

In partnership  
with **VISA**



**S I G N A T U R E  
C A R D H O L D E R  
I N S U R A N C E  
P R O G R A M M E**

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## Localisation Schedule

This schedule adapts the **Policy** for use in different countries. It identifies key definitions and terms within the **Policy** that reflect the applicable laws, regulatory requirements, and operational arrangements that apply specifically to such a **Territory**.

DEFINITION / TERM	LOCALISED DEFINITION/TERM
<b>Territory</b>	Kuwait
<b>Policy Period</b>	1 June 2026 – 31 May 2027
<b>Insurer</b> <b>Address</b>	Warba Insurance and Reinsurance Company K.S.C.P., WARBA Tower - Ahmad Al-Jaber St. Al-Abdulrazzak Sq. Safat, Kuwait City, Al Asimah 13103 Kuwait
<b>Competent Authority</b> <b>Contact Details</b>	Ministry of Commerce and Industry Ministerial Complex, Mergap P.O. Box 2944 Safat, Kuwait City - 13030, Kuwait Phone : +965-22480000 Fax : +965-22451080 Email : suad@moci.gov.kw Website: <a href="http://www.moci.gov.kw">http://www.moci.gov.kw</a>
<b>Data Processing Entity</b>	Warba Insurance and Reinsurance Company K.S.C.P.

## Introduction

This document is not a contract of insurance but a summary of the benefits available to **You** as part of **Visa**'s card benefits suite offered to **Issuers**. The provision of benefits outlined in this document is enabled by the contract of insurance issued to **Visa** by **Us**. **We** are the **Insurer** of the **Policy** and manage all claims; **Visa** does not provide or underwrite any of the benefits.

**Visa** is the only policyholder under the contract of insurance and only **Visa** has direct rights against **Us**. This document does not give **You** direct rights under the contract of insurance.

**You** must comply with the terms and conditions of this document to be eligible to receive benefits.

# TABLE OF BENEFITS

HODSC26R00000010

Insurance Benefits for Visa Signature Cardholders			
	Limit of Liability		Deductible
<b>Medical &amp; Travel Assistance</b>			
A. Medical & Travel Assistance	Not applicable		Nil
<b>Personal Accident Benefits (Common Carrier)</b>			
A. Personal Accident	Adult International Trips: up to \$500,000 Domestic Trips: up to \$50,000	Children: up to \$5,000	Nil
<b>Travel Insurance Medical &amp; Related Benefits</b>			
A. Emergency Medical Expenses	Up to \$500,000		Domestic Trips: \$100 International Trips: Nil
	Dental Expenses: up to \$10,000		
B. Hospital Benefit	Up to \$50 per day, up to \$1,500		Nil
C. Emergency Repatriation and Mortal Remains	Up to \$500,000		Nil
	Emergency Family Repatriation: Economy Return Flight		
	Return of mortal remains and related expenses: up to \$15,000		
<b>Travel Inconvenience Benefits</b>			
A. Trip Cancellation & Curtailment	Up to \$5,000 <b>Note:</b> only health-related claims		Nil
B. Trip Delay	Up to \$42 per hour, up to \$1,000 with receipts for Reasonable Additional Expenses; or Up to \$30 per hour, up to \$690 without receipts		4 hours
C. Baggage Delay (outbound trip only)	Up to \$42 per hour, up to \$500 with receipts or Up to \$30 per hour, up to \$360 without receipts		4 hours
D. Missed Departure (international trips only)	Up to \$1,000		\$50
E. Missed Connection (international trips only)	\$500		Nil
F. Accompaniment of Minor (Child Repatriation)	Economy class ticket		Nil
G. Personal Property	Up to \$1,000 Single Article Limit: up to \$150, Valuables Limit up to \$150 in total		\$50
H. Hijack	Up to \$25 per day, up to \$500		Nil

# TABLE OF BENEFITS

Insurance Benefits for Visa Signature Cardholders (cont'd)		
	Limit of Liability	Deductible
<b>Other Benefits</b>		
<b>A. Winter Sports</b> <b>Note:</b> Trips abroad only		
Winter Sports Equipment	Up to \$500	Nil
Hired Winter Sports Equipment	Up to \$500	
Single Article Limit	Up to \$300	
Winter Sports Equipment Hire	Up to \$20 for each full 24 hours, up to \$200	
Ski Pack	Up to \$75 for each full 24 hours, up to \$300	
Piste Closure	Up to \$20 for each full 24 hours, up to \$200	
Avalanche	Up to \$200	
You will only be eligible for the Policy benefits shown below if 100% of the total cost has been charged to the Eligible Card by the Eligible Cardholder.		
<b>B. Buyers Protection</b> <b>Note:</b> Within 365 days of purchase and minimum item value of \$100		
Per Occurrence	Up to \$6,000	Nil
Annual Limit	Up to \$20,000	
Limit for online purchases delivered damaged or not delivered	Up to \$1,800	
<b>C. Extended Warranty</b> <b>Note:</b> Minimum purchase price of \$50		
Per Occurrence	Up to \$3,500	Nil
Annual Limit	Up to \$20,000	
<b>D. Event Ticket Cancellation</b>		
Per Ticket	Up to \$250	Nil
Per Occurrence	Up to \$1,000	
Annual Limit	Up to \$2,000	
Each Limit of Liability, Benefit Amount and Deductible contained within this Policy is in United States Dollars (\$). Payment of claims will be made in local currency where required or permitted by law.		

## Who is covered and eligible to claim

**We** will indemnify **You** for the **Insured Events** resulting from a **Covered Trip**, subject to the **Benefit Amounts** declared in the **Table of Benefits**.

To be eligible for benefits, the following key conditions must be met:

1. **You** must be an **Eligible Cardholder** (see definition in the General definitions section).
2. **Your** trip must meet the criteria of a **Covered Trip** (see definition in the General definitions section).
3. **You** must not be travelling against medical advice or with a terminal medical prognosis.
4. Claims must relate to an **Insured Event** that occurs during a **Covered Trip** and must comply with the General and Special conditions, as well as the General exclusions outlined in the **Policy**.

**Important:** This explanation is a summary only. It does not replace or override the full terms and definitions contained in the rest of this **Policy**, which contains a full explanation of all eligibility requirements, benefit conditions, and exclusions.

## General Definitions

The following definitions shall apply unless the context otherwise requires. Terms with a specific meaning are defined within this section and shall have the same meaning wherever they appear in **capitalised bold font** in this **Policy**.

Additional definitions may be included within specific benefit sections to clarify terms unique to those covers. **You** should refer to both the General definitions and the relevant benefit section definitions when interpreting this **Policy**.

**Accident:** a sudden, unforeseen, uncontrollable and unexpected physical event **You** have suffered caused by external, violent and visible means occurring during a **Covered Trip**.

**Annual Aggregate Limit:** the maximum amount per **Eligible Cardholder** for which **We** are liable during the **Policy Period**.

**Assistance Provider:** International SOS (International SOS Assistance (UK) Ltd, Building 4, Chiswick Park, 566 Chiswick High Road, London, W4 5YE, United Kingdom).

**Benefit Amount(s):** the amount payable for a covered claim under a specific section, subject to the terms of this **Policy** and up to the applicable **Limit of Liability**.

**Business:** being (i) a trade, profession or occupation including those conducted on a full-time, part-time or occasional basis, or (ii) any other legal activity in which one is engaged for money or other compensation.

**Child or Children:** the **Eligible Cardholders'** children, step children, and fostered or adopted children, aged above 3 months and under 18 years of age (or under 23 years of age if a full time student), unmarried and primarily dependent on the **Eligible Cardholder** for support.

**City of Residence:** the city in which the **Eligible Cardholder** ordinarily lives.

**Common Carrier:** any land, water or air conveyance operated under a valid license for the transportation of fare-paying passengers and which run to a schedule published timetable.

**Country of Residence:** the country where **You** legally live and where **Your Eligible Card** was issued.

**Covered Trip:** any travel by land, sea, or air that meets all of the following conditions:

1. the trip must commence during the **Policy Period** and be undertaken by **You** during the **Policy Period** and for leisure, rest, or relaxation purposes only.
2. the trip begins and ends in **Your Country of Residence**.
3. at least 50% of the total cost of transport and/or accommodation is paid using the **Eligible Card**.
4. for planned and pre-paid domestic trips within the

**Country of Residence:**

- (a) **You** must have pre-booked and paid for at least 2 consecutive nights in a hotel, motel, holiday camp, bed and breakfast, holiday cottage, or similar accommodation using the **Eligible Card**.
  - (b) This condition does not apply if **You** are travelling by air and have paid 100% of the transport costs using the **Eligible Card**.
5. the trip must be a return trip from **Your Country of Residence**, with the departure and return dates shown on the ticket purchased using the **Eligible Card**.
  6. the total duration of the trip must not exceed 90 consecutive days.
  7. the return trip must be booked prior to the relevant departure.
  8. any reference to "trip" in this **Policy** is a **Covered Trip**.

**Deductible:** the first amount or the number of hours or days of each and every loss payable by **You** before the **Policy** benefits become payable.

**Eligible Card(s):** a **Visa** Signature card issued by a participating **Issuer** that is valid (not cancelled or suspended) at the time of booking or purchase of a **Covered Trip** and at the time of a claim.

**Eligible Cardholder:** cardholders of an **Eligible Card** (including secondary or additional cardholders on the same account) aged between 18 years and 80 years, who live in the **Territory**, which includes the **Spouse** and/or **Children** of the **Cardholder**.

**Eligible Item(s):** items with a minimum **Purchase Price** as shown in the **Table of Benefits**, purchased new by **You** during the **Policy Period** solely for personal use (including gifts), which has been charged 100% to the **Eligible Card**, and is not expressly excluded in the **Policy**.

**Family:** a **Spouse** and up to a maximum of 5 **Children** per **Covered Trip**. **Family** can reside outside the **Territory**.

**Immediate Family Member:** **Your** legal **Spouse**, **Children**, children-in-law, siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardian, ward, step or adopted children, step-parents, aunts, uncles, nieces and nephews.

**Injury:** a bodily injury caused solely and directly by violent, accidental, external and visible means resulting directly and independently of all other causes occurring during a **Covered Trip** during the **Policy Period**.

**Insured Event:** an occurrence which is outlined in the coverage section of the **Policy** benefits as a circumstance for which coverage is provided that takes place during a **Covered Trip**.

# GENERAL DEFINITIONS

**Issuer:** a bank or financial institution or like entity that is authorized by **Visa** to operate a **Visa** credit or debit card program in the **Territory** and is participating in the **Policy** offering to **Eligible Cardholders**.

**Limit of Liability:** the maximum amount **We** will pay under a specific section or benefit during a **Covered Trip** as shown in the **Table of Benefits**.

**Localisation Schedule:** forms part of this **Policy** and identifies specific terms, definitions, and provisions that are subject to adaptation in accordance with the legal, regulatory, and operational requirements of the **Territory** in which the **Policy** is issued or applied. It is intended to ensure that the **Policy** remains compliant and effective across different territories by reflecting local laws and practices.

**Medically Necessary:** medical services or supplies which-

1. are essential for diagnosis, treatment, or care of the covered loss under the applicable benefit for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a **Physician** and performed under his or her care, supervision, or order.

**Pair or Set:** items of personal property which are substantially the same, complementary or designed to be used together.

**Per Occurrence Limit:** the maximum amount payable for any **Eligible Item** for any single covered loss occurrence.

**Personal Property:**

1. any suitcase, trunk or container of a similar kind and its contents;
2. any other article worn or carried by **You**; that is not otherwise excluded and which is either owned by **You** or for which **You** are legally responsible.

**Physician:** a qualified doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the country where such professional services are performed; however, such definition will exclude chiropractors, physiotherapists, homeopaths, and naturopaths. In addition, **You** or an **Immediate Family Member** cannot be considered a **Physician**.

**Policy:** this summary of benefits provided to **You**, in accordance with the contract of insurance issued by **Us** to **Visa** to cover **You** for **Insured Events** arising during a **Covered Trip**.

**Policy Period:** the period of insurance as set out in the **Localisation Schedule**.

**Pre-existing Condition:** medical condition for which **You** received treatment, advice, or care from a **Physician** within the 2 years before **Your Covered Trip**, or for which **You** were hospitalised or had surgery within 5 years before **Your Covered Trip**.

**Purchase Price:** the lower of the amounts shown on

either the **Eligible Card** billing statement or the store receipt for the **Eligible Item**.

**Reasonable Additional Expense:** reasonable expenses for meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred and which were not provided by the **Common Carrier** or any other party free of charge.

**Sickness:** an illness or disease which first manifests itself and is contracted while this **Policy** is in effect requiring treatment by a **Physician**.

**Spouse:** an **Eligible Cardholder's** legally married husband or wife between the ages of 18 years and 80 years.

**Strike:** any labour disagreement which interferes with the normal departure and arrival of a **Common Carrier**.

**Table of Benefits:** the table indicating the **Benefit Amount(s)** provided under the **Policy** which immediately follows the **Localisation Schedule** located at the beginning of this document or as otherwise indicated directly in the cover.

**Territory:** refer to the **Localisation Schedule**.

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

**Theft:** unlawful taking of property from **Your** care and/or custody by force and/or duress, with the intent of depriving **You** of **Your** property.

**Trip Disruption:** **You** are considered unable to take or continue a trip if, due to **Sickness, Injury** or death, a **Physician** advises that it is **Medically Necessary** to cancel or interrupt the trip. This also applies to the **Immediate Family Member's** condition is so severe that a reasonable person would cancel or interrupt the trip.

**Unattended:** where the **Eligible Cardholder** is not in full view of, leaves without supervision or not in a position to prevent unauthorised taking or interference with that **Personal Property**, money or vehicle.

**Visa:** Visa International Service Association who is the policyholder under the **Policy**.

**War:** any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**We / Us / Our:** the licensed insurer listed in the **Localisation Schedule** who has underwritten the risk.

**You / Your:** is the **Eligible Cardholder** and their **Family** who are traveling on a **Covered Trip** booked using the **Eligible Card** and who are entitled to benefits under the relevant coverage section of this **Policy**.

## Emergency Assistance

If **You** experience an emergency while travelling, this section provides guidance on how to access support through **Our 24/7 Assistance Provider**, including:

- The types of help available
- Which services may be covered

Please refer to the relevant benefit sections of the **Policy** for full details on coverage, limits, and exclusions.

**In case of an emergency and should You need help during Your trip, We have a 24/7 Assistance Provider You can call:**

### Assistance Provider

**+971 (4) 253 6024 (Arabic, French, English)**

The **Assistance Provider** must be contacted in the event of-

- serious **Sickness** or **Accident** which may lead to in-patient hospital treatment;
- before any arrangements are made for repatriation or in the event of curtailment necessitating the **Eligible Cardholder's** early return to the **Country of Residence**; or
- any other emergency situation or event where **You** may require assistance.

**Please note:** some of the costs for medical and travel related emergencies may be included in **Your** cover, while other costs and third party expenses (e.g. **Physician**) may not be included. **You** will be liable to pay for these costs unless the **Policy** specifically covers them.

## How To Make a Claim

### Check what is covered

Please check the appropriate section of the **Policy** to make sure that what **You** are claiming for is covered. Pay close attention to any applicable conditions, limits or exclusions.

### Contact Us

**You** can make a claim in different ways. **You** must ensure that **You** have all relevant documents and any receipts to submit **Your** claim.

For medical emergencies, please call **Our 24/7 Assistance Provider**:

**+971 (4) 253 6024 (Arabic, French, English)**

All other claims, you can submit via:

- 1) the Visa Airport Companion (VAC) App or
- 2) online at <http://www.insurancecemea.com>

If the above options are not available, **You** may contact our team at [visaclaims@uk.sedgwick.com](mailto:visaclaims@uk.sedgwick.com)

### Provide information

The table below explains what information **We** need when **You** submit a claim. Please read the relevant cover section before **You** submit a claim to check whether there is additional information **We** require to process **Your** claim.

# HOW TO MAKE A CLAIM

Requirements for specific claims		Time limits
<b>All claims (Incl. specific claims)</b>	<ul style="list-style-type: none"> <li>✓ <b>Your</b> full name</li> <li>✓ The first 9 digits of <b>Your Eligible Card</b> (if submitted via email)</li> <li>✓ <b>Your</b> address</li> <li>✓ The section of the <b>Policy You</b> are claiming under</li> <li>✓ A short description of what happened</li> <li>✓ Supporting evidence (invoices, receipts, reports etc.)</li> </ul> <p><b>Note: Additional documents may be requested depending on the circumstances</b></p>	Notify <b>Us</b> within 90 days of becoming aware of an incident or loss leading to a claim.
<b>Buyers Protection</b>	<ul style="list-style-type: none"> <li>✓ Original receipt showing full payment with <b>Your Eligible Card</b></li> <li>✓ Police report (if applicable)</li> <li>✓ Card statement showing <b>Your</b> account is active and in good standing</li> <li>✓ Any other documents <b>We</b> request</li> </ul>	Notify <b>Us</b> within 28 days of the incident.  Complete and return the claim form within 7 days of making the claim.
<b>Event Ticket Cancellation</b>	<ul style="list-style-type: none"> <li>✓ <b>Your</b> unused event ticket</li> <li>✓ Proof of purchase showing full payment with <b>Your Eligible Card</b></li> <li>✓ Travel tickets (if relevant)</li> <li>✓ Medical certificate (for <b>Sickness</b> or <b>Injury</b>) or death certificate (if applicable)</li> <li>✓ Evidence of other circumstances (e.g. transport delays)</li> <li>✓ A detailed account and supporting documents if <b>You</b> missed the event due to transport issues</li> </ul>	Notify <b>Us</b> within 90 days of the incident.
<b>Extended Warranty</b>	<ul style="list-style-type: none"> <li>✓ A signed service request form (if provided)</li> <li>✓ Proof of purchase showing full payment with <b>Your Eligible Card</b></li> <li>✓ Copies of all warranty documents (manufacturer, store, or extended warranty)</li> <li>✓ A card statement showing <b>Your</b> account is active and in good standing</li> <li>✓ <b>You</b> may be asked to send the damaged item for inspection (at <b>Your</b> own cost).</li> </ul>	Send a written request within 30 days of the issue.

## General Conditions

To receive **Policy** benefits **You** must comply with the general conditions below, along with any applicable special conditions. If **You** don't follow these conditions, **We** may reduce or deny **Your** claim payment.

### 1. Conditions precedent to coverage

**We** have no duty to provide coverage under the **Policy** unless there has been full compliance with the requirements detailed in the applicable **Policy** section. **We** will only provide cover if **You** have met all the conditions and duties listed in the **Policy**.

### 2. Reasonable Care and Precautions

**You** must take all reasonable care and precautions to protect yourself and **Your** property and do everything possible to minimize loss and prevent further incidents.

### 3. Providing documents

**You** must send **Us** all original invoices, receipts, reports, and any other documents **We** request. Always keep copies of everything **You** send to **Us**.

### 4. Claims handling agents

**We** may appoint a claims agent to help process **Your** claim quickly and fairly.

### 5. Burden of proof (proving your claim)

In any action, suit or other proceedings where **We** allege that, by reason of provision of any exclusion which may be applicable, the loss or damage is not covered by the **Policy**, the burden of proving proof of coverage for the loss or damage shall be on **You**.

### 6. Claim payments

Payments will be made to **You** or an appropriate third party, subject to local laws and regulations.

If the claim involves a death and no beneficiary has been named, payment will go to the first surviving person in this order 1) **Spouse**, 2) **Children** (equally), 3) parents (equally), 4) siblings (equally), 5) executor or equivalent person in **Your Country of Residence**.

If payment is made by bank transfer, **You** must provide accurate account details and give permission for the transfer. Once payment is made to the account **You** have provided to **Us**, **We** are not responsible for any errors caused by incorrect bank account details. It shall be **Your** sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to **Us**.

### 7. Benefit limits

Each benefit has a maximum payout per claim and per year as shown in the **Policy**.

### 8. Notification / Reporting

**You** must notify **Us** as soon as possible in the event of an emergency or if **You** are hospitalised.

### 9. Excess insurance clause

Coverages provided by this **Policy** are in excess of any other collectibles or **Deductibles**; which means if at the time of occurrence **You** have other valid and collectible insurance – such as, but not limited to, homeowners, contents, renter's or other travel insurance – this **Policy** will only cover the amount not covered by such other insurance, up to the limits of the specific coverage as shown in this **Policy**.

### 10. Subrogation (our right to recover costs)

If **We** settle any claim or payment or otherwise cover any loss applicable under this **Policy**, **We** may pursue legal proceedings in **Your** name or **Ours** to recover the cost

from someone else who was responsible, subject to applicable laws. **You** shall not take any action following a loss to prejudice **Our** rights of subrogation.

### 11. Fraud

If any part of a claim is found to be false, misleading, or intentionally deceptive, all benefits related to that request will be declined, and **You** may lose all rights to claim under this **Policy**. Any amount already paid to **You** under the **Policy** will immediately have to be repaid to **Us**.

### 12. Governing law

This **Policy** shall be governed by and construed in accordance with the laws of the **Territory**. All matters relating to the interpretation, validity, and enforcement of this **Policy**, including any disputes arising therefrom, shall be subject to the exclusive jurisdiction of the competent courts within the **Territory**.

### 13. Sanctions

**We** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction implemented pursuant to resolutions of the United Nations (UN) or the trade and economic sanctions, laws, regulations or restrictions of the European Union (EU), United Kingdom (UK), the United Arab of Emirates (UAE), the DIFC, the Kingdom of Bahrain, the Kingdom of Saudi Arabia, the Arab Republic of Egypt or United States of America (USA).

### 14. Policy changes

Always check that **You** are using the latest version of the **Policy**. **We** may update the wording to meet legal or regulatory requirements or to reflect new industry standards.

### 15. Language and prevailing version

This **Policy** may be translated into other languages for convenience or to meet local requirements in the **Territory**. In the event of any inconsistency or dispute regarding interpretation between the English version and any translated version, the English version shall prevail and be deemed the authoritative text, except where local laws or regulations require otherwise.

## General Exclusions

These exclusions apply throughout this **Policy** and are in addition to the items listed under What is not covered in the coverage sections of the **Policy**.

**We** will not pay any claim that arises directly or indirectly from any of the events, conditions, or circumstances described in this section.

### 1. Trip eligibility and duration exclusions

- a. Any trip that does not meet the definition of a **Covered Trip**, including where the required portion of transport or accommodation costs was not paid using the **Eligible Card**.
- b. Any trip in excess of 90 consecutive days.
- c. Where a return trip was not booked prior to departure.
- d. Where any part of the trip is **Business** related.
- e. Losses sustained within the **Territory**, except when on a covered planned and pre-paid domestic trip from **Your City of Residence**.

### 2. Medical and health-related exclusions

- a. Intentionally self-inflicted injury, suicide, or any attempt thereof, whether You are sane or mentally incapacitated.
- b. Being under the influence of alcohol or drugs, unless the drugs were prescribed by a Physician.
- c. Congenital anomalies and conditions arising out of or resulting therefrom, hernia or dental treatment except to sound natural teeth as occasioned by Injury.
- d. Any Pre-existing Condition or congenital anomalies or any complication arising therefrom.
- e. Travelling against the advice of a Physician or when You have received a terminal prognosis.
- f. Travelling specifically to obtain medical, dental or cosmetic treatment.

### 3. Pandemic and epidemic exclusions

Any claim arising out of an epidemic or pandemic.

### 4. Hazardous activities and sports exclusions

- a. Any loss sustained while **You** are participating in any professional sports or in sky diving, parachuting, hand gliding, bungee jumping, scuba diving, mountain climbing, potholing.
- b. Driving or riding as a passenger in or on (a) any vehicle, watercraft or aircraft engaged in any race, speed test or endurance test or (b) any vehicle, watercraft or aircraft being used for acrobatic or stunt activities.

- c. Motorcycling, go-karting or quad biking if **You** are not wearing safety equipment such as a crash helmet, or if **You** are in control of the vehicle and don't hold a valid licence if locally required to operate it.

### 5. Flight and aviation-related exclusions

- a. Any loss sustained while flying in any aircraft or device for aerial navigation as pilot or crew.
- b. Flying in any aircraft owned, leased or operated by or on **Your** behalf or by any **Immediate Family Member**.

### 6. War, Terrorism, and political risk-related exclusions

- a. Taking part in illegal acts or resisting arrest.
- b. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power, whether declared or not.
- c. Any act of **Terrorism**, except in relation to the Travel Insurance Medical & Related Benefits section of this **Policy**, provided that **You** suffer an **Injury** or **Sickness** and have not participated in or conspired in such activities.
- d. Any period during which **You** are serving in the armed forces of any country or international authority, whether during peace or war.
- e. Travel to areas where the government or any public authority in the **Territory** or the World Health Organization has advised or recommended against travel.
- f. Any claims which would cause **Us** to break the law of the UK, EU, or USA. This includes trade and economic sanctions, and UN resolutions.

### 7. Nuclear, biological, and chemical events exclusions

- a. Any terrorist or member of a terrorist organization, illegal drug traffickers, or purveyor of nuclear, chemical or biological weapons.
- b. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination.
- c. The release, dispersal or application of pathogenic or poisonous biological or chemical materials.
- d. Any loss caused by or resulting from nuclear or ionising radiation or the release of nuclear energy.



## A. Medical & Travel Assistance

### Travel Advice

Before and during **Your** trip, **You** can call **Our Assistance Provider** for:

1. Visa and entry requirements for **Your** destination;
2. Vaccination and health requirements; or
3. General travel information

**Please note:** Advice by the **Assistance Provider** is based on the information **You** provide and may be limited. The **Assistance Provider** will share contact details for local services but does not provide those services or guarantee outcomes.

## Travel Assistance

During **Your** trip, **We** can help **You** by:

1. Referring **You** to local **Physicians**, hospitals, clinics, ambulances, private duty nurses, dentists, dental clinics, services for the disabled, ophthalmologists, pharmacies, opticians and suppliers of contact lenses and medical aid equipment.
2. Referring **You** to lawyers, legal practitioners, interpreters, and/or other professionals or institutions.
3. Arranging payment of reasonable costs to replace essential travel documents (such as passports, tickets, or presentation materials) if they are lost or stolen. **We** only cover the physical cost of replacing documents, not their intrinsic value.
4. Replace essential prescription medication which has been lost or stolen and not available locally. **We** will pay for dispatch costs, but **You** pay for the medication itself. Delivery is subject to airline and local and/or international regulations.

## Medical Emergency Support

If **You** need urgent help and local care is unavailable:

1. The **Assistance Provider** may send a qualified medical professional to assist.
2. The **Assistance Provider** can arrange delivery of essential medication or medical equipment if not available locally.
3. If **You** are admitted to hospital, the **Assistance Provider** can monitor **Your** condition, communicate with **Your Physician**, and keep **Your Family** or employer updated (with **Your** permission).
4. If covered under the **Policy**, the **Assistance Provider** will guarantee or pay any required hospital admittance deposit on **Your** behalf.

## What is not covered X

1. Any costs for services not included in **Your Policy**.
2. The cost of medication, medical supplies, or delivery unless covered under the **Policy**.
3. Any advance or delivery fees not listed as covered.



## A. Personal Accident

### Specific definitions

**Loss** with regard to:

1. Hand or foot, means actual severance through or above the wrist or ankle joints;
2. Eye, means entire and irrecoverable loss of sight;
3. Thumb and index finger, means actual severance through or above the joint that meets the hand at the palm; and
4. Speech or hearing, means entire and irrecoverable loss of speech or hearing of both ears.

**Permanent Total Disability:** a disability which has lasted for at least 12 months from which **We** believe **You** will never recover and which prevents **You** from carrying out, or giving any attention to, any **Business** or occupation for the remainder of **Your** life.

# PERSONAL ACCIDENT BENEFITS (COMMON CARRIER)

## What is covered ✓

If **Injury to You** occurs while on a **Common Carrier** and results in one of the losses shown in the **Table of Losses** below, We will pay the indicated percentage of the **Benefit Amount**. **Injury** must occur while **You** are riding as a passenger in or on, boarding or alighting from, a **Common Carrier**. The loss must occur within 365 days of the date of the **Accident** which caused the **Injury**.

If more than one loss results from any one **Accident**, only the largest single benefit amount will be paid.

### Table of Losses

	% of Benefit Amount
1. Accidental death	100%
<b>Permanent Total Disability due to Accident</b>	
1. Both hands or both feet	100%
2. Sight in both eyes	
3. 1 hand and 1 foot	
4. Either hand or foot and sight of 1 eye	
5. Speech and hearing in both ears	
<b>Permanent partial disability due to Accident</b>	
1. Either hand or foot	50%
2. Sight of one eye	
3. Speech	
4. Hearing in both ears	
1. Thumb and index finger of same hand	25%

Where local law in the **Territory** permits more than one **Spouse**, the maximum total benefit payable for all **Spouses** combined will not exceed the limit shown in the **Table of Benefits** for the relevant trip type (international or domestic). If the combined benefits exceed this limit, each **Spouse's** benefit will be reduced proportionately so that the total does not exceed the maximum limit.

## What is not covered ✗

1. Medical or surgical treatment except as may be necessary solely as a result of **Injury**.
2. Death or **Injury** as a result of **Your** direct participation in any act of **Terrorism**.

## Special conditions

**Exposure:** for the purposes of the accidental death and dismemberment benefits in this section, if **You** suffer a loss resulting from being unavoidably exposed to elements due to an **Accident** occurring while riding as a passenger in or on, boarding or alighting from, a **Common Carrier**, will be considered as an **Injury** and indemnity shall be payable as if resulting from an **Injury**. Loss must occur within 365 days of the date of the **Accident**.



## A. Emergency Medical Expenses

**We** will pay for emergency medical expenses if **You** get sick or injured during **Your** trip, up to the limit shown in **Your Table of Benefits**.

To be covered:

1. The treatment must be needed because of a new **Sickness** or **Injury** that happened during **Your** trip.
2. **We** won't cover anything related to a **Pre-existing Condition**.
3. All expenses must be incurred within 52 weeks of the **Sickness** or **Injury**.

## What is covered ✓

Emergency medical expenses are the usual and reasonable costs for:

1. Visits to a **Physician**, including diagnosis, treatment, or surgery.
2. Hospital stays, including room, nursing care, and professional medical services (up to the cost of a standard shared or semi-private room).
3. Anaesthetics, X-rays, laboratory tests, oxygen, blood transfusions, the use of radium and radioactive isotopes, and emergency medical treatments.
4. Ambulance services.
5. Prescription medication and medical supplies or services that can only be obtained with a written prescription from a **Physician**.
6. Extended accommodation for **You** on the **Physician's** advice.
7. Emergency dental treatment to relieve sudden pain from an **Injury** to natural teeth (up to \$100 per tooth).
8. Extra telephone or data charges **You** incur during an emergency to contact a hospital as a result of **Your** medical emergency (up to \$75 in total).

## Before you claim

1. **We** will only pay for costs that are usual, reasonable and necessary. If a charge is higher than what is normally expected, **We** won't cover the extra amount.
2. The date of the treatment is the date **We** use to determine cover.

## Special conditions

To make sure **We** can help **You** quickly and safely, **You** must:

1. Call the **Assistance Provider** as soon as possible if **You** are admitted to hospital or need to be brought back to the **Country of Residence** (repatriated).
2. **We** may move **You** to another hospital or arrange for **You** to return to **Your Country of Residence** if **Our** medical team or the **Physician** agrees it's safe to do so.

## What is not covered X

**We** won't pay for:

1. Medical and Treatment Limits
  - a. Treatment, services or supplies not approved or recommended by a **Physician** or medical specialist.
  - b. Routine check-ups or tests where there are no objective changes or deterioration in normal health.
  - c. Cosmetic, plastic or elective surgery (unless due to an accident).
  - d. Mental health, nervous or emotional conditions, or rest cures.
  - e. Experimental treatments or organ transplants not widely accepted.
  - f. Congenital anomalies and related conditions.
  - g. Pregnancy and childbirth-related claims unless there are serious, unexpected complications that begin after **Your** trip starts, or arising from travelling when **You** are more than 35 weeks for a single pregnancy (or more than 32 weeks for multiple pregnancy), or travelling after **Your Physician** or specialist has recorded the pregnancy as being high-risk.
  - h. Any costs not supported by a medical certificate from a **Physician**.
2. Location-Based Exclusions
  - a. Treatment in **Your City of Residence**.
  - b. Private care in **Your Country of Residence** if public funded healthcare is available.
  - c. Any treatment or costs after **You** return back to **Your Country of Residence**.
3. Non-Medical or Personal Costs
  - a. Childcare while **You** are in hospital.
  - b. Non-medical expenses (e.g. administration fees, transport) unless otherwise stated.
  - c. Phone calls or data charges without receipts or proof of cost.
4. Items Not Covered
  - a. Glasses, contact lenses, or hearing aids (unless damaged by emergency **Sickness** or **Injury** while travelling).
  - b. Dental care (unless it's emergency treatment for an **Injury** to natural teeth).

## B. Hospital Benefit

### Specific definitions

**Inpatient: You**, if **You** are confined to a hospital for whom a room and board charge is made.

#### What is covered ✓

If **We** accept a claim under the Emergency Medical Expenses section of the **Policy**, **We** will also pay a per day benefit, up to the maximum stated in the **Table of Benefits**, if it becomes **Medically Necessary** for **You** to be admitted as an **Inpatient** in a hospital due to **Injury** or **Sickness** that occurs outside **Your City of Residence** and commences while this **Policy** is in effect. The confinement must be recommended by a **Physician**.

#### What is not covered ✕

**We** won't pay for:

1. Hospitalisation due to a **Pre-existing Condition**.
2. Hospitalisation in **Your City of Residence**.
3. Pregnancy-related claims unless there are unexpected complications that begin after **Your** trip starts. Normal pregnancy, childbirth, travelling when **You** are more than 35 weeks pregnant for a single pregnancy (or more than 32 weeks for multiple pregnancy) or travelling when **Your Physician** has recorded the pregnancy as being high risk.
4. Routine physical exams.
5. Cosmetic surgery (unless due to **Injury**).
6. Mental health or emotional disorders.

## C. Emergency Repatriation and Mortal Remains

### Specific definitions

**Covered Expenses:** those expenses for **Transportation** and medical treatment, including medical services and medical supplies necessarily incurred in connection with **Your Emergency Repatriation**. All **Transportation** arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for **Transportation** must be:

1. recommended by the attending **Physician**;
2. required by the standard regulations of the conveyance transporting **You**; and
3. arranged and authorized in advance in accordance with the Emergency Assistance section of this **Policy**.

#### Emergency Repatriation:

1. **Your** medical condition warrants immediate **Transportation** from the place where **You** suffer an **Injury** or **Sickness** to the nearest hospital where appropriate medical treatment can be obtained; and/or
2. After being treated at a local hospital, **Your** medical condition warrants transportation to **Your** current place of residence to obtain further medical treatment or to recover.

**Transportation:** any land, water or air conveyance required to transport **You** during an **Emergency Repatriation**. **Transportation** includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

**Usual, Reasonable and Customary Charges:** charges which:

1. are charged for treatment, supplies or medical services **Medically Necessary** to treat **Your** condition;
2. do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
3. do not include charges that would not have been applied if no insurance existed.

### Special conditions

1. All expenses must be pre-approved by **Our Assistance Provider**.
2. **We** won't pay for services provided free of charge or already included in **Your** trip.

### Return of mortal remains and related expenses

**We** will pay benefits up to the maximum amounts as stated in the **Table of Benefits** for covered expenses reasonably incurred to return **Your** body to **Your City of Residence** if **You** pass away outside of **Your City of Residence**.

### What is covered ✓

**We** will pay up to the amount in the **Table of Benefits** in respect of **Usual, Reasonable and Customary Charges** for **Covered Expenses** if incurred outside **Your City of Residence** should **Injury** or **Sickness** result in **Your** necessary **Emergency Repatriation**.

### Special conditions

The **Emergency Repatriation** must be:

1. Recommended by a **Physician** or **Assistance Provider**;
2. **Medically Necessary**; and
3. Pre-approved by Our **Assistance Provider**.

Transport must be by the most direct and cost-effective route.

### Emergency Family Repatriation

### What is covered ✓

If **You** are hospitalized for more than 5 consecutive days following a covered hospitalization during the **Covered Trip**, **We** will reimburse **You** for the cost of round-trip economy airfare to bring a person chosen by **You** to be at **Your** bedside if **You** are alone during **Your** trip.



## A. Trip Cancellation & Curtailment

### Special conditions

For curtailment claims, **We** will calculate the benefit from the date **You** return to **Your Country of Residence** to the original end date of **Your** trip.

# TRAVEL INCONVENIENCE BENEFITS

## What is covered ✓

If **You** unavoidably need to cancel, rebook or cut short **Your** trip because of:

1. A **Trip Disruption** due to sudden **Sickness, Injury**, or death affecting **You** or an **Immediate Family Member**; or
2. **You** being placed in compulsory quarantine by a **Physician**.

**We** will pay up to the limit shown in the **Table of Benefits** for:

1. Travel, accommodation costs and any pre-paid charges **You** can't get back or which **You** are contractually required to pay.
2. Extra travel costs to help **You** get back to **Your Country of Residence**.

These events must be unexpected, outside **Your** control, and not known at the time of booking **Your** trip.

## What is not covered X

**We** won't pay for:

1. Medical and Health-Related Exclusions
  - a. Any claim related to a **Pre-existing Condition**, including claims involving a member of **Your Family's Pre-existing Condition** if:
    - i. They had received a terminal diagnosis;
    - ii. They were awaiting surgery or hospital treatment; or
    - iii. They had recent hospital care within 90 days before booking the trip;
  - b. Mental health conditions, depression, anxiety, or emotional disorders, drug or alcohol misuse, addiction or overdose;
  - c. Elective, cosmetic or plastic surgery (unless due to an **Accident**);
  - d. Pregnancy complications that began before booking **Your** trip or before travel;
  - e. Normal pregnancy, childbirth, or travel after 35 weeks (single pregnancy) or 32 weeks (multiple pregnancy) or after **Your Physician** or specialist has recorded the pregnancy as being high-risk; or
  - f. Claims without a medical certificate explaining why **You** had to return early.
2. Travel and Documentation Issues
  - a. Cancellations made by the airline company or **Common Carrier**;
  - b. Travel restrictions or border closures imposed by governments;
  - c. Inability to travel due to missing, incorrect or invalid passports or visas;
  - d. Return to any country other than **Your Country of Residence**;
  - e. Costs paid using reward points, air miles, timeshare credits, or holiday bonds; or
  - f. Refundable airport taxes or charges.
3. Booking and Trip Planning Issues
  - a. Costs for upgraded travel or accommodation beyond what was originally booked;
  - b. Costs if **You** didn't contact **Our Assistance Provider** to arrange **Your** return;
  - c. Costs if **You** delayed notifying **Your** travel provider about cancellation; or
  - d. Claims for situations **You** knew about or should reasonably know about before booking **Your** trip that could lead to its cancellation.
4. Other Exclusions
  - a. Any costs not supported by a medical certificate from a **Physician**; or
  - b. Any costs incurred after returning to **Your Country of Residence**.

# TRAVEL INCONVENIENCE BENEFITS

## B. Trip Delay

### What is covered ✓

If, after check-in, the departure of the scheduled **Common Carrier** on which **You** are booked to travel is delayed for at least 4 consecutive hours, **We** will reimburse **You** for **Reasonable Additional Expenses** incurred due to this delay of **Your Covered Trip**, per hour of delay, up to the maximum amount in the **Table of Benefits**. If **You** don't have receipts or didn't incur any expenses, **We** will pay the hourly amount (prorated for every 30 minutes) up to the limit stated in the **Table of Benefits**.

### What is not covered ✕

1. The benefit for the first 4 hours of the delay.
2. Any delay which had been made public or known to **You** prior to the purchase of the ticket.
3. **Common Carrier** caused delays where the cost of expenses is recoverable from the **Common Carrier**.
4. **Common Carrier's** cancellation unless **You** have arrived at the terminal, passed through security gates and **Your** scheduled **Common Carrier** has resulted in cancellation after 4 hours after its scheduled departure time.
5. Delays resulting from claims covered under the Missed Connection section of this **Policy**.

### Special conditions

**We** will pay only for delays of at least 4 consecutive hours occurring within a single leg of **Your Covered Trip**. Delays from multiple, separate flight segments cannot be combined to meet the minimum delay requirement or to increase the total benefit payable. Each leg is assessed independently, and only the delay duration for that specific leg is considered.

## C. Baggage Delay

### Specific definitions

**Checked Baggage:** a piece of baggage which was checked in and in the custody of a **Common Carrier** and for which a claim check has been issued to **You** by a **Common Carrier**.

### What is covered ✓

If **Your Checked Baggage** is delayed or misdirected by a **Common Carrier** during the outbound leg of **Your** trip and not returned within 4 hours of arrival, **We** will reimburse **You** for emergency purchases of clothing, toiletries, medication etc.

**We** will pay the hourly amount (prorated for every 30 minutes) up to the limit shown in **Your Table of Benefits** if **You** have receipts or up to the limit stated in the **Table of Benefits** if **You** don't have receipts.

### What is not covered ✕

1. The benefit for the first 4 hours of the delay.
2. Purchases made after **Your** baggage was returned.
3. Delays caused by customs or other authorities.
4. Delays occurring when **You** arrive at **Your City of Residence** (i.e. inbound delays).

### Special conditions

1. **You** must be a ticketed passenger.
2. The delay must be confirmed in writing by the transport provider.
3. If **Your** baggage is later declared lost, any amount paid under this section will be deducted from **Your Personal Property** claim.

## D. Missed Departure

### What is covered ✓

If on the first leg of **Your** trip **You** arrive too late at **Your** departure point to board the **Common Carrier** **You** were booked on, **We** will reimburse **You** (up to the limit in **Your Table of Benefits** and subject to any **Deductible**) for **Reasonable Additional Expenses** if **You** miss **Your** scheduled international departure due to:

1. A breakdown or accident involving the car or taxi **You** were travelling in.
2. A delay in the arrival of a **Common Carrier** **You** were using to reach **Your** departure point.

This applies to both:

- **Your** outbound trip to **Your** destination.
- **Your** return trip to **Your Country of Residence**.

### What is not covered X

**We** won't pay for:

1. Delays caused by:
  - a. **Common Carrier** being taken out of service by aviation or port authorities.
  - b. A **Strike** announced before **You** booked **Your** trip.
2. Upgrades to a higher standard of transport or accommodation than originally booked.
3. Delays caused by not allowing enough time for **Your** trip.
4. Travel against official advice from national or local authorities.
5. Costs that:
  - a. Can be recovered from **Your** airline, tour operator, hotel or other provider.
  - b. **You** would have paid anyway as part of **Your** trip.
6. Missed connections or delays during subsequent legs of **Your** trip.

## Special conditions

**You** must:

1. Provide proof of the extra costs **You** incurred.
2. Allow enough time to reach **Your** departure point on time.
3. For car issues: provide a written report from the breakdown service or garage, and evidence that the vehicle used for travel was roadworthy, properly maintained.
4. For **Common Carrier** delays: provide proof of the scheduled and actual arrival times.

## E. Missed Connection

### Specific definitions

**Adverse Weather:** any severe weather condition which delays the scheduled arrival or departure of a **Common Carrier**.

#### What is covered ✓

If **You** miss an onward travel connection at the transfer point during a trip abroad due to the late arrival of **Your** incoming confirmed international connecting flight and no alternative onward transportation is made available to **You** within 3 hours of **Your** arrival, **We** will pay **You** the amount shown in the **Table of Benefits**.

#### What is not covered ✕

1. **Adverse Weather.**
2. Financial failure of any airline with whom **You** have booked.
3. **Strike** or other job action by employees of a **Common Carrier** scheduled to be used by **You** during **Your** trip.
4. Withdrawal from service (temporary or otherwise) of any aircraft on the recommendation of any civil aviation authority.
5. Any claim due to causes that are attributable to **You**.
6. **You** choosing not to travel on alternative flights rebooked.

### Special conditions

1. **You** must have a minimum connection time of 2 hours between the scheduled arrival of the inbound flight and departure of the connecting flight.
2. **You** must provide supporting documents from the airline certifying the delay suffered in the departure or arrival of the incoming flight causing **You** to miss **Your** connection.
3. **You** must make every effort to board **Your** connecting flight.
4. This section does not cover reimbursement for **Reasonable Additional Expenses**. These expenses may be covered under the Trip Delay section of this **Policy**.

## F. Accompaniment of Minor (Child Repatriation)

### What is covered ✓

We will pay for a round-trip economy airfare for an adult (nominated by **You** or **Your Family**) to travel from **Your Country of Residence** to accompany the **Child** back to **Your Country of Residence** if:

1. There is a **Trip Disruption**; and
2. **You** are travelling alone with the **Child**.

### What is not covered ✕

We won't pay for:

1. Benefits provided free of charge (i.e. at no cost to **You**) by another party.
2. Expenses that have already been incurred in **Your** original trip.

### Special conditions

1. The **Child** must be left unsupervised due to **Your Sickness, Injury** or death.
2. All arrangements must be approved in advance by the **Assistance Provider**.
3. For the purposes of this sub-section, the word "Child" is defined as a minor under 15 years of age.

## G. Personal Property

### Specific definitions

**Valuables:** contact or corneal lenses, sunglasses, prescription glasses or spectacles, cameras and other photographic equipment, telescopes and binoculars, satellite navigation equipment, wallets, jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.

#### What is covered ✓

We will reimburse **You**, subject to any **Deductible**, up to the **Benefit Amount** as stated in the **Table of Benefits** for the replacement cost of **Personal Property** due to **Theft**, loss or damage:

1. By a **Common Carrier** while **You** were a ticketed passenger on the **Common Carrier** during the trip.
2. During **Your Covered Trip** and subject to the **Personal Property** being owned by and accompanying **You** during the **Covered Trip**.

#### What is not covered ✗

We will not be liable to reimburse any **Benefit Amount** for:

1. The following classes of property: animals, birds, fish, motor vehicles (including accessories), snow skis, household furniture, antiques, contact or corneal lenses, artificial teeth or limbs, hearing aids, music instruments, perishables, money, securities, tickets or documents.
2. Any motorised vehicle or equipment such as, boats, motors, trailers, motorcycles, or other conveyances or their accessories (except bicycles while checked as baggage with a **Common Carrier**).
3. Loss or damage caused by wear and tear, gradual deterioration, moths, vermin.
4. Loss or damage caused by gradually operating ingress or dampness over time.
5. Damage sustained due to any process to repair, clean or alter any property;
6. Loss of or damage to hired or leased equipment.
7. Loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by government authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulation, confiscation by order of any government of public authority or risk of contraband or illegal transportation or trade, radioactive contamination.
8. Loss or damage to laptop computers recoverable under another insurance or from another source.
9. Loss of **Your** baggage left **Unattended** in any public place or as a result of **Your** failure to take due care and precautions for the safeguard and security of such **Personal Property**.
10. Loss, **Theft** or damage to **Personal Property** contained in an **Unattended** vehicle unless it is in a locked boot and there is evidence of forcible and violent entry to the vehicle confirmed by a police report.

# TRAVEL INCONVENIENCE BENEFITS

## Special conditions

1. The **Benefit Amount** payable in respect of any one single item shall not exceed the **Benefit Amount** shown on the **Table of Benefits**.
2. **We** may, at **Our** own discretion, elect to replace, reinstate, or repair the lost or damaged **Personal Property**.
3. **Theft**, loss or damage must have occurred whilst in the care of the hotel or the **Common Carrier**:
  - a) Proof of such loss or **Theft** must be obtained in writing from the hotel management or the **Common Carrier** management and such proof must be provided to **Us**; or
  - b) as a result of **Theft** of the baggage or **Personal Property** provided that such loss is reported to the police having jurisdiction at the place of the loss no more than 24 hours from the time of the incident. Any claim must be accompanied by written report or documentation from such police.
4. **You** must take every possible step to ensure that the baggage or **Personal Property** is not left **Unattended**.
5. Benefits for baggage and **Personal Property** will be subject to a **Deductible** equal to the amount of all other valid and collectible insurance. If, at the time of any loss, there is another valid and collectible insurance in place, **We** will only be liable for the amount which has not been covered by such insurance. **We** will pay for the difference between the **Benefit Amount** and loss amount subject to a **Deductible** for the amount payable under any other valid and collectible insurance in place.
6. Benefits for baggage and **Personal Property** will be subject to a **Deductible** equal to the amount paid or payable by a **Common Carrier** or other third party responsible for the loss.
7. In case of loss to a **Pair or Set**, **We** may elect to:
  - a) Repair or replace any part, to restore the **Pair or Set** to its value before the loss; or
  - b) Reimburse the difference between the cash value of the property before and after the loss.
11. Loss of **Your** baggage, souvenirs or articles sent in advance or mailed or shipped separately.
12. Loss of business goods or samples.
13. Loss of data recorded on tapes, cards, discs or otherwise.
14. Inherent vice or damage.
15. Transporting contraband or illegal trade.
16. Mysterious disappearance that cannot be reasonably explained or validated.
17. Insects or vermin.
18. Loss or damage due to the consequences of **Terrorism**.
19. The **Deductible** as shown in the **Table of Benefits**.

## H. Hijack

### What is covered ✓

**We** will pay **You** a distress allowance for every 24-hour period during **Your** travel with a **Common Carrier** which has been hijacked, where as a direct consequence, **Your Covered Trip** has been disrupted up to the maximum amount stated in the **Table of Benefits**.

## A. Winter Sports

### Specific definitions

**Winter Sports Equipment:** skis, snowboards, boots, helmets, bindings and poles.

#### What is covered ✓

We will pay up to the amount shown in the **Table of Benefits** for:

##### 1. Your Winter Sports Equipment

If **Your Winter Sports Equipment** is lost, stolen or damaged during **Your** trip, **We** will pay for its replacement or repair, whichever is lower, after making an allowance for wear and tear and loss of value using the scale below:

- a. Up to 1 year old, 90% of the purchase price
- b. Up to 2 years old, 70% of the purchase price
- c. Up to 3 years old, 50% of the purchase price
- d. Up to 4 years old, 30% of the purchase price
- e. Over 4 years old, 20% of the purchase price

The maximum amount **We** will pay is stated in the **Table of Benefits**.

##### 2. Hired Winter Sports Equipment

If **You** hire **Winter Sports Equipment** and it is lost, stolen or damaged during **Your** trip, **We** will pay for its replacement or repair. **You** must prove **You** were responsible and provide cost evidence. The maximum amount **We** will pay is stated in the **Table of Benefits**.

##### 3. Winter Sports Equipment Hire

If **Your Winter Sports Equipment** is:

- a. Lost, stolen, or damaged (and **You** have a valid claim under items 1 or 2 of this sub-section), or
- b. Delayed by an airline or **Common Carrier** for more than 12 hours on **Your** outbound trip,

**We** will pay for the cost of hiring replacement equipment, up to the limit in **Your Table of Benefits**.

##### 4. Ski pack

**We** will reimburse the unused portion of **Your** ski pass, ski hire, or tuition fees if:

- a. **You** are unable to ski due to **Sickness** or **Injury**, or
- b. **Your** ski pass is lost or stolen.

##### 5. Piste closure

The amount stated in the **Table of Benefits** for each continuous full 24-hour period that **You** are unable to ski because there is a lack of snow in the pre-booked resort and no alternative skiing is available.

##### 6. Avalanche

If **Your** outbound or return trip is delayed by more than 12 hours from the scheduled departure time on **Your** travel ticket due to an avalanche, **We** will pay for necessary extra travel and accommodation costs.

#### What is not covered ✗

1. Exclusions listed under the **Personal Property** section of this **Policy**, except for snow skis under exclusion 1.
2. Avalanche claims if already paid under the Trip Delay section of this **Policy**.
3. The **Deductible** for claims under sections under 1 or 2 of this specific section of the **Policy**.
4. **Claims** for trips within **Your Country of Residence**.
5. **Trips** to ski resorts outside their published ski season.

### Special conditions

1. All conditions under the Personal Property section of this **Policy** also apply here.
2. A medical certificate is required for ski pack claims due to **Sickness** or **Injury**.

## B. Buyers Protection

### Specific definitions

**Accidental Damage:** damage caused by a sudden and unexpected event that stops the **Eligible Item** from working as it should.

#### What is covered ✓

1. If an **Eligible Item You** bought with **Your Eligible Card** is stolen or accidentally damaged within 365 days of purchase, **We** will either repair or replace the **Eligible Item**, or
2. Reimburse **You** up to the **Eligible Item's Purchase Price** or the **Per Occurrence Limit** (whichever is lower), subject to the **Annual Aggregate Limit** shown in **Your Table of Benefits**.

#### What is not covered ✕

1. Losses not connected to **Theft**, fire or damage caused by accident.
2. Any motor vehicle, e-scooters, motorcycle, bicycle, boat, caravan, trailer, hovercraft, aircraft and/or parts or accessories necessary for their operation and/or maintenance.
3. Permanent household and/or business fixtures, including but not limited to carpets, flooring and/or tile, air conditioners, refrigerators or heaters.
4. Travelers cheques, currency, documents, cash tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables and services.
5. Art, antiques, firearms, and collectable items.
6. Jewellery, watches, furs, precious and semi-precious stones and articles made of or containing gold, silver or other precious metals.
7. Items used for **Business** related purposes.
8. Items rented or leased.
9. Mysterious disappearance of **Eligible Items** that cannot be reasonably explained or validated.
10. **Theft** not reported within 24 hours of discovery and a written report obtained.
11. Used, rebuilt, refurbished, or remanufactured items at the time of purchase.
12. Shipping and handling expenses or installation, assembly related costs.
13. Items purchased for resale, professional, or commercial use.
14. Losses caused by fraud, mistreatment, carelessness or not following the manufacturer's manual.
15. Damage to **Eligible Items** caused by product defects or error during production.
16. Losses caused by vermin, insects, termites, mould, gradually operating ingress or dampness over time, wet or dry rot, bacteria or rust.

## Special conditions

1. **You** must comply with all the terms and conditions of the **Eligible Card**.
2. The **Policy** cover provided is limited to 4 incidents per **Eligible Card** in each **Policy Period**.
3. **You** must use all reasonable means to avoid future losses at and after the time of a loss.
4. All covered purchases made on supplementary **Eligible Cards** are part of the primary **Eligible Cardholders' Annual Aggregate Limit** and not in addition.
5. The damage to, or **Theft** of, the **Eligible Items** must occur during the **Policy Period**.
6. **We** will decide whether to have the **Eligible Item** repaired or replaced, or to reimburse **You** up to the amount documented in an original receipt showing the description of the **Eligible Item**.
7. **You** can only submit a claim for **Eligible Items** that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability.
8. Claims for an **Eligible Item** belonging to a **Pair or Set**, will be paid up to the full **Purchase Price** of the **Pair or Set**, provided the items are not useable individually and cannot be replaced individually. The **Theft** or damage of an **Eligible Item** that is part of a **Pair or Set** will be viewed as one occurrence and the coverage limitation still applies.
9. Claims for an **Eligible Item** ordered online that is delivered damaged or not delivered are included (as per the limit set out in the **Table of Benefits**) provided it is sent via a tracked delivery service and the merchant or courier are denying liability.
10. **You** will need to transfer to **Us**, at **Our** request and at **Your** expense, any damaged **Eligible Item** or part of a **Pair or Set** and assign the legal rights to recover from the party responsible up to the amount **We** have paid.
11. **You** must take reasonable care to avoid any direct physical **Theft** or damage to an **Eligible Item**.
12. **You** must document that the claim has not been sent to another insurance company by means of written statement.
13. **You** must provide **Us** with the original receipt showing a description of the **Eligible Item** and that payment of the item was made entirely with the **Eligible Card**.
14. **You** must report **Theft** of an **Eligible Item** to the police within 24 hours of discovery and **You**.
17. **Eligible Items** not received by **You** or other party designated by the **Eligible Cardholder**.
18. Losses due to mechanical, electrical, software or data failure including, but not limited to, any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure.
19. Items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment).
20. Items damaged through alteration (including cutting, sawing, and shaping).
21. Courier delivered item(s) purchased in-store until item(s) are received, checked for damage and accepted at the nominated delivery address.
22. **Theft** of or damage of **Eligible Items** when under the supervision, control or safekeeping of a third party other than required according to safety regulations.
23. **Theft** of or damage of **Eligible Items** left in a motor vehicle as a result of the **Theft** of the motor vehicle.
24. **Theft** of any item from property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible, physical damage to the property or premises.
25. **Theft** or **Accidental Damage** to any **Eligible Item** where there is any other insurance covering the same **Theft** or **Accidental Damage**, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.
26. Items left **Unattended** in a place to which the general public has access.

## C. Extended Warranty

### Specific definitions

**Extended Warranty Period:** the period starting the day after the original **Manufacturer's Warranty** expires. The **Extended Warranty Period** will match the original **Manufacturer's Warranty** period up to a maximum of 12 months.

**Manufacturer's Warranty:** the contractual obligation to repair or to replace an article due to **Mechanical Breakdown**. This includes store brand warranties provided on store brand products.

**Mechanical Breakdown:** an internal malfunction of an **Eligible Item** which would have been covered by the terms of the original **Manufacturer's Warranty**, which is due solely to a defect in material or workmanship and which results in a failure of the **Eligible Item** to operate for the purpose for which it was designed.

#### What is covered ✓

If an **Eligible Item** suffers a **Mechanical Breakdown** after the **Manufacturer's Warranty** ends, **We** will cover the cost of repair during the **Extended Warranty Period**, up to:

1. The original **Purchase Price**, or
2. The **Per Occurrence Limit** shown in **Your Table of Benefits** (whichever is lower), subject to the **Annual Aggregate Limit**.

If the repair cost is more than the original **Purchase Price**:

1. **We** will replace the item with a similar model (up to the value of no more than the original **Purchase Price**), or
2. If no equivalent model of similar specification is available, **We** will reimburse You up to the original **Purchase Price** up to the **Per Occurrence Limit** and subject to the **Annual Aggregate Limit**. The maximum paid per 365-day period is as shown in the **Table of Benefits**.

If the **Eligible Item** is part of a **Pair or Set**, only the broken item is covered.

#### What is not covered ✗

1. Non-electrical items.
2. Items without a serial number.
3. Boats, motorized vehicles including airplanes, automobiles and motorcycles, and any equipment, parts or accessories.
4. Computer software and other accessories to computers not fully assembled by the manufacturer.
5. Any customized, unique, or rare items.
6. Used, rebuilt, refurbished and re-manufactured items at the time of purchase
7. Items purchased for resale, professional, or commercial use.
8. Items that are specified by supplier as a consumable item or items that shall be thrown away after usage, included, but not limited to bulbs, fuses, batteries, filters, belts, bags and printing cartridges.
9. Cleaning expenses.
10. Damage through modification or alteration of any kind.
11. The cost of rectifying blockages (except in the cooling system of refrigeration equipment).
12. Expenses linked to supplier's withdrawal of a product.
13. Expenses linked to repairs caused by routine service, inspections or installations, or call out charges and other expenses where an authorized repairer cannot find any fault with the item.

## Special conditions

1. **Eligible Items** must have a minimum **Manufacturer's Warranty** of 12 months; and cannot have greater than a maximum combined **Manufacturer's Warranty** and additional optional warranty period of 3 years.
2. **Eligible Items** must have a valid **Manufacturer's Warranty** in the **Territory**, stating the extent of cover, the period of cover, what the manufacturer will do to correct the problem and whom to contact for service.
3. **Eligible Items** may be repaired or replaced or **You** may receive reimbursement of the original **Purchase Price** less any rebates, discounts or rewards points.
14. Damage caused by not following the supplier's manual, instructions or installation guidelines, or the use of unapproved accessories.
15. Services, maintenance, repair, installation, assembly or rebuild costs.
16. Any shipping or promised time frames of delivery, whether or not stated or covered by the **Manufacturer's Warranty**.
17. Any costs relating to damage to **Eligible Items** caused by accident, neglect, abuse, wilful damage, vermin and insect infestation, misuse, **Theft**, sand, fire, earthquake, storm and tempest, lightning, explosion, aircraft impact, water damage, corrosion, power surge, battery leakage or Acts of God.
18. Any costs associated with the disposal or removal of the items regardless of whether the item can be repaired or replaced.

## D. Event Ticket Cancellation

### Specific definitions

**Event:** includes but not limited to an official sporting occasion, music concert, exhibition, educational or cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction that is due to take place at a venue in the **Territory** where admittance tickets are sold in advance.

#### What is covered ✓

We will reimburse **You** up to the limit shown in **Your Table of Benefits** (but no more than the face value of **Your** ticket) if **You** can't attend an **Event** due to one of the following unavoidable and unexpected events during the **Policy Period**:

1. A serious **Sickness, Injury**, or death affecting **You** or a member of **Your Family**, which **You** were unaware of when **You** ordered the **Event** ticket.
2. **You** are required by the police to stay at home due to a burglary or serious damage (e.g. fire, flood, storm, vandalism, or vehicle impact) within 48 hours immediately before the **Event**.
3. **Your** transport provider (**Common Carrier**) fails to run on schedule.
4. The vehicle **You** are travelling in breaks down, is in an accident, or is delayed in traffic for more than 3 hours, with no alternative route available and provided **You** allowed reasonable time for delays.

#### What is not covered ✗

1. Circumstances known to **You** prior to the time of booking an **Event** which would result in **Your** inability to attend the **Event**.
2. Inability to attend the **Event** due to failure to hold, obtain or produce valid identity and/or any required documents.
3. Work obligation or financial circumstances.
4. Season ticket or annual passes.
5. **Event** tickets **You** have purchased for **Business** related purposes.
6. **Event** tickets that include accommodation or transportation costs.
7. Failure or delay of public transport caused by industrial action or **Strike**, which was announced or began before **You** left home or where **You** could have reasonably made other travel arrangements.
8. The withdrawal from service of the flight by a **Common Carrier** on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.
9. Postponement, Cancellation, relocation or abandonment of the **Event** by the performer, artist, promoters or organizers of the **Event**.
10. Liquidation or Bankruptcy of the performer, artist, company promoting or organising the event, their agents or any person acting for **You**.

### Special conditions

1. **You** must notify **Us** as soon as reasonably possible of any reason that may cause **Your** event cancellation.
2. If **You** are unable to attend the event due to an **Accident** or **Sickness** **You** must provide a medical certificate from the **Physician** treating **You** or the injured/ill person, stating that this necessarily and reasonably prevented **You** from attending the **Event**.
3. In the event of death, a certified copy of the death certificate is required.
4. If **You** are unable to attend the **Event** due to delay in the **Common Carrier** **You** must get a letter from the **Common Carrier** provider confirming that the service did not run on time.
5. If **You** are unable to attend the event because the vehicle **You** are travelling in has an **Accident** or breaks down, **You** must get confirmation from the authority who went to the **Accident** or breakdown affecting the vehicle **You** were travelling in.

## Complaints procedure

**We** are dedicated to providing a high quality service and want to maintain this at all times. If **You** are not happy with **Our** service, please contact **Us**, quoting the first 9 digits of **Your Eligible Card** number and/or claim number, so **We** can address the complaint as soon as possible.

**Our** contact details are listed in the **Localisation Schedule**.

In the event that **You** remain dissatisfied, **You** can refer the matter to the **Competent Authority** listed in the **Localisation Schedule**.

## Data protection

### The personal data You provide

**We** are the data controller and take **Our** responsibility seriously to protect **Your** privacy and the personal data entrusted to **Us**.

In this notice, personal data means any information that identifies an individual, including sensitive personal data (e.g. health or medical information).

Where **You** provide personal data relating to another individual, **We** will treat this as if **You** have authority to act on their behalf and to receive any data protection notices from **Us** on their behalf.

**We** will use **Your** personal data for the purpose of providing insurance services.

Personal data may be shared with **Our** group companies\*, reinsurers, service providers, business partners and agents for administration, customer service, claims handling, assistance services, customer profiling and for managing and auditing purposes.

**We** may also pass **Your** personal data to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where required by law.

**We** will not share sensitive personal data unless **We** have specific consent from **You** or **Your** authorised representative or **We** are required to do so by law.

**We** may transfer **Your** personal data to other countries which may not have the same level of data protection as **Your** home country, but if **We** do, **We** will ensure appropriate safeguards are put in place to protect **Your** personal data.

For questions regarding **Your** personal data, please refer to the **Localisation Schedule** for the relevant contact details.

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