



# MIS Travel Insurance Backpacker Policy 2019

with Great Lakes Insurance SE



**Policy Number:**

## Health Notice

If **You** or any other person who is travelling has a **Pre-Existing Medical Condition** then **You** must declare that condition to UK General Insurance Limited on 0818 220 096. If **You** have a close family member/relative who has a condition that could give rise to **You** cancelling/curtailing then **You** must also contact UK General Insurance Limited.

**Broker Stamp**

|                                                            |              |
|------------------------------------------------------------|--------------|
| <b>Schedule of Cover</b>                                   | Page 3       |
| <b>Medical Screening / Acceptable Hazardous Activities</b> | Page 5       |
| <b>Important Notes - Please Read</b>                       | Page 6 - 7   |
| <b>24 - hour Medical Emergency Service</b>                 |              |
| 24 hour Worldwide Assistance                               | Page 7 - 8   |
| <b>Policy Definitions</b>                                  | Page 9 - 10  |
| <b>The Insurance</b>                                       |              |
| Section A - Cancellation & Curtailment                     | Page 11      |
| Section B - Emergency Medical Expenses<br>& Repatriation   | Page 12 - 13 |
| Section C - Personal Effects & Baggage                     | Page 13      |
| Section D - Personal Money                                 | Page 14      |
| Section E - Holiday Abandonment                            | Page 14      |
| Section F - Hijack                                         | Page 14      |
| Section G - Missed Departure                               | Page 14      |
| Section H - Personal Accident                              | Page 14 - 15 |
| Section I - Personal Liability                             | Page 15      |
| Section J - Legal Expenses Cover                           | Page 15      |
| Section K - Catastrophe Cover                              | Page 15 - 16 |
| Section L - Mugging Benefit                                | Page 16      |
| <b>Exclusions Applicable to All Sections</b>               | Page 16 - 17 |
| <b>Conditions Applicable to All Sections</b>               | Page 17 - 18 |
| <b>Making a Claim</b>                                      | Page 18      |
| <b>Complaints Procedure</b>                                | Page 18 - 19 |

## Schedule of Cover

| DESCRIPTION                                                     |                           | PREMIER                                                  |  |
|-----------------------------------------------------------------|---------------------------|----------------------------------------------------------|--|
| DESCRIPTION                                                     | COVER (per insured) Up to | EXCESS (per insured)                                     |  |
| <b>A Cancellation &amp; Curtailment Charges</b>                 | €2,000                    | €135 (Loss of deposit €50)                               |  |
| <b>A2 Exam Failure</b>                                          |                           |                                                          |  |
| <b>B Emergency Medical Expenses and Repatriation</b>            | €3,000,000                | €350                                                     |  |
| Including Emergency Assistance Services                         |                           |                                                          |  |
| Emergency Dental Treatment                                      | €250                      |                                                          |  |
| Repatriation of remains to Insured's Usual Country of Residence | €9,000                    |                                                          |  |
| Additional Accommodation Costs                                  | €1,250                    |                                                          |  |
| <b>C Personal Effects &amp; Baggage</b>                         | Up to €1,500              | €120                                                     |  |
| Single Item Limit                                               | €200                      |                                                          |  |
| Valuables Limit in Total                                        | €200                      |                                                          |  |
| Travel Documents                                                | €200                      |                                                          |  |
| Delayed Baggage                                                 | €50 per day up to €100    |                                                          |  |
| <b>D Personal Money</b>                                         | Up to €250                | €75                                                      |  |
| Cash Limit                                                      | €250                      |                                                          |  |
| Cash (Aged under 18)                                            | €100                      |                                                          |  |
| <b>E Holiday Abandonment</b>                                    | Up to €2,000              | €75                                                      |  |
| <b>F Hijack</b>                                                 | Up to €500                | N/A                                                      |  |
| <b>G Missed Departure</b>                                       | Up to €1,000              | €120                                                     |  |
| <b>H Personal Accident</b>                                      | Maximum Benefit €15,000   | N/A                                                      |  |
| Loss of Limbs or Sight (Aged 35 years and under)                | €15,000                   |                                                          |  |
| Permanent Total Disablement                                     | €15,000                   |                                                          |  |
| Death Benefit (Aged 18 to 35)                                   | €5,000                    |                                                          |  |
| Death Benefit (Aged under 18 years)                             | €2,500                    |                                                          |  |
| Repayment of Student Loan                                       | €5,000                    |                                                          |  |
| <b>I Personal Liability</b>                                     | Up to €2,000,000          | N/A (€300 in respect to temporary holiday accommodation) |  |
| <b>J Legal Expenses Cover</b>                                   | Up to €10,000             | €300                                                     |  |
| <b>K Catastrophe Cover</b>                                      | Up to €750                | €75                                                      |  |
| <b>L Mugging Benefit</b>                                        | €40 per day up to €400    | N/A                                                      |  |

## Underwriter

This insurance is arranged by MIS Motorist Insurance Services Limited and underwritten by UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

MIS Motorist Insurance Services Limited is authorised and regulated by the Financial Conduct Authority.

UK General Insurance Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 310101. You can check our details on the Financial Services Register <https://register.fca.org.uk/>.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Firm Reference No. 769884. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

## Arranged by

MIS Motorists Insurance Services Limited, Beechwood House, 37a Comber Road, Dundonald, BT16 2AA.

## Period of Insurance

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation certificate between 31/03/2019 and 30/03/2020 and for holidays or journeys commencing up to 30/03/2021.

## Territorial Limits

- Area 1** The United Kingdom, Channel Islands, Isle of Man and the Republic of Ireland
- Area 2** The Continent of Europe: United Kingdom (England, Northern Ireland, Scotland, the Isle of Man and Wales), Republic of Ireland (Eire), Channel Islands, Mainland Europe, Mediterranean Islands including: Majorca, Menorca, Ibiza, Corsica, Sardinia, Sicily, Malta, Gozo, Crete, Rhodes and other Greek Islands, Northern and Southern Cyprus, Island of Madeira, The Canary Islands, The Azores, Countries bordering the Mediterranean Sea including: Egypt, Israel, Morocco, Tunisia and Turkey and Iceland
- Area 3** Worldwide excluding USA and Canada
- Area 4** Australia and New Zealand
- Area 5** Worldwide including USA and Canada

## Policy Age Limits

Single Trip - 39yrs

## PRE-EXISTING MEDICAL CONDITIONS

### UK GENERAL INSURANCE LIMITED 0818 220 096

If **You** are aware that **You** or any person whose ill health would force **You** to cancel or cut short **Your Trip**, or have been admitted as an inpatient in the past twenty four months, or have suffered from or received any form of medical advice, treatment or medication for a

1. **Heart or Circulatory related condition (e.g. Hypertension, Angina, Stroke etc...)**
2. **Lung or Breathing related condition other than well controlled, mild Asthma, suffered in isolation**
3. **Cancerous condition**

Then **You** must contact the Medical Pre-screening company in order to arrange cover for that condition. Failure to advise the Medical Pre-screening company of a **Pre-Existing Medical Condition** may result in claims for those undisclosed conditions not being paid.

Contact the Medical Pre-screening company on 0818 220 096 quoting reference 06798A.

**Please note that cover cannot be offered if You, or the person You are travelling with:**

- are travelling against the advice of a **Medical Practitioner**
- are travelling for the purpose of obtaining medical treatment
- are on a hospital waiting list
- are awaiting the results of medical tests or investigations
- are receiving ongoing dialysis treatment
- have been given a terminal prognosis
- are travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider

#### What will happen when You call UK General Insurance Limited

The Underwriters trained operators will ask **You** a few simple questions about **Your** intended holiday and the medical condition. **You** will be advised as to whether **Your Pre-existing Medical Condition** can be covered, whether there will be an additional premium to pay or any changes to the policy terms and conditions. This quotation is valid for 14 days from the date given. If cover can be provided, **You** will be given an acceptance code and a letter will be sent to **You** upon receipt of payment, detailing the extension of cover. Please read this letter carefully and keep it with **Your** insurance documents as it confirms the terms of the cover. Please note that the cover is not effective until **You** are in receipt of this letter.

#### What will happen if You do not contact UK General Insurance Limited

If **You** do not contact UK General Insurance Limited **You** will not be covered in the event of a claim arising out of **Your Pre-existing Medical Condition**.

## Acceptable Hazardous Activities

**You** are covered under the Personal Accident and Medical Expenses Sections for the following activities automatically, and **You** do not need to contact **Your** issuing agent. If any activity that **You** wish to participate in is not listed below, then please contact **Your** issuing agent.

- |                                        |                                              |                                                                                   |                                                         |
|----------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------|
| • archery (amateur)                    | • jogging                                    | • sailing within territorial waters                                               | • white water rafting (Grade 1 to 3)                    |
| • badminton (amateur)                  | • marathon running (amateur)                 | • scuba diving up to 30 metres if adequately supervised with qualified instructor | • windsurfing (amateur)                                 |
| • baseball (amateur)                   | • motorcycling up to 50cc                    | • skate boarding                                                                  | • <b>Wintersports</b> (as defined on page 9)            |
| • basketball (amateur)                 | • netball (amateur)                          | • snorkelling                                                                     | • yachting (racing / crewing inside territorial waters) |
| • beach games                          | • orienteering                               | • squash (amateur)                                                                |                                                         |
| • canoeing                             | • outwardbound pursuits                      | • surfing (amateur, under 14 days)                                                |                                                         |
| • clay pigeon shooting                 | • paintballing                               | • tennis (amateur)                                                                |                                                         |
| • cricket (amateur)                    | • parascending (over water)                  | • tour operator safari                                                            |                                                         |
| • cycling (other than specified)       | • pony trekking                              | • track events                                                                    |                                                         |
| • dinghy sailing                       | • racquetball                                | • trekking (under 2,000 metres altitude)                                          |                                                         |
| • fell walking                         | • rambling                                   | • triathlon                                                                       |                                                         |
| • fencing                              | • river canoeing                             | • volleyball (amateur)                                                            |                                                         |
| • fishing                              | • roller skating                             | • war games                                                                       |                                                         |
| • football (amateur)                   | • roller blading                             | • water polo (amateur)                                                            |                                                         |
| • golf (amateur)                       | • rounders                                   | • water ski-ing (amateur)                                                         |                                                         |
| • hiking (under 2,000 meters altitude) | • rowing                                     |                                                                                   |                                                         |
| • horse riding (up to 7 days)          | • running - sprint / long distance (amateur) |                                                                                   |                                                         |
| • jet boating                          | • safari (Ireland / <b>UK</b> organised)     |                                                                                   |                                                         |
| • jet ski-ing                          | • sail boarding                              |                                                                                   |                                                         |

\* Upon payment of an additional premium, cover is extended to include **Wintersports** under Section B Emergency Medical Expenses and Repatriation, Section D Personal Accident and Section J Personal Liability. Please see **Wintersports** definition on page 9 and contact **Your** issuing agent for details.

## PLEASE READ FOR EXCLUSIONS

**Please note: Diving Equipment is not covered under this policy.**

- **Your** attention is drawn to the exclusions relating to Section I - Personal Liability and their importance to some of the acceptable **Hazardous Activities** listed and their associated mechanised vehicles.
- **You** are not covered for non-incidental participation in these acceptable **Hazardous Activities** or any other **Hazardous Activities**. However, by contacting **Your** issuing agent and declaring these activities, in most circumstances, **Your** policy can be extended to cover **You** fully. There may be amendments in policy conditions and/or an additional premium to pay.

## Important Notice - Please Read

The Underwriter hereby draws your attention to some important features of your travel insurance evidence of cover. If **You** would like more information, please contact the issuing agent, particularly if you feel the insurance may not meet your needs.

### EVIDENCE OF COVER

**You** should read this document carefully. It gives **You** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and **Underwriter** to **Underwriter**.

### CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions and exclusions will apply to individual sections of **Your** evidence of cover while general exclusions and conditions will apply to the whole of **Your** evidence of cover. It is a condition of this evidence of cover that you must take care to supply complete and accurate information to the **Underwriter** at the time of taking out this insurance. Failure to do so may result in the **Underwriter's** non-liability for claims.

### DAUGHTER SPORTS OR PASTIMES

**You** are only covered under the evidence of cover for claims arising from certain acceptable **Hazardous Activities**. If **You** require cover for activities not listed on page 5 of this booklet please contact **Your** issuing agent.

### PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of personal property are not covered.

### PERSONAL LIABILITY

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

### POLICY LIMITS

All sections of **Your** policy have limits on the amount the **Underwriter** will pay under that section. There are also specific limits under the **Personal Effects** and Baggage section for: any **Single Item; Valuables**, items for which an original receipt, proof of purchase or an insurance valuation is not supplied; loss, theft or damage occurring on a beach or in or around a swimming pool.

### POLICY EXCESSES

Under most sections of the policy, claims will be subject to an **Excess** per person. This means that **You** will be responsible for the first part of the claim. The amount **You** have to pay is the **Excess**.

### REASONABLE CARE / UNATTENDED PROPERTY

**You** must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property, as if uninsured. There is no cover for property left unattended in a place to which the general public has access. There is no cover for loss of

money which was not carried on the **Insured's** person unless placed in a locked safety deposit box or similar locked, fixed receptacle.

### COMPLAINTS PROCEDURE

If **You** have any cause for complaint regarding this insurance, please refer to the relevant section of this document for the complaints procedure to follow.

### CANCELLATION

If **You** decide that for any reason, this policy does not meet **Your** insurance needs then please contact **Your** agent within 14 days from the day of purchase or the day on which **You** receive **Your** policy documentation, whichever is the later. On the condition that no travel has commenced and no claims have been made or are pending, **Your** agent will then refund **Your** premium in full.

**You** may cancel the insurance cover after 14 day by informing **Your** agent however no refund of premium will be payable.

The **Insurer** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- a) Where the **Underwriter** reasonably suspect fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions
- e) **You** have not taken reasonable care to provide accurate and complete answers to the questions **Your** agent asked.

If the **Underwriter** cancels the policy and/or any additional covers **You** will receive a refund of any premiums **You** have paid for the cancelled cover, less a proportionate deduction for the time the **Underwriter** has provided cover.

Where the **Underwriters** investigations provide evidence of fraud or misrepresentation, the **Underwriter** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Your** administrator / **Your** agent with incomplete or inaccurate information. This may result in **Your** policy being cancelled from the date **You** originally took it out and the **Underwriter** will be entitled to keep the premium.

If **Your** policy is cancelled because of fraud or misrepresentation, this may affect **Your** eligibility for insurance with the **Underwriter**, as well as other insurers, in the future.

## FRAUDULENT CLAIMS/FRAUD

You must not act in a fraudulent way. If you or anyone acting for you:

- fails to reveal or hides a fact likely to influence whether the **Underwriter** accept your proposal, your renewal, or any adjustment to your policy;
- fails to reveal or hides a fact likely to influence the cover the **Underwriter** provide;
- makes a statement to the **Underwriter** or anyone acting on the **Underwriter** behalf, knowing the statement to be false;
- sends the **Underwriter** or anyone acting on the **Underwriter** behalf a document, knowing the document to be forged or false;
- makes a claim under the policy, knowing the claim to be false or fraudulent in any way;
- makes a claim for any loss or damage you caused deliberately or with your knowledge; or
- If your claim is in any way dishonest or exaggerated;

the **Underwriter** will not pay any benefit under this policy or return any premium to you and the **Underwriter** may cancel your policy immediately and backdate the cancellation to the date of the fraudulent claim. The **Underwriter** may also take legal action against you and inform the appropriate authorities.

## GOVERNING LAW

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the **United Kingdom** in which your main residence is situated.

## RECIPROCAL HEALTH AGREEMENTS: EHIC & MEDICARE

If you are travelling to **European Union** countries you should obtain a European Health Insurance Card (EHIC). You can apply either online through <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC> or by telephoning 0300 330 1350. This will entitle you to benefit from the reciprocal health agreements, which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the excess under the medical section B will not apply. When you are travelling to **Australia** and you have to go to hospital, you must register for and make use of the treatment offered under the national Medicare scheme. If you know you need treatment, you can enrol for Medicare at a DHS Service Centre. If you receive treatment before you enrol, Medicare benefits will be back-paid for eligible visitors.

## What to do in the Case of a Medical Emergency

### HOSPITAL TREATMENT ABROAD

If **You** are admitted to hospital **You** must contact Global Response immediately. If **You** do not, this could mean that the **Underwriter** will not provide cover or the **Underwriter** will reduce the amount the **Underwriter** will pay for medical expenses.

**Treating Doctor/Hospital:** For travel to the United States of America: the **Underwriter** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

The **Underwriter** reserves the right to limit payment to what the **Underwriter** medical officer deems reasonable.

If the **Underwriters** medical officer advises a date when it is feasible and practical to repatriate **You**, but **You** choose instead to remain abroad, the **Underwriters** liability to pay any further costs under this section after that date will be limited to what the **Underwriter** would have paid if **Your** repatriation had taken place

### WHILE YOU ARE AWAY WHAT TO DO IN THE CASE OF MEDICAL EMERGENCY

The emergency assistance provided for **You** by this Insurance is operated by Global Response and Healthwatch S.A. In the event of any illness, injury, **Accident** which requires:

Inpatient treatment, anywhere in the world **You** must contact:

Global Response

Tel: +44 (0) 113 3180 197

Fax: +44 (0) 113 3180 198

Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)



Outpatient treatment anywhere in the world, excluding North America and the **United Kingdom**, **You** must contact:

Healthwatch S.A.:

Tel: +44 (0)113 3180 124

Fax: +44 (0)113 3180 125

Email: [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)



Outpatient treatment, anywhere in the world **You** must contact:  
Global Response  
Tel: +44 (0) 113 3180 197  
Fax: +44 (0) 113 3180 198  
Email: [operations@global-response.co.uk](mailto:operations@global-response.co.uk)



Global Response or Healthwatch S.A. may be able to guarantee costs on **Your** behalf. When contacting Global Response or Healthwatch S.A. please state that **Your** insurance is provided by UK General Insurance Limited and quoting the appropriate reference number:

Scheme name: MIS Travel (ROI) Insurance Reference Number: 06798A

Note: **You** must retain all receipts for medical & additional costs incurred and **You** are responsible for any policy **Excess** and this should be paid by **You** at the time of treatment.

### OUT PATIENT TREATMENT

If **You** require outpatient treatment, please contact the appropriate Emergency Assistance provider as detailed above. If emergency assistance is being provided by Healthwatch SA please ensure the treating Doctor or Clinic is aware of the following instructions:

### OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS:

In order to have **Your** invoices paid quickly, please send **Your** invoice together with a copy of the policy **Schedule** (clearly showing the policy number and names) and any supporting documentation related to the outpatient treatment (Medical report, cost breakdown) by email to [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)  
**You** must include **Your** bank account details, IBAN no's and / or Swift code for payment to be processed electronically.

Out Patient Department Tel: 00 30 2310 256454

Out Patient Department Fax: 00 30 2310 256455 or 0030 2310 254160

E-mail: [newcase@healthwatch.gr](mailto:newcase@healthwatch.gr)

### RETURNING EARLY TO THE REPUBLIC OF IRELAND

If **You** have to return to the **Republic of Ireland** under Section A1 (Cancellation & Curtailment) or B (Emergency Medical and Treatment Expenses), the 24 hour medical emergency service must authorise this. If they do not, this could mean that the **Underwriter** will not provide cover or the **Underwriter** may reduce the amount the **Underwriter** pay for **Your** return to the **Republic of Ireland**. The 24 hour medical emergency service reserve the right to repatriate **You** should the **Underwriters** medical advisors view **You** as being fit to travel, if **You** refuse to be repatriated then all cover under this policy will cease. The 24 hour medical emergency service may be contacted from anywhere in the world to provide assistance to **You**.

### IMPORTANT NOTE:

If **You** currently hold private health insurance that covers **You** for medical expenses abroad then the **Underwriter** recommends, in the event of a medical emergency abroad, that **You** also advise the 24-hour medical emergency service of **Your** membership number and plan type.

## Policy Definitions

Wherever the following words or phrases appear within this policy they will always have the same meaning and will appear in bold with a capital letter.

### Accident / Accidental

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes, results directly, immediately and solely in physical **Bodily Injury** which results in a loss. In no event shall the contracting of any disease and/or illness (including, but not limited to heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **Accident**. An event which directly or indirectly exacerbates a previously existing physical **Bodily Injury** shall not be considered an **Accident**.

### Adverse Weather

Weather of such severity that:

- the police, or other appropriate authority, warn by means of public communications networks including, but not limited to, popular websites, television or radio against all but essential travel and/or;
- it causes major disruption to transport services i.e. rail, road or bus which is reported in the media.

### Bodily Injury

Injury caused by external, violent or visible means.

### Cash

Currency notes and coins.

### Certificate

The **Certificate** is proof of insurance and is part of this policy. This document describes **You** and the **Insured** person(s) who are covered under this policy, the **Period of Insurance** and the cover **You** have opted for.

### Children / Grandchildren

Persons aged up to and including 18 years of age at the time of departure.

### Close Business Associate

Any person whose absence from business for one or more complete days at the same time as the **Insured's** absence prevents the effective continuation of that business.

### Common-Law Partner

Any couple (including same sex) in a common law relationship or who have co-habited for at least 6 months.

### Complications of Pregnancy and Childbirth

Toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency Caesarean sections/medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior

to the expected delivery date.

### Consequential Loss

Unless **We** provide cover under this insurance, any other loss, damage or additional expense following on from the event for which **You** are claiming is not covered. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **Bodily Injury** or illness.

### Contract Period - Single Trip

A single return **trip**, as defined in the **Period of Insurance**, beginning and ending in the Republic of Ireland.

### Excess

Where applicable, the **excess** is the first amount of each claim for each separate incident payable for each **Insured**. **Excess** amounts are shown in the Schedule of Cover.

### Hazardous Activity

An activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing medical condition (if **You** are in any doubt, please contact **Your** issuing agent with full details of the activity).

### Home

The **Insured's** place of residence in the Republic of Ireland, where **you** normally reside for six months of the year.

### Insured(s)

Any **Insured** person who is included on the policy having paid the appropriate premium.

### Loss of Sight

The complete and irrecoverable loss of the sight of one or both eyes.

### Loss of Limb(s)

Loss by physical severance of a hand at or above the wrist or a foot at or above the ankle.

### Medical Practitioner

A registered practising member of the medical profession who is not related to **You** or any person with whom **You** are travelling.

### Period of Insurance - Single Trip

Under Section A (for Cancellation), insurance is effective from the date of issue of the **Certificate** and terminates on commencement of the **Trip**. In respect of all other sections, insurance commences when the **Insured** leaves their **Home** or business in the Republic of Ireland (whichever is the later) to commence the **Trip** described in the territorial limits and shall cease with whichever occurs first of the following:

1. The expiry of the policy period as shown on the **Certificate**.
  2. The return of the **Insured** to their **Home** as planned, at the end of the **Trip**;
  3. The first return of the **Insured** to the Republic of Ireland prior to the planned return at the end of a **Trip**.
- The **Period of Insurance** will be extended day by day up to

a maximum of 30 days after the expiry of the period stated on the **Certificate** when the return is necessarily delayed as a result of the ill health of the **Insured** or failure of **Public Transport** provided that the 24-hour medical emergency service been notified. In respect of one way **Trips** only, the **Period of Insurance** shall cease whichever occurs first of the following: the expiry of the Policy Period or 24 hours after the time the **Insured** first leaves the immigration control of their final destination country.

### Permanent Total Disablement

Disablement which, from the moment of **Accident**, entirely prevents the **Insured** from attending to any business or occupation whatsoever of any and every kind and which lasts 12 calendar months and at the expiry of that period is, in the opinion of the **Underwriter's** Medical Advisors, beyond expectation of improvement.

### Personal Effects

Luggage, clothing, **Valuables** and personal items, (excluding **Personal Money**) which are owned by **You** and have been either taken or purchased on the **Trip**.

The following are not included in the definition:

*Antiques, any property held or used for any business or professional purposes, bicycles, contact or corneal lenses, diving equipment, cameras and other photographic equipment of any kind, audio and visual equipment of any kind, electrical and electronic equipment, computers and telecommunications equipment of any kind (including mobile phones), all discs and other audio and/or visual media of any kind, satellite navigation devices of any kind, jewellery, watches, furs, telescopes, binoculars, musical instruments, spectacles, sunglasses, precious stones or articles made of or containing gold, silver or other precious metals.*

### Pre-existing Medical Condition

A condition for which **You** have been admitted as a in-patient in the past twenty four months, or have suffered from or received any form of medical advice, treatment or medication for a;

1. Heart or Circulatory related condition (e.g. Hypertension, Angina, Stroke, etc), or
2. Lung or Breathing related condition, other than well controlled, mild Asthma, suffered in isolation, or
3. Cancerous Condition.

### Public Transport

The use of train, bus, coach or ferry services, or scheduled flights, running to a published timetable to join the booked travel itinerary.

### Relative

Brother or Sister (Inc. in-laws), Civil partner, Child (Inc. Foster, Step and In-laws), son or daughter, including fostered or adopted children and children who you have legal guardianship of, Fiancé or Fiancée, Grandparent or child, Legal guardian, Parent (Inc. in-laws), Spouse, Step-brother or sister, Step-parent (Inc.in-laws). Common-law partners or any couple (Inc. same sex) cohabiting for at least six months prior to the purchase of this policy.

### Resident

This policy is only available to **you** if **you** are a permanent resident in the **UK**. You must have been present in the **UK** for at least six months prior to purchasing your policy and be registered with a **Medical Practitioner** in the area in which you reside.

### Single Item

Any one article, pair, set or collection under the Personal Effects and Baggage, Ski Equipment Sections, prams, buggies and wheelchairs.

### Sports Equipment

Those items which are usually worn, carried or held during the participation in a sporting activity.

### Trip(s)

A journey which begins when **You** leave to commence **Your Trip** and ends on **Your** planned return, during the **Period of Insurance**, to either:

- a) **Your Home**; or
- b) The place at which **You** are temporarily residing in the Republic of Ireland; or
- c) The hospital or nursing home in the Republic of Ireland following **Your** repatriation.

### Underwriter

UK General Insurance Limited on behalf of Great Lakes Reinsurance SE.

### Valuables

All discs and other audio/visual media, audio visual equipment, binoculars, cameras and other photographic equipment, computers and telecommunications equipment (mobile phones are excluded), electrical and electronic equipment, furs, jewellery, precious stones or articles made of (or containing) gold, silver or other precious metals, telescopes, watches.

### Wintersports

Skiing, off-piste skiing (except in areas designated as unsafe by resort management), snowboarding, recreational racing, mono ski-ing, guided cross country skiing, snow mobiling, tobogganing and ice skating.

### You, Your (insured)

All person(s) within the age limit, the names of who are provided to MIS at the time of premium payment, being resident in the Republic of Ireland and registered with a **Medical Practitioner** in the Republic of Ireland.

## Insurance

**The Underwriter hereby agrees to the extent and in the manner hereinafter provided, to indemnify the Insured against loss or damage sustained or legal liability for accidents happening during the period stated in the Certificate, after such loss, damage or liability are proved.**

**PROVIDED always that:**

1. The liability of the Underwriter shall not exceed the

limits of liability as expressed in the attached terms and conditions or such other limits of liability as may be substituted therefore by memorandum hereon or attached hereto signed on behalf of the Underwriter.

## SECTION A1 - CANCELLATION AND CURTAILMENT

### What You Are Covered For:

If the **Insured's Trip** is cancelled or curtailed due to any one of the reasons listed below occurring to the **Insured**, or their travelling companion and their travelling companion cancels or curtails their **Trip**, during the **Period of Insurance**, the **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover:

- **Cancellation** for travel and accommodation expenses paid or contracted to be paid by the **Insured** in respect of their own **Trip** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.
- **Curtailment** for travel expenses to the **Insured's Home** and pro-rata amount of the total pre-paid or contracted cost for each complete day of the **Trip** which is foregone and which are not recoverable excluding pre-paid or contracted costs for transportation to return **Home** and used travel ticket cost(s).

### Reasons for Cancellation and Curtailment:

- (a) death, serious injury or serious illness, occurring during the **Period of Insurance**, of an **Insured**, the **Insured's** travelling companion, a **Relative** or **Close Business Associate** of the **Insured** or his travelling companion, or the person with whom the **Insured** has arranged to stay whilst on the **Trip**.
- (b) jury service, witness call or compulsory quarantine;
- (c) accident to their vehicle within 7 days prior to intended date of departure (applicable to self-drive holidays only);
- (d) the posting overseas or emergency and unavoidable requirements of duty in the Armed Forces, Police, Fire, Nursing or Ambulance Services;
- (e) redundancy notified during the **Period of Insurance** which qualifies for payment under the current redundancy legislation;
- (f) fire, flood damage to **Your Home** within 7 days of the start of, or during **Your Trip** where **Your** presence is required by the police or **Your** insurer at **Your Home**;
- (g) presence being required by the police as a result of **Your Home** in the **UK** suffering a burglary within 7 days of, or during **Your Trip**.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising directly or indirectly as a result of a **Pre-existing Medical Condition** (as defined on page 9) of the **Insured**, the **Insured's** travelling companion, a **Relative** or **Close Business Associate** of the **Insured** or his travelling companion, or any person whom the **Trip** depends, or any person with whom the **Insured** has arranged to stay whilst on the **Trip**, unless declared to and agreed by the **Underwriter** with any required additional premium paid and/or amendments to policy conditions.

3. claims arising if an **Insured**:
  - (i) is travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment; or
  - (ii) is on a hospital waiting list or awaiting the results of medical investigations; or
  - (iii) has received a terminal prognosis at the date of application;
  - (iv) is travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider.
4. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing cancellation or curtailment;
5. claims for any costs associated with unused timeshare property;
6. claims arising where the **Insured** has not been able to receive the necessary inoculations or vaccinations or obtain necessary visas;
7. **Your** disinclination to travel; or
8. claims caused or contributed to by or on the order of any government, public or local authority; or
9. the omission or default of the provider of transport or accommodation or of an agent through whom the travel arrangements were made; or
10. **Your** loss of enjoyment of the **Trip**, however caused;
11. any claim for curtailment which has not been approved by the 24-hour medical emergency service; or
12. any cancellation or curtailment charges the **Underwriters** would not have had to pay, had **You** notified the travel agent, tour operator or provider of transport and accommodation immediately after **You** knew **You** would be cancelling or curtailing **Your Trip**;
13. **Your** travel expenses for **You** to return to the **UK**, if **You** do not already possess pre-paid travel tickets;
14. **Your** late arrival at the airport or port after check in or booking in time;
15. Normal pregnancy, without any accompanying bodily injury, illness, disease or complication.

### IMPORTANT CONDITION

**You** must obtain a medical certificate from a **Medical Practitioner** and the prior approval of the 24-hour medical emergency service to confirm the necessity to return **Home** prior to curtailment of the **Trip** due to death, **Bodily Injury** or illness

## SECTION A2 - EXAM FAILURE COVER

### What You Are Covered For:

The **Underwriter** will pay the **Insured** up to the amount as shown in the Schedule of Cover for additional costs or expenses incurred by **You** as a result of remaining in or returning to the Republic of Ireland to retake public or university examinations and return to **Your** destination provided the policy was issued prior to the examination date.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the **Schedule of Cover**.

## SECTION B - EMERGENCY MEDICAL EXPENSES AND REPATRIATION

### What You Are Covered For:

The **Underwriter** will reimburse the **Insured** up to the amount shown in the Schedule of Cover in respect of the following expenses necessarily incurred as a result of the **Insured** sustaining **Accidental Bodily Injury** or becoming ill:

#### 1. Emergency Medical Expenses

- (a) cost of medical, surgical or hospital treatment (including emergency dental treatment up to €250 for the immediate relief of pain only). The **Underwriter** reserves the right to repatriate when, in the opinion of the doctor in attendance and the **Underwriter's** Medical Advisors, the **Insured** is fit to travel.
- (b) cost of transporting the remains of an **Insured** to the Republic of Ireland, or the reasonable cost of funeral in the country where death occurs, if other than the **Insured's** usual country of residence, up to €9,000.
- (c) reasonable additional transportation and accommodation costs (up to €1,250 per person for accommodation) incurred by the **Insured** and any one person travelling with the **Insured**, as a result of the **Insured** receiving medical advice from the doctor in attendance and the **Underwriter's** Medical Advisors that their originally planned return journey to the Republic of Ireland is impossible due to medical reasons (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date).

#### 2. Emergency Repatriation

- (a) the cost of return to the Republic of Ireland of an injured or sick **Insured** by medically appropriate means where, in the opinion of the **Underwriter's** medical advisors, such return is medically necessary.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** (unless the **Insured** uses a EHIC card or private health insurance which successfully reduces the amount of the claim) as shown in the Schedule of Cover;
2. claims arising directly or indirectly as a result of a **Pre-existing Medical Condition** of the **Insured** unless declared to and agreed by the **Underwriter** with any required additional premium paid and/or amendments to policy conditions;
3. claims arising if an **Insured**:
  - (i) is travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment; or
  - (ii) is on a hospital waiting list or awaiting the results of medical investigations; or
  - (iii) has received a terminal prognosis at the date of application;
  - (iv) is travelling against any health requirements

stipulated by the carrier, their handling agents or any other **Public Transport** provider;

4. claims arising for treatment or surgery which, in the opinion of the **Underwriter's** medical advisors, is not essential or can reasonably be delayed until the **Insured's** return to his **Home**;
5. claims arising from the additional costs of single or private hospital room accommodation;
6. claims arising from medical treatment of any kind received after an **Insured** has returned to the country of residence;
7. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **Medical Practitioner** or the 24-hour medical emergency service;
8. claims arising from medical treatment of any kind occurring after an **Insured** has refused the offer of repatriation when, in the opinion of the doctor in attendance and the **Underwriter's** medical advisors, the **Insured** is fit to travel;
9. claims arising in respect of physiotherapy treatment and other associated therapies;
10. any cost or expenses incurred within **Your** country of residence;
11. dental treatment which is not for the purpose of relieving immediate pain or suffering;
12. any up-grades from economy class travel, unless the **Underwriters** medical advisors specify this necessary on medical grounds;
13. any costs or expenses if **You** do not have a pre-paid return ticket to the **UK**, or the country in which **You** are temporarily residing, at the start of **Your Trip**;
14. any medication or drugs which **You** knew were needed at the start of the **Trip**;
15. losses arising within 25 miles of **Your Home**;
16. cosmetic surgery and all expenses incurred in connection with cosmetic surgery;
17. non continuous treatment;
18. Any claims for costs related to pregnancy or childbirth unless the claim is certified by a medical practitioner as necessary due to **complications of pregnancy and childbirth**.

### SPECIAL NOTE:

In the event of an **Insured** dying, being involved in an **Accident**, being admitted to hospital, or curtailing for medical reasons, the 24-hour medical emergency service must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify the 24-hour medical emergency service will prejudice the **Underwriter** and will result in the **Underwriter's** non-acceptance of liability of such claims.

We reserve the right to repatriate **You**, when in the opinion of our medical advisors, **You** are fit to travel. If **You** refuse to be repatriated all cover under the policy will cease. Should the **Insured** require medical treatment in Australia, they should enrol with MEDICARE. It is not necessary to enrol on arrival. An **Insured** can simply do this at the first occasion in which they receive treatment.

In-patient and out-patient treatment at a public hospital is then available free of charge. Should an **Insured** be admitted to hospital then immediate contact must be made

with the 24-hour medical emergency service and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided.

## SECTION C - PERSONAL EFFECTS AND BAGGAGE

### What You Are Covered For:

The **Underwriter** will reimburse the **Insured** up to the amount as shown in the Schedule of Cover, for the value of **Personal Effects** taken or purchased on the **Trip** by the **Insured** which is accidentally lost, stolen or damaged.

The maximum payment for any **Single Item** is shown in the Schedule of Cover.

The maximum payment for **Valuables** is shown in the Schedule of Cover. The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is €75, subject to a maximum of €200 for all such items.

#### • Travel Documents

The **Underwriter** will reimburse the **Insured** up to the maximum as shown in the Schedule of Cover for the value of travel documents (passport, green cards, travel tickets and accommodation vouchers) held by an **Insured** which are lost or stolen (and reasonable expenses directly consequential upon any such loss).

#### • Baggage Delay

The **Underwriter** will reimburse the **Insured** for the cost of purchase of necessities, up to the maximum as shown in the Schedule of Cover should baggage be delayed or lost in transit on the outward journey for more than 24 hours. Payment made under this heading will be set against the amount of any claim arising if the baggage is permanently lost. The **Insured** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover;
2. wear, tear and depreciation of the article(s);
3. claims arising from breakage of fragile articles unless caused by fire or accident to a vehicle;
4. claims arising for loss, theft or damage to prams, buggies, wheelchairs, pedal cycles, motor vehicles, marine or diving equipment and craft, surfboards, sailboards or related equipment or fittings of any kind;
5. claims arising from damage caused by leakage of powder or liquid carried within **Personal Effects** or baggage;
6. claims arising for **Cash**, cheques, travellers cheques, stamps and contact lenses, antiques, computer equipment of any kind including laptops, mobile telephones, tv sets;
7. claims arising for loss or theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
8. claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required at the time of baggage collection;
9. claims arising for breakage of **Sports Equipment** whilst in use;
10. claims arising from delay, detention, seizure or confiscation by customs or other officials;
11. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
12. Claims for: Antiques, bicycles, contact/corneal lenses, dentures/bridgework, diving and marine equipment, golf equipment (see Golf Cover), hearing aids, mobile phones, motor vehicles, personal money, prams/buggies/pushchairs, property used for business, prosthetic limbs, satellite navigation devices, ski equipment (see Winter Sports Cover), spectacles, sports equipment, stamps, sunglasses, surfboards, watercraft, wheelchairs;
13. claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
14. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced and violent entry which confirmed by a police report;
15. claims arising for loss or damage to items carried on a vehicle roof rack;
16. claims arising for loss, theft or damage to **Valuables** which at the time of such loss, theft or damage where located in checked-in luggage or an unattended motor vehicle;
17. More than €150 for claims arising for loss, theft or damage occurring on a beach or in or around a swimming pool (this includes any claim under section D);
18. no cover will apply for items left on any mode of transport following disembarking or items overlooked at **Your** accommodation upon vacating;
19. more than the **Single Item** limits in the Schedule of Cover, up to a maximum shown in the Schedule of Cover in total for any one claim, limited to €50 per item and subject to a maximum of €200 in total, if **You** are unable to provide the original receipt, proof of purchase or an insurance valuation which was obtained prior to the loss;
20. loss, theft or damage arising from:
  - (a) mechanical or electrical breakdown; or
  - (b) moth or vermin; or
  - (c) processes of cleaning, restoring or repairing;
21. theft from **Your** holiday accommodation unless there is evidence of violent, visible and forcible entry thereto;
22. loss, theft 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 deposit box;
23. any claim for baggage delay if **You** cannot supply receipts for the essential items purchased and written confirmation from the carrier as to the length of delay.

## SECTION D - PERSONAL MONEY

### What You Are Covered For:

The **Underwriter** will indemnify the **Insured** up to the amount as shown in the Schedule of Cover in respect of loss of **Cash** or travellers cheques (unless the issuer provides a replacement service) which is the property of the **Insured** and carried on the **Insured** person (a reduced limit applies as shown in the Schedule of Cover for **Children** under 18 unless an adult premium has been paid) or placed in a safety deposit box or similar locked, fixed receptacle. Cover for **Cash** is limited to the **Cash** limit as shown in the Schedule of Cover.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for loss or theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss of theft of **Cash** which at the time of such loss or theft was located in checked-in luggage or an unattended motor vehicle;
7. More than €150 for claims arising for loss, theft or damage occurring on a beach or in or around swimming pool (this includes any claim under section C).

## SECTION E - HOLIDAY ABANDONMENT

### What You Are Covered For:

If the holiday or journey is necessarily cancelled following a delay of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover for travel and accommodation expenses paid or contracted to be paid by an **Insured** in respect of his own **Trip** (prior to any occurrence giving rise to a claim under this section) and which are not recoverable.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover for Section E (Abandonment);
2. claims arising from delay caused by strike if strike or industrial action was notified at the time the insurance was purchased;
3. **Your** failure to check in as per **Your** original itinerary;
4. any claims arising directly or indirectly from the delay of travel arrangements in any way caused or contributed to, by or on the order of any government, public or local authority including but not limited to any civil or federal aviation authority.

## SECTION F - HIJACK

### What You Are Covered For:

The **Underwriter** will pay the **Insured** the amount shown in the Schedule of Cover for each and every completed period of 24 hours in the event of hijack of the transport on which the **Insured** is travelling.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. claims not substantiated by a police report confirming the length and exact nature of the incident.

## SECTION G - MISSED DEPARTURE

### What You Are Covered For:

The **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover, in respect of reasonable additional costs of travel and accommodation necessarily incurred if the **Insured** is unable to reach the International point of departure of the booked travel itinerary on the initial outward or final return journey as a consequence of the failure of **Public Transport** due to strike, industrial action, **Adverse Weather** or the accident/ breakdown of a private motor car in which the **Insured** is travelling.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising as a result of the **Insured** not having taken reasonable steps to complete the journey to the departure point on time;
3. claims arising if the **Adverse Weather**, strike or industrial action was in existence or publicly declared before **You** started **Your** journey to the departure point;
4. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
5. any claim unless there is a minimum connection time of three hours;
6. any claims for vehicle breakdown or failure, which are not substantiated by a written report from a rescue service or garage;
7. any upgrade in accommodation.

## SECTION H - PERSONAL ACCIDENT

### What You Are Covered For:

The **Underwriter** will pay the **Insured** or their estate the sum insured as shown in the Schedule of Cover for one of the following losses resulting from an **Accident** sustained by the **Insured**: **Death**, **Loss of Limb(s)**, **Loss of Sight** or **Permanent Total Disablement** from engaging in paid occupations of any kind. Loss must occur within 180 days of the date of **Accident**. No benefits shall be paid for more than one loss suffered.

### What You Are Not Covered For:

1. Any benefit when **Your** death, injury or loss does not occur within 180 days of the **Accident**.
2. Any benefit as a result of participating in an acceptable

**Hazardous Activity**, unless **You** have paid the additional premium prior to travel and cover is confirmed on **Your Certificate**.

3. Any benefit if **You** cannot prove to the **Underwriter** that the **Permanent Total Disablement** has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **Your** life.
4. More than one lump sum under this section.
5. Claims arising directly or indirectly from the contracting or any disease or illness.
6. Claims arising directly or indirectly from the injection or ingestion of any substance.
7. Claims arising directly or indirectly from any event, which exacerbates a previously existing bodily injury.
8. Any claim not certified by an independent **Medical Practitioner**.

## SECTION I - PERSONAL LIABILITY

### What You Are Covered For:

The **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover for the legal liability of the **Insured** for **Accidental Bodily Injury** to third parties and/or accidental damage to their property.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. anything in General Exclusions;
2. the first €300 of each and every claim in respect of loss or damage to temporary holiday accommodation;
3. **Bodily Injury** or disease to any person who, at the time of sustaining such injury or disease, is engaged in **Your** service or to any member of **Your** family or anyone **You** are travelling with;
4. damage to property belonging to, or in the care, custody or control of **Your** family or a person in **Your** service;
5. any liability arising out of or incidental to any profession, occupation, or business;
6. any liability which has been assumed under contract and would not otherwise have attached;
7. any liability, injury, loss or damage arising directly or indirectly from or due to ownership, possession or use of:
  - (a) any motorised or mechanical vehicles including any attached trailers or caravans;
  - (b) any aircraft (whatsoever);
  - (c) any watercraft or vessel (other than manually propelled watercraft or vessels) or any other form of motorised leisure equipment;
8. any liability arising out of ownership, occupation, possession, or use of any land or building (other than occupation only of any temporary residence);
9. any liability, injury, loss or damage arising directly or indirectly from or due to ownership, possession or use of any firearms or weapons of any kind;
10. any liability arising in respect of any wilful or criminal act or assault;
11. any liability arising in any country in which **You** own premises, or are resident;
12. any liability, injury, loss or damage arising directly or indirectly from or due to any animals belonging to **You** or in **Your** care, custody or control;

13. any claims arising directly or indirectly from participant to participant liability.

### SPECIAL NOTE:

No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by the **Insured** without the written consent of the **Underwriter**, who shall be entitled, if they so desire, to take over and conduct, in the name of the **Insured**, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The **Underwriter** shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and the **Insured** shall, wherever possible, give all such information and assistance as the **Underwriter** may require.

## SECTION J - LEGAL EXPENSES COVER

### What You Are Covered For:

The **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover for legal costs and expenses incurred in pursuing legal proceedings against third parties for compensation and damages arising from or out of **Your** death, serious illness or personal **Accident** during **Your** trip.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover;
2. any costs or expenses which have been incurred without prior approval of the **Underwriter**;
3. any claim where the **Underwriter** considers **Your** prospect of success in achieving a reasonable benefit to be insufficient;
4. any claim emerging from the pursuance to a contingent fee agreement between **You** and **Your** counsel;
5. any claim for travel and accommodation expenses which **You** have incurred whilst pursuing legal action;
6. any claim arising from **You** pursuing legal proceedings as part of and (or) on behalf of a group or organisation;
7. any claim for legal costs where **You** are pursuing a legal action against **Your** issuing agent, Motor Insurance Services Limited, the **Underwriter**, UK General Insurance Limited, any Primary Group company, a member of **Your** family or a travelling companion;
8. any claim for legal costs where the **Insured** is pursuing legal action relating directly or indirectly to medical negligence or alleged medical negligence.

## SECTION K - CATASTROPHE COVER

### What You Are Covered For:

The **Underwriter** will indemnify the **Insured** up to the amount shown in the Schedule of Cover in the event that the **Insured** is forced to move from the pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **Trip** or, if the **Trip** cannot be continued

for return **Home**.

### What You Are Not Covered For:

The **Underwriter** shall not be responsible for:

1. The **Excess** as shown in the Schedule of Cover.
2. Claims where a report from local or national authority is not obtained stating that it was not acceptable for the **Insured** to remain in his booked accommodation.
3. Costs recoverable from a Tour Operator.
4. Claims for any costs or expenses if **You** decide not to remain in **Your** booked accommodation although it is considered safe and acceptable to continue living there.
5. Claims for any costs which **You** would have expected to pay during **Your** Trip.

## SECTION L - MUGGING BENEFIT

### What You Are Covered For:

The **Underwriter** will pay **You** the amount shown in the Schedule of Cover, if **You** receive in-patient hospital treatment which is covered under Section B as a direct result of mugging.

## EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

The **Underwriter** shall not be responsible for claims arising:

1. from any medical condition which require **You** or any of **Your** travelling companions to answer yes to the **Pre-existing Medical Condition** questions on page 5 unless declared to and accepted by the **Underwriter**.
2. directly or indirectly from **You** or anyone else upon whom **Your Trip** depends;
  - i) are travelling against the advice of a **Medical Practitioner**
  - ii) are travelling for the purpose of obtaining medical treatment
  - iii) are on a hospital waiting list
  - iv) are awaiting the results of medical
  - v) are receiving ongoing dialysis treatment
  - vi) have been given a terminal prognosis
  - vii) have anxiety, stress or depression
3. for any claims in any way caused or contributed to by:
  - (i) the failure of; or
  - (ii) the fear of the failure of; or
  - (iii) the inability of any equipment or any computer programme to recognise, interpret correctly or process any date as its true calendar date or to continue to function correctly beyond that date other than for loss, damage, expenses or **Consequential Loss** not otherwise excluded which itself results from the operation of an insured cause.
4. which are directly or indirectly caused by, occasioned by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the claim:
  - (i) terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. The **Underwriters** will, however, cover any loss or damage (but not related cost or expense), caused by any act of terrorism provided that such act did

not happen directly or indirectly because of biological, chemical, radioactive or nuclear pollution or contamination or explosion.

- (ii) war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority; or
  - (iii) seizure or illegal occupation; or
  - (iv) confiscation, requisition, detention, legal or illegal occupation, embargo, quarantine or any result of any order of public or government authority which deprives **You** of the use or value of **Your** property, nor for loss or damage arising from acts of contraband or illegal transportation or illegal trade; or
  - (v) discharge of pollutants or contaminants, which pollutants and contaminants shall include but are not limited to any solid, liquid, gaseous, or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare or persons or the environment; or
  - (vi) chemical or biological release or exposure of any kind; or
  - (vii) threat or hoax, in the absence of physical damage due to an act of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation; or
  - (viii) any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation; or
5. from loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising therefrom, or any **Consequential Loss** of any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, or arising from:
    - (a) irradiation, or contamination by nuclear material; or
    - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or
    - (c) any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter;
  6. from HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
  7. from the **Insured** engaging in any illegal or criminal act;
  8. from any **Consequential Loss** whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance (except as provided in Section C relating to loss of Travel Documents);
  9. directly or indirectly out of financial incapacity of the **Insured**;
  10. which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by the **Insured** from

private health insurance, EHIC payments, any reciprocal health agreements, airlines, hotels, home contents Insurers or any other recovery by the **Insured** which is the basis of a claim;

11. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation;
12. from any **Hazardous Activity** including but not limited to all **Wintersports** (except where an appropriate premium has been paid), racing (other than on foot), mountaineering with the use of ropes, pot-holing, caving, hang-gliding, micro-lighting, parachuting, bungee-jumping and motor racing. Certain other activities may be covered if declared to and agreed by the **Underwriter** with any required additional premium paid and/or amendments to policy conditions;
13. from suicide or attempted suicide or wilful exposure to danger (except in an attempt to save human life), psychological condition (including anxiety, stress or depression), venereal infection or the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating doctor;
14. from an **Insured** being in or entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which an **Insured** is travelling as a passenger other than as a member of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon;
15. from the **Insured's** wilful exposure to a peril. The **Insured** must exercise reasonable care to prevent illness, injury or loss or damage of his property as if uninsured;
16. directly or indirectly from the **Insured** being engaged in any manual employment after the commencement of the **Trip**;
17. which have not been proven and the amount thereof substantiated.
18. use of dangerous equipment.
19. manual work of any kind.
20. where **You** are travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public Transport** provider;
21. from **You** travelling against the Department of Foreign Affairs advice or where it is deemed unsafe for **You** to travel;
22. for any loss of enjoyment, however caused;
23. from prohibitive regulations by the government of any country.
24. directly or indirectly from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable to or unwilling to fulfil any part of their obligation.
24. from routine treatment or care which could reasonably be expected to arise during **Your Period of Insurance**.
25. Any consequence, howsoever caused, including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise corrupted. For the purposes of this Policy, Electronic Data shall mean facts, concepts and information stored to form useable for communications, interpretations, or processing by electronic or electromechanical data processing or other

electronically controlled hardware, software and other coded instructions for the processing and manipulation of data, or the direction and manipulation of such hardware. For the purposes of this Policy, Computer Virus shall mean a set of corrupting, harmful, or otherwise unauthorised instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature.

## CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. It is a condition that **You** take care to supply complete and accurate information to the **Underwriter**. Failure to do so may affect the **Insured's** rights under this insurance. Following a change in this information disclosed to the **Underwriter** by the **Insured** during the **Period of Insurance**, the **Underwriter** reserves the right to amend or cancel the insurance, providing the **Insured** with a pro-rata refund of premium. If the **Insured** is in any doubt as to whether information is relevant, then for their own protection it should be disclosed to the **Underwriter**.
2. **You** must take reasonable care to:
  - a) supply accurate and complete answers to all the questions the **Underwriter** or the **Administrator** may ask as part of **Your** application for cover under this policy;
  - b) to make sure that all information supplied as part of **Your** application for cover is true and correct;
  - c) tell **Your Administrator** of any changes to the answers **You** have given as soon as possible.

**You** must take reasonable care to provide complete and accurate answers to the questions the **Underwriter** ask when **You** take out, make changes to and renew **Your** policy.

If any information **You** provide is not complete or accurate, this may mean **Your** policy is invalid and that it does not operate in the event of a claim or the **Underwriter** may not pay any claim in full.

If **you** become aware that information **you** have given **your** administrator is inaccurate or has changed, **you** must inform **your** administrator as soon as possible.
3. All **Certificates**, information and evidence required by the **Underwriter** shall be furnished at the expense of the **Insured** or his legal personal representatives and shall be in such form and of such nature as the **Underwriter** may prescribe. The **Insured** shall as often as required submit to a medical examination on behalf of the **Underwriter** at the **Insured's** expense. In the event of death of the **Insured**, the **Underwriter** shall be entitled to have a post-mortem examination at their own expense. Any items which become the subject of a claim for loss or damage shall be retained for **Underwriter's** inspection and shall be forwarded to their agents upon request at the expense of the **Insured** or their legal personal representatives. All such items shall become the property of the **Underwriter** following final settlement of the claim.
4. In the event of any occurrence which may give rise to a claim under this insurance, the **Insured** shall take all

reasonable steps to minimise any loss arising out of such claim.

5. This insurance is non-transferable. Should the journey or holiday be cancelled prior to departure for any reason whatsoever other than those set out in Section A of the policy then the insurance cover terminates immediately and the premium is neither apportionable nor refundable.
6. Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the United Kingdom in which your main residence is situated.
7. The **Underwriter** may, at its own expense, take proceedings in the name of the **Insured** to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Underwriter**.
8. In the event that the **Insured** recovers by any means, damages from any third party in respect of personal **Accident** in the circumstances defined in Section H, all benefits paid to the **Insured** under Section H shall be repaid to the **Underwriter**.
9. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this policy, all benefits thereunder shall be forfeited as well as all premiums paid.
10. In the event that the **Insured** experiences a problem with the policy or the claims process, please refer to the Complaints Procedure.
11. If at the time of loss, damage or liability, covered under this policy, **You** have any other insurance or guarantee which covers the same loss, damage or liability, the **Underwriter** will only pay a rateable share of claim.
12. **You** must be resident in the **Republic of Ireland** and registered with a **Medical Practitioner** in the **Republic of Ireland** at the time of taking out this policy and intend to return to the **Republic of Ireland** within the **Trip** duration.
13. Whilst participating in any **Hazardous Activity**, **You** must take reasonable care at all times to ensure **Your** own safety and the safety of those around **You**. Such reasonable care involves following the directions of any instructor and (or) expedition leader and following the normal and reasonable safety procedures suggested or recommended by the recognised controlling body of the sport or activity concerned, or the safety procedures commonly exercised in pursuing the sport or activity in question at all times.
14. Each **insured** person shall be deemed to be insured separately.

## MAKING A CLAIM

### For all Sections:

If **You** need to make a claim contact us no later than 31 days after the event by telephoning or writing to:

**MIS Claims**  
**Beechwood House**

**37 Comber Road**

**Belfast**

**Co. Antrim**

**BT16 2AA**

**Tel: (UK) 02890410222 (ROI) 01 872 0179**

**Fax: (UK) 02890481185 (ROI) 04890481185**

### Quoting the scheme name and reference 06798A

When **You** receive **Your** claim form it will request certain documents

- This booklet and Insurance Booking Invoice.
- Holiday Booking Invoice/Flight Tickets.

UK General Insurance Limited is an agent of Great Lakes Insurance SE and in the matters of a claim act on behalf of Great Lakes Insurance SE.

## COMPLAINTS PROCEDURE

It is the intention to give **You** the best possible service but if **You** do have any questions or concerns about this insurance or the handling of a claim **You** should follow the Complaints Procedure below:

Complaints regarding:

### SALE OF THE POLICY

Please contact **Your** agent who arranged the Insurance on **Your** behalf at:

**Managing Director**

**Motorists Insurance Services Limited**

**Beechwood House**

**37a Comber Road**

**Dundonald**

**BT16 2AA**

**Tel: 028 9041 8401**

If **Your** complaint about the sale of **Your** policy cannot be resolved by the end of the third working day, **Your** agent will pass it to:

**Customer Relations Department**

**UK General Insurance Limited**

**Cast House**

**Old Mill Business Park**

**Gibraltar Island Road**

**Leeds**

**LS10 1RJ**

**0345 218 2685**

**Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)**

### CLAIMS

**MIS Claims**

**Beechwood House**

**37 Comber Road**

**Belfast**

**Co. Antrim**

**BT16 2AA**

Tel: 028 9041 0222

If **your** complaint about **your** claim cannot be resolved by the end of the third working day, MIS Claims will pass it to:

#### Customer Relations Department

**UK General Insurance Limited**

**Cast House**

**Old Mill Business Park**

**Gibraltar Island Road**

**Leeds**

**LS10 1RJ**

**Tel: 0345 218 2685**

**Email: [customerrelations@ukgeneral.co.uk](mailto:customerrelations@ukgeneral.co.uk)**

In all correspondence please state that **Your** insurance is provided by UK General Insurance Limited and quote scheme reference 06798A.

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Insurance Ombudsman of Ireland. This also applies if **You** are insured in a business capacity but have a group annual turnover of less than €3 million. **You** may contact the Insurance Ombudsman of Ireland at:

#### Insurance Ombudsman of Ireland

**3rd Floor**

**Lincoln House**

**Lincoln Place**

**Dublin 2**

**Local: 1890 882090**

**Tel: +353 1 6620899**

**Fax: +353 1 6620890**

The above complaints procedure is in addition to your statutory rights as a consumer. For further information about your statutory rights contact your local authority Trading Standards Service or Citizens Advice Bureau.

If you have purchased the insurance policy online, you may also raise your complaint via the EU Online Dispute Resolution Portal at <http://ec.europa.eu/consumers/odr/>. This will forward your complaint to the correct Alternative Dispute Resolution scheme. For insurance complaints in the UK this is the Financial Ombudsman Service. However, this may be a slower route for handling your complaint than if you contact the Financial Ombudsman Service directly.

### COMPENSATION SCHEME

Great Lakes Insurance SE, is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if Great Lakes Insurance SE cannot meet their obligations. Most insurance contracts are covered for 90% of the claim with no upper limit. This depends on the type of business and the circumstances of the claim. You can get more information about the compensation scheme arrangements from the FSCS by visiting [www.fscs.org.uk](http://www.fscs.org.uk). You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020

**7741 4100 or you can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY.**

### UK GENERAL INSURANCE LTD PRIVACY NOTICE

We are UK General Insurance Ltd, referred to as "we/us/our" in this notice. Our data controller registration number issued by the Information Commissioner's Officer is **Z7739575**.

This privacy notice is relevant to anyone who uses our services, including policyholders, prospective policyholders, and any other individuals insured under a policy. We refer to these individuals as "you/your" in this notice.

We are dedicated to being transparent about what we do with the information that we collect about you. We process your personal data in accordance with the relevant data protection legislation.

#### Why do we process your data?

The provision of your personal data is necessary for us to administer your insurance policy and meet our contractual requirements under the policy. You do not have to provide us with your personal data, but we may not be able to proceed appropriately or handle any claims if you decide not to do so.

#### What information do we collect about you?

Where you have purchased an insurance policy through one of our agents, you will be aware of the information that you gave to them when taking out the insurance. The agent will pass your information to us so that we can administer your insurance policy.

For specific types of insurance policies, for example when offering you a travel insurance policy, we may process some special categories of your personal data, such as information about your health.

We have a legitimate interest to collect this data as we are required to use this information as part of your insurance quotation or insurance policy with us. We may also process the data where it is necessary for a legal obligation, or as part of the establishment or defence of a legal claim.

#### UK General's full privacy notice

This notice explains the most important aspects of how we use your data. You can get more information about this by viewing our full privacy notice online at

<http://ukgeneral.com/privacy-notice> or request a copy by emailing us at [dataprotection@ukgeneral.co.uk](mailto:dataprotection@ukgeneral.co.uk). Alternatively, you can write to us at: Data Protection, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ.

#### GREAT LAKES INSURANCE SE INFORMATION NOTICE

Personal Data provided in connection with this policy will be used and processed in line with the Information Notice. A copy of this is available at <https://www.munichre.com/en/service/privacy-statement/index.html>

MIS/ROI/TRAVBP/0619

