excess** is to be deducted, **you** will personally be financially responsible for the first amount as shown in the **Schedule of Benefits, Limits and Excesses** for each **insured person's** claim.

**Excess** waiver does not apply to **sports and activities**.



## Home

**Your** normal place of residence in **Ireland**.

## Incidental

Happening on a casual or occasional basis.

## Ireland

The Republic of Ireland.

## Loss of limb

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

## Loss of sight

Total and irrecoverable **loss of sight** in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at three feet or less what **you** should see at 60 feet.)

## Manual work

Any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light **manual work** at ground level including retail work and fruit picking.

## Medical condition

Medical or psychological disease, sickness, condition, illness or injury.

## Medical practitioner

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any **travelling companion**.

## Pair or set

A number of **baggage** items associated as being similar, complementary or used together.

## Period of insurance

If you have selected annual multi **trip** cover:

- The period for which **we** have accepted the premium as stated in the travel insurance

certificate. During this period any **trip** not exceeding 31 days is covered.

- **Winter sports** cover is limited to 17 days in total in each **period of insurance** (if **you** have paid the appropriate **winter sports** premium to include this cover).
- Section A – Cancellation cover commences on the start date of the policy stated on the travel insurance certificate or the time of booking any **trip** (whichever is the later) and terminates on commencement of any **trip**.

If you have selected single **trip**/backpacker cover:

- The period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown on the travel insurance certificate.
- Section A – Cancellation cover shall be operative from the time **you** pay the premium or the time of booking the **trip** (whichever is the later) and terminates on commencement of any **trip**.
- Backpacker cover also entitles **you** to a maximum of two return visits to **your home** before **your** intended return date (as specified on **your** travel insurance certificate) for up to a maximum duration of 14 days excluding any return for which a claim is being made as a result of emergency medical, repatriation or **curtailment**. Cover is suspended from the time **you** arrive at **your** departure point to **your home** and starts again when **you** exit the airport at **your** overseas destination. During this period no cover is provided by the policy.

All policy types

- Whichever cover is selected, the insurance under all Sections of the policy other than Section A – Cancellation cover commences when **you** leave **your home** or in respect of a business **trip your** place of business in **Ireland** (whichever is the later) to commence the **trip** and terminates at the time of **your** return to **your home** or place of business in **Ireland** (whichever is the earlier) on completion of the **trip**.
- Any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi **trip** policy which fell due for renewal during the **trip** and there is no gap in cover.
- The **period of insurance** is automatically extended for the period of the delay in the event that **your** return to **Ireland** is unavoidably delayed due to an event insured by this policy.

### **Permanent total disablement**

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

### **Personal belongings**

**Baggage** and **valuables**.

## Personal money

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

## Pre-existing medical condition(s)

1. Any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/ check-up has been required or received during the 2 years prior to the commencement of cover under this policy and/or prior to any **trip: and**
2. any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any **trip**.

No claim arising directly or indirectly from any **pre-existing medical condition(s)** will be covered.

## Public transport

Any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

## Schedule of Benefits, Limits and Excesses/Schedule of Benefits

The details of cover as outlined on page 4 of this document.

## Single item

Any one article **pair or set** of articles (including golf clubs) or collection which are used or worn together.

## Sports and activities

The activities listed under the **sports and activities** cover of this policy, when **your** participation is on an **incidental**, non-competitive and non-professional basis.

## Strike or industrial action

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

## Territorial limits

**Area 1:** The Republic of Ireland.

**Area 2:** The United Kingdom (means England, Scotland, Wales and Northern Ireland).

**Area 3:** Europe: Albania, Andorra, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Channel Islands (Bailiwicks of Guernsey and Jersey, Sark and Herm) Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Georgia, Germany, Greece, Hungary,

Iceland, Republic of Ireland, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, FYR Macedonia, Malta, Moldova, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russia west of the Ural mountains, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom and Vatican City.

**Area 4:** Australia and New Zealand (applicable to backpacker only).

**Area 5:** Worldwide (excluding the United States of America, Canada and the Caribbean).

**Area 6:** Worldwide (including the United States of America, Canada and the Caribbean).

### **Terrorism**

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

### **Travelling companion**

A person(s) with whom **you** have booked to travel on the same travel itinerary and without whom **your** travel plans would not be possible.

### **Trip**

Any holiday, or journey for business or pleasure made by **you** within the **territorial limits** shown in the travel insurance certificate which begins and ends in **Ireland** during the **period of insurance** unless the **trip** is a one way **trip** or journey as defined under **period of insurance**.

If annual multi **trip** cover is selected any such **trip** not exceeding 31 days is covered.

Any **trip** solely within **Ireland** is only covered where **you** have pre-booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.

Each **trip** under annual multi **trip** cover is deemed to be a separate insurance, each being subject to the terms, definitions, exclusions and conditions contained in this policy.

### **Unattended**

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

### **Valuables**

Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television- and

games- equipment (including CDs, DVDs, tapes/cassettes, films, cartridges, memory devices and headphones), telescopes, binoculars, MP3/4 players and any one item with a purchase price of €1,500 or more.

### **We/us/our**

Inter Partner Assistance, 10/11 Mary Street, Dublin 1, **Ireland** and/ or Inter Partner Assistance SA (IPA), Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/ or AXA Travel Insurance of the same Irish address. All companies are members of the AXA Assistance Group.

### **You/your/insured person(s)**

Each person travelling on a **trip** whose name appears in the travel insurance certificate. Please note no person who has reached the age of 65 at the commencement of the **period of insurance** will be covered. No person who has reached the age of 46 at the commencement of the **period of insurance** will be covered under a Backpacker policy.

## **Important Health Requirements – For All Insured Persons**

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

This insurance will not cover **you** if **you**:

1. are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
2. are travelling with the intention of obtaining medical treatment or consultation abroad;
3. have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, where the underlying cause has not been established);
4. are not a permanent resident of, and registered with a General Practitioner in, the Republic of Ireland.

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered.

## Important Limitations under Section A – Cancellation or Curtailment Charges

Claims under Section A - Cancellation or **Curtailment** Charges are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **close relative, travelling companion** who is not insured under this policy, or any person with whom **you** have arranged to reside temporarily whilst on **your trip**.

### Reciprocal health agreements

As an Irish resident **you** are entitled to health care through the public system in countries of the European Union (EU), European Economic Area (EEA) and Switzerland if **you** become ill or injured while on a temporary stay there.

If **you** are travelling to another EU/EEA country or Switzerland, **we** strongly recommend **you** apply for and obtain a European Health Insurance card for yourself and/or family and make sure that any medical treatment is provided at hospitals or by doctors working within the terms of the reciprocal health care agreement, unless AXA Assistance agree otherwise. If **you** are admitted to a private clinic **you** may be transferred to a public hospital as soon as the transfer can be arranged safely. If **you** are travelling to Great Britain or Northern **Ireland** **you** do not require a European Health Insurance card to obtain the necessary healthcare but need to provide proof that **you** are ordinarily resident in **Ireland** (in practice this means a driving licence, passport or similar document).

### Australia

If **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. In- patient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be obtained by the Australian embassy in **Ireland** by contacting 01 664 5300 or [www.australianembassy.ie](http://www.australianembassy.ie). If **you** are visiting Australia on a student visa **you** are not covered by MEDICARE. Alternatively please call AXA Assistance for guidance.

If **you** are admitted to hospital contact must be made with AXA Assistance as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE. Contact AXA Assistance on + **353 1 431205**.

## Emergency Assistance

Contact AXA Assistance on + **353 1 431 1205**

Ref: AA Ireland Travel Insurance

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home**, or in the event of **you** incurring medical expenses in excess of €350, **you** must contact AXA Assistance. If this is not possible because the condition requires immediate emergency treatment **you** must contact AXA Assistance as soon as possible. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. Private medical treatment is not covered unless authorised specifically by AXA Assistance.

## Medical assistance abroad

AXA Assistance has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. AXA Assistance will also arrange transport **home** when this is considered to be medically necessary .

## Payment for medical treatment abroad

If **you** are admitted to a hospital/clinic while abroad, AXA Assistance will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact AXA Assistance for **you** as soon as possible. For simple out-patient treatment up to €350, **you** should pay the hospital/clinic yourself and claim back medical expenses covered by the policy from **us** on **your** return **home**. Beware of requests for **you** to sign for excessive treatment or charges. If in doubt regarding any such requests, please call AXA Assistance for guidance.

# Sports and Activities Cover

**Your** policy covers many **sports and activities** as standard. **Sports and activities** are only covered on an **incidental**, non-competitive and non-professional basis.

The following **sports and activities** will automatically be covered under **your** policy:

- Abseiling\*
- Archery\*
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- Canoeing (up to class 2,3 & 4)\*
- Clay pigeon shooting \*
- Cricket
- Elephant riding
- Fell Running \*
- Fencing \*
- Fishing
- Football
- Go-karting \*
- Golf
- Hockey
- Horse trekking \*
- Horse riding \*
- Hot air ballooning \*
- Jet biking \*
- Jet ski-ing \*
- Kite Surfing
- Motorcycling under 125cc (no racing and as a means of transport only)
- Mountain bicycling on tarmac\*
- Netball
- Orienteering
- Paintballing \*
- Pony trekking
- Racquetball
- Roller skating
- Rounders
- Running
- Sailing (within 20 nautical Miles of the coastline)\*
- Sailing (outside 20 nautical Miles of the coastline)\*
- Scuba Diving (Unqualified and above 18 meters)
- Scuba Diving (qualified and above 40 meters)\*
- Squash
- Surfing
- Table tennis
- Tennis
- Trampolining
- Trekking (up to 4000 meters without the use of climbing equipment)
- Volleyball
- War games \*
- Water polo
- Water ski-ing
- Wind surfing
- Yachting (outside 20 nautical miles of the coastline)
- Yachting (within 20 nautical miles of the coastline) \*

Any **sports and activities** marked with \* will be covered, but no cover will be available for Section (D) Personal Accident or Section (G) Personal Liability and Section (B) Emergency Medical and Other Expenses will be subject to a policy **excess** of €200 per **insured person**, each and every incident. Under no circumstances will any claims arising from any unlisted activities be covered.



## Section A – Cancellation or Curtailment Charges

### What IS Covered

We will pay **you** up to the amount shown in the **Schedule of Benefits** for any irrecoverable unused travel and accommodation costs (including excursions up to €250) which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if:

- a) cancellation or rebooking of the **trip** is necessary and unavoidable; or
- b) the **trip** is curtailed before completion

as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. Unforeseen illness, injury or death of **you**, a **close relative**, or any person with whom **you** are travelling or staying during **your trip**.
2. A **complication of pregnancy** involving **you**.
3. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law (other than in an advisory capacity) of **you** or **your travelling companion**.
4. Redundancy (which qualifies for payment under current Republic of Ireland redundancy payment legislation and at the time of booking the **trip** there was no reason to believe anyone would be made redundant) of **you** or **your travelling companion**.
5. **You** or any **travelling companion** are a member of the Armed Forces, Gardaí, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled for operational reasons, provided that such cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).
6. The Gardaí requesting **you** to remain at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

### Important Limitations

Claims under Section A - Cancellation or **Curtailment** Charges are not covered for incidents arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to booking any **trip** affecting any **close relative, travelling companion** who is not insured under this policy, or any person with whom **you** have arranged to reside temporarily whilst on **your trip** if:

1. a terminal diagnosis had been received prior to booking any **trip**; or
2. they were on a waiting list for or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the time of booking any **trip**; or
3. during the 90 days immediately prior to booking any **trip** they had required surgery, in-patient treatment or hospital consultations.

## Special Conditions

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and prior approval of AXA Assistance to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to death, **bodily injury**, or illness.
2. If **you** delay or fail to notify the travel agent tour operator or provider of transport/accommodation immediately it is found necessary to cancel the **trip** our liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person stating that this necessarily and reasonably prevented **you** from travelling.
4. In the event of a claim for **curtailment** claims will be calculated strictly from the date **you** return to **your home** in **Ireland**.
5. **You** must contact **us** to make necessary travel arrangements for **you**.
6. If the car which **you** intended to use for **your trip** is stolen, or is damaged and is unroadworthy, within seven days of the departure date, and repairs are unable to be completed by the day of departure, then the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

## What Is NOT Covered

1. The **excess** as shown in the **Schedule of Benefits** for, **Limits and Excesses** per **insured person**, each and every incident.
2. Any claim arising directly or indirectly from **pre-existing medical conditions**.
3. The cost of recoverable airport charges and levies.
4. Any claims arising directly or indirectly from circumstances known to **you** prior to the date this insurance is purchased by **you** or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**.
5. Any claim resulting from change of plans due to **your** financial circumstances except if **you** are made redundant and qualify for redundancy payment under current Republic of Ireland legislation.
6. Any claim arising from **complications of pregnancy** which:
  - a) for cancellation or rebooking – first arise before booking or paying for the **trip**, whichever is the later; or
  - b) for **curtailment** - first arise before departing on **your trip**.

Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.

7. Any costs incurred when **you** did not contact AXA Assistance as soon as reasonably practicable to make the necessary travel arrangements when **you** knew that **your trip** was to be curtailed.
8. Any claim resulting from the withdrawal from service of any **public transport** on the orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.
9. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
10. **Your** inability to travel due to an **insured person's** failure to hold, obtain or produce a valid passport or any required visas.
11. Any claim resulting from the delay or amendment of **your** booked **trip** because of Government action or restrictive regulations.
12. Anything mentioned in the General Exclusions.

## **YOU MUST ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT**

## **Section B – Emergency Medical and Other Expenses**

To comply with the terms and conditions of the insurance, **you** must contact **us** if **you** are hospitalised as an in-patient, or before incurring any expenses whatsoever over €350, in order to obtain **our** prior authorisation, immediately **you** are physically able to do so. For the avoidance of any doubt – failure to contact **us** as required may result in **our** declining to pay **your** claim.

### **What IS Covered**

**We** will pay **you** up to the amount shown in the **Schedule of Benefits** (or if **you** have confirmed that **you** have Private Health Insurance and it is shown on **your** travel insurance certificate, **we** will pay up to the amount shown in the **Schedule of Benefits** in excess of the amount payable by **your** Private Health Insurance or after €55,000, whichever is the highest) for the following costs if **you** suffer an unforeseen **bodily injury**, illness or die during a **trip** outside **Ireland**.

1. All reasonable and necessary expenses which arise as a result of a medical emergency (excluding search and rescue) or a **complication of pregnancy** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered as one event.

3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating up to a limit of €200.
4. In the event of **your** death outside **Ireland** the reasonable additional cost of funeral expenses abroad up to a maximum of €5,000 plus the reasonable cost of conveying **your** ashes to **your home**, or the additional costs of returning **your** body to **your home**.
5. Reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of **your** original booking, if it is medically necessary for **you** to stay beyond **your** scheduled return date. This includes, with the prior authorisation of AXA Assistance, reasonable additional transport or accommodation expenses for a friend, **close relative** or **travelling companion** to remain with **you** or travel to **you** from **Ireland** or escort **you** and additional travel expenses to return **you** to **your home** if **you** are unable to use the original return ticket.
6. With the prior authorisation of AXA Assistance, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless AXA Assistance agree otherwise.

### Special Conditions

1. **You** must give notice immediately to AXA Assistance of any **bodily injury** or illness which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. In the event of **your bodily injury** or illness **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to **Ireland** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or AXA Assistance **you** can be moved safely and/or travel safely to **Ireland** to continue treatment.
3. **You** must contact AXA Assistance as soon as possible in the event of **you** incurring medical expenses in excess of €350 relating to one incident.
4. **You** must claim against **your** private health insurer first for any in-patient medical expenses abroad up to **your** policy limit. In the event of a claim under this policy **you** must advise **us** of any other insurance policy **you** hold or benefit from which may provide cover.

### What Is NOT Covered

1. The **excess** as shown in the **Schedule of Benefits, Limits and Excesses** per **insured person**, each and every incident.
2. Any claim arising directly or indirectly from **pre-existing medical conditions**.
3. Costs of more than €350 or medical repatriation not agreed or authorised by **us** in advance.
4. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
5. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.

6. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
7. The cost of treatment which, in the opinion of **our** Chief Medical Officer, can safely be delayed until **your** return **home**.
8. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
9. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
10. Costs incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **Ireland**.
11. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
12. Treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by **our** Chief Medical Officer.
13. Any costs **you** incur outside **Ireland** after the date **our** Chief Medical Officer tells **you you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this Section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.)
14. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
15. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and, it will be at **your** own risk and own cost.
16. Costs of telephone calls, other than calls to AXA Assistance notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
17. Additional costs arising from single or private room accommodation.
18. Any costs incurred in **Ireland** other than the cost of transporting **you** or **your** body or ashes to **your home**.
19. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
20. Any costs incurred in Europe which would have been covered by the use of an EHIC card had **you** obtained one, and **you** failed to obtain one prior to travel.

21. Any costs incurred in Australia which would have been covered by Medicare had **you** enrolled, and **you** failed to enrol in Medicare, having had the opportunity to do so.
22. Any inpatient medical costs covered under **your** Private Health Insurance policy or the initial €55,000 (whichever is the highest), if **you** have confirmed that **you** have Private Health Insurance and it appears on **your** travel insurance certificate.
23. Air-sea rescue costs.
24. Any medical costs **you** incur when **you** are engaging in **winter sports** activities.
25. Any medical costs **you** incur when **you** are engaging in **sports and activities** not listed on page 16. In the case of participating in **sports and activities** noted with an astrich on page 16 the **excess** is increased to €200 per **insured person**, each and every incident.
26. Anything mentioned in the General Exclusions.

## Section C – Personal Accident

### What IS Covered

If **you** suffer an accidental **bodily injury** during the **period of insurance** during **your trip** which, within 12 months is the sole and direct cause of **your** death or **loss of limb, loss of sight** or **permanent total disablement**, we will pay to **you** or **your** legal personal representatives one of the benefits as shown in the **Schedule of Benefits**.

Benefit is not payable under more than one item shown in the **Schedule of Benefits**.

### What is NOT Covered

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Any claim arising as a result of **you** participating **sports and activities** not listed on page 16. In the case of participating in **sports and activities** noted with an astrich on page 16 the **excess** is increased to €200 per **insured person**, each and every incident.
4. Normal and habitual travel to and from **your home** and place of employment or second residence shall not be considered as a part of a **trip** and is not covered under the policy.
5. Anything mentioned in the General Exclusions.

## Section D – Baggage and Passport

### What IS Covered

#### Baggage

We will pay **you** up to the amount as shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to **baggage** or **valuables**. The amount payable will be the value at

the time of the loss less a deduction for wear, tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **baggage** or **valuables**).

The maximum **we** will pay for the following items is:

- a) For any **single item** as shown in the **Schedule of Benefits**.
- b) The total for all **valuables** is as shown in the **Schedule of Benefits**.

### Passport

If **your** passport is lost or stolen outside of **Ireland** **we** will pay up to the amount shown in the **Schedule of Benefits** for reasonable additional travel and accommodation to obtain an emergency passport abroad, including reasonable additional transport costs if **you** are unable to make **your** pre-booked flight **home** following the loss or theft of **your** passport within 48 hours of **your** pre- booked flight **home**. **We** will only pay the pro rata value of the lost passport.

### Special Conditions

1. **You** must report all incidences of loss or theft of **personal belongings** to the local Police in the country where the incident occurred within 24 hours of discovery and obtain a written report. A Holiday Representative's Report is not sufficient.
2. For items damaged whilst on **your trip** **you** must obtain a damage report/repair statement from an appropriate agent.
3. **You** must take all reasonable steps to get back any article which has been lost or stolen, and to identify the person **you** believe to be responsible for the loss and assist in any legal action.
4. If **personal belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must
  - a) immediately obtain a Property Irregularity Report from the airline, but no later than 24 hours of discovery of the incident
  - b) give formal written notice of the claim to the carrier within the time limit contained in their conditions of carriage (please retain a copy).
  - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim. The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to loss) is not supplied is €75, subject to a maximum of €300 for all such items.
6. If the item can be repaired economically **we** will pay the cost of the repair only.
7. **You** must keep all **your** receipts, flight tickets and check-in luggage tags and send them to **us** with **your** claim.

8. **You** must retain any property which is damaged, and, if requested, send it to **us** at **your** own expense. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
9. If **we** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **our** property.
10. Payment will be made based on the value of the property at the time of purchase. A deduction will be made for wear, tear and loss of value depending on the age of the property.

### **What Is NOT Covered**

1. The **excess** as shown in the **Schedule of Benefits, Limits and Excesses** per **insured person**, each and every incident (except claims under 'Baggage Delay' above).
2. Loss, theft of or damage to **valuables** or **your** passport left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to **personal belongings** left unsecured or **unattended** or outside **your** reach at any time in a place to which the public have access.
4. Theft of or damage to **personal belongings** from an **unattended** motor vehicle unless:
  - a) the items were out of sight in the locked motor vehicle; and
  - b) evidence that force and violence were used to get into the motor vehicle is provided.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, alcohol, antiques, musical instruments, mobile telephones, smart phones or telecommunication equipment of any kind, documents of any kind, bonds, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind, and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
10. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
11. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.



12. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a Police report issued by the local Police in the country of incident.
13. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **baggage** or **valuables**.
14. Claims arising for **personal money**.
15. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.
16. Anything mentioned in the General Exclusions.

## Section E – Personal Liability

### What IS Covered

**We** will pay **you** up to the amount shown in the **Schedule of Benefits** (inclusive of legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event occurring during a **trip** outside **Ireland**, in respect of accidental:

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

### Special Conditions

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

### What Is NOT Covered

1. The **excess** as shown in the **Schedule of Benefits, Limits and Excesses** per **insured person**, each and every incident.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts or canoes).
  - d) The transmission of any communicable disease or virus.
  - e) Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the **excess** as detailed in the **Schedule of Benefits, Limits and Excesses** for each and every claim arising from the same incident).
  - f) Any responsibility arising out of **your** criminal, malicious or deliberate acts.
3. Any claim arising as a result of **you** participating in **sports and activities** marked with an asterisk or **sports and activities** not listed on page 16.
4. Anything mentioned in the General Exclusions.

## Section F – Delayed Departure

### What IS Covered

If **you** have arrived at the terminal and have checked-in, or attempted to check-in for **your** pre-booked flight, sea crossing, international coach or international train journey from or to **Ireland**, and it is delayed for more than 12 hours beyond the intended departure time as a direct result of:

- a) **strike or industrial action**; or
- b) **adverse weather conditions**; or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel,

**We** will reimburse **you**:

- a) up to the amount shown in the **Schedule of Benefits** for the first full 12 consecutive hours that **your** departure is delayed for **your** costs incurred in the terminal in respect of restaurant meals and refreshments consumed; and
- b) the subsequent amount shown in the **Schedule of Benefits** for each full 12 hours delay thereafter for **your** costs incurred in the terminal in respect of restaurant meals, refreshments consumed and hotel accommodation, up to a maximum as shown in the **Schedule of Benefits**.

### Special Conditions

1. Itemised receipts must be kept as proof of purchase.
2. **You** may claim under only one of the following Sections: Section F – Delayed Departure, Section G – Holiday Abandonment or Section H – Missed Departure for the same event.
3. **You** must check-in or attempt to check-in at the terminal according to the itinerary supplied to **you**.
4. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

### What Is NOT Covered

1. Claims arising directly or indirectly from:
  - a) **strike or industrial action** or air traffic control delay existing or publicly declared by the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.
  - b) the withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.
2. Claims where **you** do not provide receipts for the restaurant meals, refreshments and accommodation.
3. Any claim where **you** have not obtained written confirmation from the carrier giving the period and reason for delay.
4. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
5. Claims if **you** do not check-in (or attempt to check-in) and arrive at the departure point before the advised time.
6. Any expenses where reasonable alternative travel arrangements have been made within 12 hours of the scheduled departure time.
7. Anything mentioned in the General Exclusions.

## Section G – Holiday Abandonment

### What IS Covered

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from **Ireland** for at least 24 hours from the scheduled time of departure due to:

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

**We** will reimburse **you** up to the amount shown in the **Schedule of Benefits** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay if, after a minimum 24 hours has elapsed and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** choose to cancel **your trip**.

### Special Conditions

1. **You** may claim under only one of the following Sections: Section F – Delayed Departure, Section G – Holiday Abandonment or Section H – Missed Departure for the same event.
2. **You** must check-in or attempt to check-in at the terminal according to the itinerary supplied to **you**.
3. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
4. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

### What Is NOT Covered

1. The **excess** as shown in the **Schedule of Benefits, Limits and Excesses** per **insured person**, each and every incident.
2. Claims arising directly or indirectly from:
  - a) **strike or industrial action** or air traffic control delay existing or publicly declared by the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.
  - b) the withdrawal from service (temporary or otherwise) of **public transport** on the orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.
3. Anything mentioned in the General Exclusions.

## Section H – Missed Departure

### What IS Covered

**We** will pay **you** up to the amount as shown in the **Schedule of Benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or returning to **Ireland** if **you** fail to arrive at the international departure point in time to board the scheduled **public transport** on which **you** are booked to travel on the initial international journey of the **trip** as a direct result of:

- a) the failure of scheduled **public transport**; or
- b) an accident to or breakdown of the vehicle in which **you** are travelling; or
- c) an accident or breakdown occurring ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling; or

- d) **strike or industrial action** or **adverse weather conditions**.

### Special Conditions

1. **You** may claim under only one of the following Sections: Section F – Delayed Departure, Section G – Holiday Abandonment or Section H – Missed Departure for the same event.
2. In the event of a claim arising from any delay occurring on a motorway or dual carriageway **you** must obtain written confirmation from the Gardai/Police or attending emergency breakdown services of the location, reason for and duration of the delay.
3. **You** must allow sufficient time for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
4. **You** must obtain a written report from the carrier confirming the delay and the cause.
5. All itemised receipts must be retained.
6. **You** must obtain a written report from the Gardai/Police or attending emergency service if the vehicle **you** are travelling in breaks down or is involved in an accident.

### What Is NOT Covered

1. The **excess** as shown in the **Schedule of Benefits, Limits and Excesses** per **insured person**, each and every incident.
2. Claims arising directly or indirectly from:
  - a) **strike or industrial action** existing or declared publicly announced by the date **you** purchased this insurance or at the time of booking any **trip** whichever is the later.
  - b) an accident to or breakdown of the vehicle in which **you** are travelling for which a professional repairer's report is not provided.
  - c) breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - d) the withdrawal from service (temporary or otherwise) of **public transport** on the orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Any claim where **you** have not allowed sufficient time to arrive at the international departure point in time to check-in or clear passport and security controls.
5. Anything mentioned in the General Exclusions.

## General Conditions (applicable to the whole policy)

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

1. **You** must comply with **our** Important Health Requirements.
2. **You** must tell **us** before booking any **trip** or departing on any **trip** if there is any change in **your** health, medication or treatment. If **you** do not tell **us** about changes, claims may not be accepted and **your** policy may be invalid. All changes must be declared to Medical Screening on 1890 456 250 and accepted before cover can continue.
3. **You** must tell **us** as soon as possible if **you** are hospitalised as an in-patient, or of any emergencies or claims whatsoever that are likely to exceed €350.
4. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
5. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.
6. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
7. **You** must take all reasonable care and precautions to protect yourself against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not insured and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident.
8. The policy **excess**, as and when applicable, will be deducted in respect of each **insured person**, and each and every separately identified occurrence of loss whether notified to **us** as one claim or otherwise.
9. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** policy booklet. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
10. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
11. Tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document.
12. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
  - a) take over the defence or settlement of any claim,
  - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made,

- c) take any action to get back any lost property or property believed to be lost.
13. **We** may at any time pay to **you our** full liability under the policy after which no further payments will be made in any respect.
  14. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance or other insurance that may cover the loss, medical certificates, original invoices, receipts, reports and assistance that may be needed. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
  15. **You** must report all incidents to the local Police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
  16. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
  17. If **you** or anyone acting for **you** in any respect makes a claim under the policy knowing the claim to be false or fraudulently exaggerated, makes a statement in support of a claim knowing the statement to be false, submits a document in support of a claim knowing the document to be forged or false or makes a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance, then **we** will not pay the claim or any other claim which has been or will be made under the policy, may at **our** option declare the policy void, shall be entitled to recover from **you** the amount of any claim already paid under the policy, may inform the Police/Gardaí of the circumstances and shall not make any return of premium.
  18. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
  19. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section C – Personal Accident).
  20. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any in-patient medical expenses abroad up to all applicable limits.

## **General Exclusions (applicable to the whole policy)**

**We** will not pay for claims arising directly or indirectly from:

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power (but this exclusion shall not apply to losses under Section B – Emergency Medical and Other Expenses unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**).

2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Your** pursuit in any **winter sports**.
5. **Your** engagement in or practice of: **manual work** in connection with a profession, business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current Republic of Ireland driving licence is held permitting the use of such vehicles in **Ireland** and the country visited and a crash helmet is worn (see the **sports and activities** Section on pages 16 to 17) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
6. **Your** participation in or practice of any other sport or activity unless:
  - a) shown as covered without charge in the **sports and activities** list page 16 & 17; or
  - b) shown as operative in **your** travel insurance certificate.

**Sports and activities** are only covered on an **incidental**, non-competitive and non-professional basis. Under no circumstances will any claims arising from any unlisted activities be covered regardless of whether undertaken as part of an organised excursion or event.

7. Any claim for any person who has reached the age of 65 years prior to the commencement of the **period of insurance**, and any claim for any person who has reached the age of 46 years prior to the commencement of the **period of insurance** on the Backpacker product.
8. Any claim resulting from **you** attempting or committing suicide, deliberately injuring yourself, using any drug not prescribed by a registered **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs or alcohol, or being under the influence of drugs or solvents.
9. Claims arising from alcohol; **we** do not expect **you** to avoid alcohol during **your trip**, but **we** will not cover any claim arising where **you** have consumed so much alcohol that **you** have notably impaired **your** faculties and/or judgment and **you** need to make a claim. **Your** claim can also be declined where **you** refuse to allow the treating doctor, medical facility or police to complete appropriate testing such as breathalyser or blood tests and/or **you** refuse to make the report available to **us**.
10. Any claim resulting from **your** involvement in a fight except in self-defence.
11. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
12. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.



13. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any **excess** beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
14. Any other loss, damage or additional expense following on from the event for which **you** are claiming unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim, loss of earnings following **bodily injury** or illness, or loss or costs incurred arising from the interruption of **your** business, inconvenience, distress or loss of enjoyment.
15. Operational duties of a member of the Armed Forces other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 5 of Section A – Cancellation or **Curtailment** charges.
16. **Your** travel to a country or specific area or event to which a government agency in the Republic of Ireland, the travel advice unit of the department of Foreign Affairs\* or the World Health Organisation (WHO) or similar body has advised against all or all but essential travel. \*Contact details are: 80 St. Stephen's Green, Dublin 2. Telephone: (01) 478 0822 or refer to: [www.dfa.ie/services/traveladvice](http://www.dfa.ie/services/traveladvice)
17. Any claim caused by **you** jumping from vehicles, balconies or buildings, regardless of the height, or any other self-exposure to needless risk (unless **your** life is in danger or **you** are trying to save someone's life);
18. Any claim **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
19. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital abroad due to **your** illness or injury), newspapers, laundry costs, or interpreters' fees.
20. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this policy.
21. Any claim when **you** have not paid the appropriate premium for the number of days comprising **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last date for which **you** have paid.
22. Any costs paid for using any airline mileage reward scheme (for example Avios), any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.

## Claims Conditions

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

### 1. Claims

**You** must notify **us** preferably by phone or at the address given below:

AXA Assistance Claims Centre Kilmartin N6 Retail Park Athlone Co. Westmeath, **Ireland**

Tel: 01 431 1204 or from outside **Ireland** + 353 1 431 1204

The notification must be made within 28 days or as soon as possible thereafter following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under this policy.

When contacting the claims department, please quote Ref: AA Ireland Travel Insurance and have the following information to hand:

- Name of **your** policy and where it was purchased
- Policy number
- Date Insurance purchased
- Resort and country visited
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **your** claim being delayed.

**You** must also inform **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **us** without delay. **You** or anyone acting on **your** behalf must not negotiate admit or repudiate any claim without **our** written consent.

**You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance and medical certificates as required by **us**. **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post-mortem examination.

**You** must retain any property which is damaged, and, if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is subsequently recovered or

there is any salvage then it will become **our** property. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills.

## Cancellation of Your Policy

### Statutory Cancellation Rights

**You** may cancel this policy within 14 days of receipt of the policy documents (new business) or for annual multi **trip** policies the renewal date (the cancellation period) by writing to **us** at the address shown on **your** travel insurance certificate during the cancellation period. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any cancellations after this 14 day period will not be refunded.

### Cancellation Outside The Statutory Period

**You** may cancel this policy at any time after the cancellation period by writing to **us** at the address shown on **your** travel insurance certificate. If **you** cancel after the cancellation period no premium refund will be made.

**We** reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. No refund of premium will be made.

### Non payment of premiums

**We** reserve the right to cancel this policy immediately in the event of non payment of the premium.

## Complaints Procedure

### Making yourself heard

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### Who to contact?

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **you** are talking to the right person, and;
- that **you** are giving them the right information.

When **you** contact **us**:

- Please give **us your** name and contact telephone number.
- Please quote **your** policy and/or claim number and the type of policy **you** hold.
- Please explain clearly and concisely the reason for **your** complaint.

So **we** begin by establishing **your** first point of contact:

**Step One – Initiating your complaint:**

Does **your** complaint relate to:

A. **Your** policy?

B. A claim on **your** policy?

If **A, you** need to, contact Quality & Compliance Manager AA Ireland Travel Insurance on Tel: 01 617 9988

If **B, you** need to, contact AXA Assistance Claims Centre on Tel: 01 431 1204

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

**Step Two – If you are still unhappy:**

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care, who will arrange for an investigation on behalf of the Chief Executive: AXA Travel Insurance, Head of Customer Care, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR or  
email: [claimcomplaints@axa-travel-insurance.com](mailto:claimcomplaints@axa-travel-insurance.com)

**Step Three – Beyond Inter Partner Assistance:**

If **we** have given **you our** final response and **you** are still dissatisfied **you** may refer **your** case to the Financial Service Ombudsman (FSO).

The FSO is an independent body that arbitrates on complaints about general insurance products. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted. The Ombudsman can be contacted at: Financial Services Ombudsman Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

Tel: 01 662 0899 Fax: 01 662 0890 E-mail: [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie)

Referral to the FSO will not affect **your** right to take legal action against **us**.

**Compensation Scheme**

Inter Partner Assistance is covered by the Insurance Compensation Fund. **You** may be entitled to compensation from the fund if Inter Partner Assistance cannot meet its obligations. The

Insurance Compensation Fund may provide funds for liquidators so that they may pay the valid claims of insolvent Insurers. **You** can get more information about compensation fund arrangements from the Central Bank of Ireland.

**Our promise to you:**

- Acknowledge written complaints promptly.
- Investigate quickly and thoroughly.
- Keep **you** informed of progress.
- Do everything possible to resolve **your** complaint.
- Learn from **our** mistakes.
- Use information from complaints to continuously improve **our** service.

To help **us** improve **our** service **we** will record and may monitor telephone calls.

## Use of Your Personal Data

Details of **you**, **your** insurance cover under this policy and claims will be held by **us** (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in **our** website privacy notice (see below).

**We** collect and process these details as necessary for performance of **our** contract of insurance with **you** or complying with **our** legal obligations, or otherwise in **our** legitimate interests in managing **our** business and providing **our** products and services.

These activities may include:

- a. use of sensitive information about the health or vulnerability of **you** or others involved in **your** assistance guarantees, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes;
- b. disclosure of information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- c. monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control;
- d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of customer

satisfaction and construction of customer segments to better adapt products to market needs;

- e. obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating your claim; and
- f. sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

**We** will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing).

**You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

**We** carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements we have entered into with the receiving parties provide a similar level of protection of personal data.

By purchasing this policy and using **our** services, **you** acknowledge that **we** may use **your** personal data, and consent to **our** use of sensitive information, both as described above. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice (see below).

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

If **you** want to know what information is held about **you** by AXA Travel Insurance Limited, or have other requests or concerns relating to our use of **your** data, please write to **us** at:

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

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

**Our** full privacy notice is available at:

[www.axa-assistance.com/en.privacypolicy](http://www.axa-assistance.com/en.privacypolicy)

Alternatively, a hard copy is available from us on request.

## Frequently asked Questions?

### What Travel Insurance documents do I need to take on holiday with me?

We advise **you** have **your** travel insurance policy number available in the event of a claim or emergency as well as all medical and claims emergency numbers should **you** need to contact AA Insurance Ireland. **You** should also take any state (EHIC) medical card and private medical insurance details with **you**, if they cover **you** and other policy holders whilst abroad.

### Can I travel whilst pregnant?

Pregnancy is not a **medical condition**; **you** may choose to travel quite late into **your** pregnancy. Airlines and ferry companies, including cruise liners, have their own restrictions due to health and safety requirements, **you** should check with them, or any other mode of transport **you** propose to take, before **you** book.

**We** will only pay claims due to a **complication of pregnancy** certified by a **medical practitioner**.

### When does the cover begin and end on my policy?

If **you** are purchasing an annual policy then the start date of **your** policy should be the date that **you** wish cancellation cover to be effective from, not the actual date of departure on **your** first **trip** e.g. if travelling on 1 October and purchasing **your** policy on 1 September **you** will need to put in the 1 September as a start date in order to ensure **you** have cancellation cover between 1 September – 1 October. If **you** put in the 1 October there will be no cover under **your** insurance until **you** depart on **your** trip (1 October).

For Single **trip** policies cancellation cover starts on the date of purchase regardless of **your** actual **trip** dates.

### How many times can I go away if I have an Annual Multi Trip policy?

There is no restriction on the number of times **you** go away during the period of this insurance on an Annual Multi **trip** Insurance policy; however each **trip** should not exceed 31 days in total for Value policies.

### Can individuals on a family policy travel separately?

Under annual multi **trip** cover each adult is insured to travel separately but children must always travel with one of the adults named on the certificate.

### What if I am travelling to more than one country?

Please ensure **you** select the areas that cover all destinations within **your** journey e.g. if **you** planning to stay in France for a few days immediately prior to a **trip** to the USA **you** would require Worldwide cover (including the United States of America, Canada and the Caribbean)

refer to **territorial limits** definition on page 11 and 12.

**What should I do if I hold a Private Health Insurance policy?**

If **you** have a Private Health Insurance policy which includes cover for overseas in-patient medical treatment up to a minimum of €55,000 and have therefore received a discount on **your** policy, this will be shown on **your** travel insurance certificate. If **you** are admitted into hospital abroad as an inpatient **you** must first claim against **your** Private Health Insurer up to **your** overseas benefit limit, before cover under Section B- Emergency Medical and Other Expenses of **your** policy will come into effect.

**Other AA services available**

**Car Insurance**

**Roadwatch**

**Membership**

**Routeplanner**

**Home Insurance**

**Public Policy**

**Home Membership**

**Signs**

**European Breakdown Cover**

**AA Approved Accomodation**

**Car Inspection**

**AA Rewards**

**Van Insurance**

**For information on any of the above visit theAA.ie**



## Notes

# Notes

**Notes**



*let's go*

AA Ireland Ltd  
61a South William Street  
01 617 9950  
[www.theAA.ie](http://www.theAA.ie)

AA Ireland Limited, Registered Office: 61a South William Street, Dublin 2. Registered in Ireland, number 389194. AA Ireland Limited trading as AA Insurance is regulated by the Central Bank of Ireland. AA Ireland Limited trading as AA Insurance is a tied agent of Inter Partner Assistance for the purpose of selling Travel Insurance. This insurance is underwritten by Inter Partner Assistance.

Value 05/18