

IMPORTANT CONTACT DETAILS

Customer Service	call: 00353 1 619 3681
Claims and related enquiries	call: 00353 1 619 3682 email: claims.awpeurope@allianz.com visit: www.allianz-protection.com
24-hr Emergency Medical Assistance	call: 00353 1 637 3686

Note: All calls may be monitored or recorded

**These documents are available in
large print, audio and Braille.**

**Please phone: 00353 1 619 3681
or email: contract.awpeurope@allianz.com**

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



Travel Insurance

Please read this policy and carry it with you during your journey

For residents of the Republic of Ireland only.
Existing medical conditions are not covered.



Allianz travel insurance is underwritten by AWP P&C S.A. – Dutch Branch, trading as Allianz Partners.

AWP P&C S.A. – Dutch Branch, trading as Allianz Partners, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L' Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and is regulated by the Central Bank of Ireland for conduct of business rules.

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SUMMARY OF COVER

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

Cover	Gold		Silver		Bronze		Backpacker	
	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess
1 Cancellation or curtailment - Excursions	€5,500 €150	€55	€2,750 €150	€75	€550 €150	€100	€2,750 €150	€100
2 Emergency medical and associated expenses - In-patient benefit - Funeral expenses - Dental - Excursions - Transport / accommodation in home country	€10 million €1,000 (€50/day) €1,500 €350 €150 €1,000	€55	€5 million €550 (€25/day) €1,500 €350 €150 €1,000	€75	€1 million €220 (€10/day) €1,500 €350 €150 €1,000	€100	€5 million €550 (€25/day) €1,500 €350 €150 €1,000	€100
3 Loss of passport	€275	Nil	€165	Nil	No cover	N/A	€165	Nil
4 Delayed possessions	€220 after 12 hrs	Nil	€165 after 12 hrs	Nil	€55 after 12 hrs	Nil	€165 after 12 hrs	Nil
5 Personal possessions - Single item, pair or set - Valuables limit - Tobacco, vaping products alcohol, fragrances	€2,200 €330 €550 €50	€55	€1,650 €330 €440 €50	€75	No cover	N/A	€1,650 €330 €440 €50	€100
6 Personal money - Cash	€550 €275	€55	€550 €275	€75	No cover	N/A	€550 €275	€100
7 Personal accident*	€22,000	Nil	€16,500	Nil	€5,500	Nil	€16,500	Nil
8 Missed departure	€825	Nil	€550	Nil	€275	Nil	€550	Nil
9 Delayed departure - Delay - Abandonment	€330 (€30 1 st 12hrs, €15 / extra 12hrs) €5,500 (after 24hrs)	Nil	€280 (€20 1 st 12hrs, €10 / extra 12hrs) €2,750 (after 24hrs)	€75	€110 (€10 / 12hrs) €550 (after 24hrs)	€100	€280 (€20 1 st 12hrs, €10 / extra 12hrs) €2,750 (after 24hrs)	€100
10 Personal liability	€2 million	€55	€2 million	€75	€1 million	€165	€2 million	€100

Additional covers	Gold		Silver		Bronze		Backpacker	
	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess	Limit (up to)	Excess
11 Winter sports cover Ski pack Delayed ski equipment Ski equipment (own) - single item Ski equipment (hired) Piste closure Avalanche closure	€330	€55	€330	€75	No cover	N/A	€330	N/A
	€330 after 12 hrs	Nil	€330 after 12 hrs	Nil	No cover	N/A	€330 after 12 hrs	N/A
	€440	€55	€440	€75	No cover	N/A	€440	N/A
	€330	€55	€330	€75	No cover	N/A	€330	N/A
	€220	Nil	€220	Nil	No cover	N/A	€220	N/A
	€220 (€20/day) €275 (€25/day)	Nil	€220 (€20/day) €275 (€25/day)	Nil	No cover	N/A	€220 (€20/day) €275 (€25/day)	N/A
12 Business cover Replace business associate Business equipment - single item, pair or set	€1,000	€55	€825	€75	No cover	N/A	No cover	N/A
	€550	€55	€330	€75	No cover	N/A	No cover	N/A
	€300		€100					

Note**Inner limits**

Some sections of cover also have extra sub limits, for example the medical section has a benefit limit on the transport and accommodation costs within **your home country**.

Journey limits (annual multi-trip cover only)

Annual multi-trip cover is for short trips of 35 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 35 days per trip. This would include not insuring **you** for any part of a trip that is longer than 35 days in duration.

***Personal accident payments**

Under Personal accident - Section 7, the amount payable for death is reduced to €2,200 (Gold), €1,650 (Silver), €550 (Bronze) if **you** are aged 15 or under. There is also no cover for Physical disablement if **you** are aged 15 or under or 76 or over.

IMPORTANT INFORMATION

Thank you for taking out Allianz travel insurance.

Your policy schedule shows the sections of the policy you have chosen, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. You should read this policy carefully to make sure it provides the cover you need. If there is anything you do not understand, you should call Allianz on 00353 1 619 3681 or email: contract.awpeurope@allianz.com

Insurer

Your Allianz travel insurance is underwritten by AWP P&C S.A. – Dutch Branch, trading as Allianz Partners, located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France and is regulated by the Central Bank of Ireland for conduct of business rules.

How your policy works

Your policy and policy schedule is a contract between **you** and **us**. **We** will pay for any claim **you** make which is covered by this policy and happens during the **period of insurance**.

Unless specifically mentioned, the benefits and exclusions within each section, apply to each **person insured**.

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

Information you need to tell us

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

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

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

Policy excess

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

Cancellation rights

If **your** cover does not meet **your** requirements, please notify **us** within 14 days of receiving **your** policy schedule and return all **your** documents for a refund of **your** premium.

You can contact **us** by calling **00353 1 619 3681** or emailing contract.awpeurope@allianz.com

If during this 14 day period **you** have travelled, made a claim or intend to make a claim, then **we** can recover all costs that **you** have used for those services.

Please note that **your** cancellation rights are no longer valid after this initial 14 day period.

Insurance Compensation Fund

a member of the Insurance Compensation Fund, which was formed the . **You** may be entitled to compensation from this scheme, if the **insurer** cannot provide the services **you** have paid for.

Governing law

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

Third party rights

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

Stamp duty

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

Insurance Act 1936

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

Renewal of your insurance cover

If **you** have annual multi-trip cover, **we** will send **you** a renewal notice at least 21 days prior to the expiry of the **period of insurance** as shown on **your** policy schedule. **We** may vary the terms of **your** cover and the premium rates at the renewal date.

DEFINITION OF WORDS

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

Accident

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

Area of cover

The country, countries or area that **you** have selected cover for as shown on **your** policy schedule.

Notes

You will not be covered if **you** do not follow any advice or recommendation made by any of the following: the Department of Foreign Affairs (DFA), World Health Organization (WHO) or any government or other official authority at any destination **you** are travelling from, through or to. For further details of the DFA travel advice, visit www.dfa.ie/travel/travel-advice/

Business associate

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

Business equipment

Computer, television, fax and phone equipment (including mobile phones, PDAs) business samples and any other equipment which is needed to carry out **your** business duties.

Channel Islands

Jersey, Guernsey, Sark, Alderney and Herm.

Computer system

Any computer hardware, software, communication system or electronic device (including smartphones, laptops, tablets and wearable devices), server, cloud, microcontroller or similar system (including any associated input, output or data storage device, networking equipment or backup facility).

Cyber risk

- Any unauthorised, malicious or illegal act (or the threat of such an act), involving access to or the processing, use or operation of any **computer system**;
- Any error or omission involving access to or the processing, use, or operation of any **computer system**;
- Any partial or total unavailability or failure to access, process, use or operate any **computer system**; or
- Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount relating to the value of such data.

Departure point

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

Doctor

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

Epidemic

A contagious disease recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident. For example a couple that both have **personal possessions** stolen from their bag and both incur a medical expense during the same **journey**, will have a total of four excesses deducted. Two of these will be for the two claims under section 5 (Personal possessions) and two of these will be for the two claims under section 2 (Emergency medical and associated expenses).

Home

Your usual place of residence in the Republic of Ireland.

Insurer

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Journey

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

- For single trip cover
 - any other trip which begins after **you** get back is not covered.
 - a trip which is booked to last longer than 180 days is not covered.
- For annual multi-trip cover
 - **you** will only be covered if **you** are aged 65 years or under at the start date of **your** policy.
 - cover is for short trips of 35 days or less per trip only. There is absolutely no cover offered by this policy whatsoever for trips which are longer than the 35 days per trip. This would include not insuring **you** for any part of a trip that is longer than 35 days in duration, unless **we** have agreed otherwise in writing.
 - trips within **your home** country must have at least 2 nights pre-booked accommodation.
 - **you** are only covered to take part in **winter sports** for up to 17 days during the **period of insurance** when the extra premium has been paid.
 - Adults insured on the same policy may travel independently. Children aged 17 or under may only travel independently if travelling with at least one adult aged 18 or over and with the full knowledge and consent of an insured parent or guardian.

- For backpacker cover
 - **you** will only be covered if **you** are aged 50 years or under at the date **your** policy was issued.
 - any other trip which begins after **you** get back is not covered.
 - a trip which is booked to last longer than 365 days is not covered.

Pair or set

A number of items of **personal possessions** (not including **ski equipment**) that belong together or can be used together.

Pandemic

An **epidemic** that is recognised by the World Health Organization (WHO) or an official government authority in **your home** country or **your journey** destination.

Period of insurance

- For single trip and backpacker cover
 - Cancellation cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.
- For annual multi-trip cover
 - Cancellation cover begins on the start date shown on **your** policy schedule or the date **you** booked **your journey**, whichever is the later and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.
- For single trip, annual multi trip and backpacker cover
 - All cover ends on the expiry date shown on **your** policy schedule, unless **you** cannot finish the **journey** as planned because of an event covered by this policy. In these circumstances **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

Personal money

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

Personal possessions

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

Policyholder

The first named insured person as shown on the policy schedule.

Quarantine

Mandatory confinement, intended to stop the spread of a contagious disease to which **you** or a **travelling companion** has been exposed.

Relative

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

Resident

A person who has their main **home** and is registered with a **doctor** in the Republic of Ireland and has not spent more than six months abroad during the year before the policy was issued.

Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

Ski pack

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

Sports or leisure activity

The following activities are automatically covered:

- archery, badminton, banana boating, baseball, basketball, bowls, cricket, curling, cycling, deep sea fishing, fell walking, fishing, glacier walking, golf, gymnastics, heptathlon, hiking, ice skating, kite surfing, marathon running, mountain biking, netball, orienteering, pony trekking, racket ball, rambling, ringos, rounders, running, scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, softball, squash, surfing, table tennis, tennis, ten pin bowling, trekking, tug of war, volleyball, wakeboarding, walking, water polo, water skiing, windsurfing and zorbing.

There is no cover for:

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

We may be able to cover **you** for other activities that are not listed.

Please call **00353 1 619 3681** or email **contract.awpeurope@allianz.com**

Travelling companion

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

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Valuables

Jewellery, watches, items made of or containing precious metals, precious stones or semi precious stones, furs, binoculars, telescopes, computer / video games, PCs, laptops, tablets and other computerised equipment, any kind of photographic, audio, video, television, satellite navigation and phone equipment (including mobile accessories), multimedia players, recorded media (including CDs and DVDs) and drones.

We, our, us

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Winter sports

The following activities are covered if **winter sports** cover is shown on **your** policy schedule:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.

Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighting, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing. **We** may be able to cover **you** for other activities that are not listed. Please call **00353 1 619 3681** or email **contract.awpeurope@allianz.com**

You, Your, person insured

Each insured person as shown on the policy schedule, for whom an appropriate premium has been paid.

RECIPROCAL HEALTH ARRANGEMENTS

European Health Insurance Card (EHIC)

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

Note

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

Australia

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

If **you** make use of these arrangements or any other worldwide reciprocal health arrangement which reduces **your** medical expenses, **you** will not have to pay an **excess** under Emergency medical and associated expenses – Section 2.

24-HOUR EMERGENCY MEDICAL ASSISTANCE

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **you** are likely to run up medical fees over **€500**. If **you** are claiming for a minor illness or accident abroad, **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day, 365 days a year or email.

Phone: **00353 1 637 3686**

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

Please give **us your** age and **your** policy number. Say that **you** are insured with Allianz travel insurance. Below are some of the ways the 24-hour emergency medical assistance can help.

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

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

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

HEALTH DECLARATION AND HEALTH EXCLUSIONS

These apply to 'Cancellation and curtailment charges - Section 1' and 'Emergency medical and associated expenses -Section 2'.

It is very important that you read the following:

- 1 You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if in the 12 months before taking out this insurance or booking **your journey** (whichever is later), **you**:
 - a** have been prescribed medication;
 - b** have received treatment or attended a medical practitioner for any medical condition;
 - c** have attended a hospital or a clinic as an out-patient or in-patient;
 - d** have been referred for tests, investigations, treatment, surgery or are awaiting results.
 - e** have been diagnosed as having a terminal illness.
- 2 You** will not be covered unless **you** are fit to travel and able to undertake **your** planned **journey**.
- 3 You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been advised not to travel if **you** had sought their advice before beginning **your journey**.
- 4 You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 5 You** will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations or consultations or the results of investigations and where the underlying cause had not been established.
- 6 You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

Note

Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- have osteoporosis, **you** are more likely to break or fracture a bone.
- have or have had cancer, **you** are more likely to suffer with a secondary cancer.

Level of medical cover provided

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of accident or unexpected illness occurring during **your journey**.

Changes in health for annual multi-trip customers

If **your** health changes after taking out this insurance, **you** must tell **us** as soon as possible by calling

00353 1 619 3681 if this means **you** have to:

- see a **doctor** and be referred to a consultant or specialist; or
- be admitted to hospital for treatment (including surgery, tests or investigations); or
- await treatment or the results of tests and investigations.

We will tell **you** whether or not **your** medical condition (or conditions) can be covered. If **we** cannot cover **your** medical condition (or conditions), **you** can choose to:

- make a cancellation claim for any **journeys** already booked; or
- continue cover on this policy, but without cover for **your** medical conditions; or
- cancel this policy and request a proportionate/partial refund (as long as **you** have not made a claim or intend to make a claim).

Note

Annual multi-trip policy renewals

At the expiry of **your period of insurance**, the terms of **your** cover and the premium rates may be varied by **us**. This means **we** cannot guarantee that **we** will be able to provide the same terms of cover on **your** renewed policy or even renew it at all.

If **you** book a **journey** that does not start until after the expiry date of **your** policy, **you** may find that the cover provided for that **journey** will change when the policy renews.

GENERAL EXCLUSIONS

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

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

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, civil commotion, rebellion, insurrection, military force, coup d'etat, terrorism (this does not apply to claims made under Emergency medical and associated expenses - Section 2 and Personal accident - Section 7) or weapons of mass destruction.
- 2 Any **epidemic** or **pandemic** except as expressly covered under Section 1 - Cancellation or curtailment charges and Section 2 - Emergency medical and associated expenses.
- 3 **You** not following any advice or recommendations made by the Department of Foreign Affairs (DFA), World Health Organization (WHO) or any government or other official authority. This includes where:
 - Certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
 - The DFA has advised against:
 - all travel; or
 - all but essential travel (unless the purpose of **your journey** is necessary, urgent and cannot be postponed
 - evidence of this will be required see Making a claim);
 - **You** have travelled against the advice of a local authority at any destination **you** are travelling from, through or to.

For further details of the DFA travel advice, visit www.dfa.ie/travel/travel-advice/
- 4 Any international sanction which prohibits **us**, the **insurer** or members of the Allianz Group from providing cover under this policy. This insurance may not provide any cover or benefit if either the cover or benefit would violate any applicable sanction, law or regulations of the United Nations, the European Union, United States of America or any other applicable economic or trade sanction, law or regulation. **We** decline claims to persons, companies, governments and other parties to whom this is prohibited under national or international agreements or sanctions.
- 5 **Cyber risks** of any kind.
- 6 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 7 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 8 Any currency exchange rate changes.
- 9 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 10 **You** acting in an illegal or malicious way.
- 11 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 12 **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug or alcohol addiction).
- 13 **You** not enjoying **your journey** or not wanting to travel.

- 14 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 15 Something that happened before **your** policy or travel tickets for **your journey** were bought (whichever is later) and which could reasonably have been expected to be the reason for a claim, unless **we** agreed to it in writing.
- 16 **You** taking part in any **sports or leisure activity** or **winter sport** unless:
 - it is listed as covered (see pages 7 and 8); or
 - it is not listed, but **we** have confirmed in writing that it is covered.

CONDITIONS

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

- 1 **You** are a **resident** of the Republic of Ireland.
- 2 **You** take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3 **You** have a valid policy schedule.
- 4 **You** accept that **we** will not extend the **period of insurance**:
 - for single trip cover if the original policy plus any extensions have either ended, been in force for longer than 180 days or **you** know **you** will be making a claim.
 - for backpacker cover if the original policy plus any extensions have either ended, been in force for longer than 365 days or **you** know **you** will be making a claim.
 - for annual multi-trip cover beyond the expiry of **your** policy.
- 5 **You** contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' on pages 15-16 for more information.
- 6 **You** accept that no alterations to the terms and conditions of the policy, unless **we** confirm them in writing to **you**.
- 7 **You** are not aged:
 - 51 or over at the date **your** policy was issued for backpacker cover.
 - 66 or over at the start date of **your** policy for annual multi-trip cover.
- 8 Adults insured on the same policy may travel independently. Children aged 17 or under may only travel independently if travelling with at least one adult aged 18 or over and with the full knowledge and consent of an insured parent or guardian.

We have the right to do the following

- 9 Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
- 10 Cancel the policy if it has been issued after **we** have previously informed **you** that **we** do not want to insure **you** anymore. In these instances **we** will refund any premium paid by **you**.
- 11 Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give a false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the Gardai.

- 12 Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
- 13 Take over and deal with, in **your** name, any claim **you** make under this policy.
- 14 Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department of Social and Family Affairs' forms), which will help **us** to recover any payment **we** have made under this policy.
- 15 With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a post mortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
- 16 Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
- 17 Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
- 18 Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days from the date **you** receive **your** policy and policy schedule. **We** can recover all costs that **you** have used if **you** have not travelled or made a claim or intend to make a claim.
- 19 If **we** do compensate **you** for damage or pay costs up front at **your** request, **you** assign **your** right to compensation under another insurance policy, public scheme or any legal obligation arising from a law or regulation to **us**.
- 20 Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
- 21 If **you** cancel or cut short **your journey** for any reason other than those specified in Section 1 of this policy:
 - All cover provided on **your** single trip or backpacker policy will be cancelled without refunding **your** premium.
 - All cover provided on **your** annual multi-trip policy for that **journey** will be cancelled without refunding **your** premium.
- 22 Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

MAKING A CLAIM

The quickest and easiest way to claim is to visit www.allianz-protection.com This will lead **you** to **our** online claims notification service where **you** can complete an online claim form.

Alternatively, **you** can get a claim form by:

Phoning: **00353 1 619 3682**, or

Emailing: claims.awpeurope@allianz.com

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

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

For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **your** claim.
- If **you** have decided to travel despite the Department of Foreign Affairs (DFA) advising against all but essential travel, **we** will need evidence of why **you** believe **your** travel should be considered essential.

Examples of what **we** consider to be essential travel are if:

- A **relative** is in intensive care in hospital or has unexpectedly been given a terminal prognosis with a short life expectancy;
- A **relative** has died and **you** need to attend the funeral;
- **Your** property abroad has been seriously damaged and **you** need to arrange and/or oversee professional repairs;
- **You** have an urgent work matter that cannot reasonably be cancelled, postponed or delayed;
- **You** have a full-time but short-term placement at a recognised educational establishment where attendance must be in person.

If **you** are unsure whether the purpose of **your** travel would be considered as essential or want to discuss any other aspect of the policy cover, please call **us** on **00353 1 619 3681** or email contract.awpeurope@allianz.com

Cancellation or curtailment

- If **you** need to curtail **your journey** call **00353 1 637 3686** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **€500**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

If your passport is lost, stolen or destroyed

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

Personal possessions and Personal money

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

For loss or damage in transit claims, including delayed possessions

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

Personal accident

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

Missed departure

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

Delayed departure

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

Personal liability

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

WINTER SPORTS

Ski pack

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

Ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

Piste closure / Avalanche closure

- Written confirmation from **your** tour operator, the local piste authority or ski lift operator of the reason for the closure and duration.

BUSINESS COVER

Replacement business associate

- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

Loss, theft or damage to business equipment

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

MAKING A COMPLAINT

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

Step 1

In the first instance, please contact **us** as follows:

Phone: **00353 1 619 3681** Email: **contract.awpeurope@allianz.com**

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

Step 2

If **you** are still not satisfied, **you** can refer the matter to the Financial Services and Pensions Ombudsman for independent arbitration.

Visit: **www.fspo.ie**

Write to: Financial Services and Pensions Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, D02 VH29

Phone: **00353 1 567 7000** Email: **info@fspo.ie**

CANCELLATION OR CURTAILMENT CHARGES - SECTION 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 9 for more information.

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover in total (including up to the amount shown in **your** summary of cover in total for excursions), for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else. **We** will provide this cover in the following necessary and unavoidable circumstances.

Cancellation

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

- The death, serious injury or serious illness of:
 - **you**;
 - a **travelling companion**;
 - a **relative of you** or a **travelling companion**;
 - someone **you** were going to stay with; or
 - a business associate of **you** or a **travelling companion**.

Note

For **1**, **2**, and **3** above, this will include being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19.

- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the Gardai following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**.

WHAT YOU ARE NOT COVERED FOR

Under Cancellation and Curtailment

An **excess** of the amount shown in **your** summary of cover.

Any condition stated under Health declarations and health exclusions on pages 10-11.

Anything the company providing **your**

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

Booking, credit card and non-Euro transaction fees. The cost of Airport Departure Duty/Tax recoverable from elsewhere.

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

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

Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for any reason, other than those shown as being covered;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for

WHAT YOU ARE COVERED FOR

- **You** or a **travelling companion** being held in **quarantine** by order or other requirement of a government or public authority, based on their suspicion that **you** or a travelling companion, specifically, have been exposed to a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19). This does not include any **quarantine** that applies generally or broadly to some or all of a population, vessel or geographical area, or that applies based on where **you** are travelling to, from or through.
- **You** or a **travelling companion** being refused boarding of the public transport on which **you** are booked to travel, on the order of any government, public authority or carrier, due to **you** or a **travelling companion**, displaying symptoms of a contagious disease (including an **epidemic** or a **pandemic** disease such as COVID-19).

Curtailment

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

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

Note

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

WHAT YOU ARE NOT COVERED FOR

example swimming while under the influence of alcohol or climbing from one balcony to another;

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

Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel.

Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

Under Curtailment

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

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

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

You travelling on a motorcycle, unless the rider holds a valid Irish motorcycle licence and all **persons insured** are wearing crash helmets. Anything caused by **you** taking part in a **hazardous activity** or **winter sport** unless shown on **your** policy schedule.

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

EMERGENCY MEDICAL AND ASSOCIATED EXPENSES

- SECTION 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **€500**, **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 9 for more information.

WHAT YOU ARE COVERED FOR

We will pay **you** or **your** Personal Representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey** (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19 as well as being subject to compulsory **quarantine** on the orders of a treating **doctor**).

Cover outside your home country

Up to the amount shown in **your** summary of cover for reasonable fees or charges **you** run up for:

- **Treatment**
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**
Your repatriation to **your home** country if medically necessary.
- **Transport and accommodation**
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**
The reasonable cost of transporting **you**, **your** body or ashes to **your home** or **we** will pay up to the amount shown in **your** summary of cover for **your** funeral expenses, in the place where **you** die outside **your home** country.
- **Search and Rescue**
Mountain search and rescue services when deemed medically necessary.

WHAT YOU ARE NOT COVERED FOR

Under Cover outside your home country except In-patient benefit and Excursions and under Cover within your home country

An **excess** of the amount shown in **your** summary of cover unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangement' on page 8 for more information).

The cost of replacing any medication **you** were using when **you** began **your journey**.

Under Cover outside your home country and Cover within your home country

Any condition stated under Health declaration and health exclusions on pages 10-11.

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

Anything caused by:

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

WHAT YOU ARE COVERED FOR

We will also pay

- **In-patient benefit**

The amount shown in **your** summary of cover for each 24-hour period that **you** are in hospital as an in-patient up to the amount shown in **your** summary of cover in total during the **journey** as well as any fees or charges paid under **Treatment**.

- **Dental**

Up to the amount shown in **your** summary of cover for emergency dental treatment to relieve sudden pain.

- **Excursions**

Up to the amount shown in **your** summary of cover in total for **your** excursions that have been paid for before **your journey** began and that cannot be recovered from anywhere else, if **you** get written advice from a **doctor** that **you** cannot go on them, because of an injury or illness during **your journey**.

Cover within your home country

Up to **€1,000** for:

- **Transport and accommodation**

Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **you**, **your** ashes or body **home**.

WHAT YOU ARE NOT COVERED FOR

Any costs incurred 12 months after the date of **your** death, injury or illness.

Any costs for taxi fares and telephone calls (including mobile phones), resulting from an incident claimed for under this section.

Under Cover outside your home country - Treatment

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country. Medical costs over **€500**, in-patient treatment or repatriation which **we** have not authorised.

The extra costs of having a single or private room in a hospital or nursing home.

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

Under Cover outside your home country - Funeral expenses

Your burial or cremation within **your home** country.

Under Cover outside your home country - Dental

Replacing or repairing false teeth or artificial teeth (such as crowns). Dental work involving the use of precious metals.

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

LOSS OF PASSPORT - SECTION 3

WHAT YOU ARE COVERED FOR

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

Costs for issuing a temporary passport

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

Remaining value of original passport

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

WHAT YOU ARE NOT COVERED FOR

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

DELAYED PERSONAL POSSESSIONS - SECTION 4

WHAT YOU ARE COVERED FOR

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

Note

You must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under Personal possessions - Section 5.

WHAT YOU ARE NOT COVERED FOR

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

PERSONAL POSSESSIONS - SECTION 5

WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for **your personal possessions** (this does not include **ski equipment** or **business equipment**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** is the amount shown in **your** summary of cover in total, there is also a single article, **pair or set** limit of the amount shown in **your** summary of cover.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.

More than **€50** for tobacco and vaping products, alcohol, fragrances and perfumes. More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

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

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

The cost of replacing or repairing false teeth.

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

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

- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

WHAT YOU ARE COVERED FOR

WHAT YOU ARE NOT COVERED FOR

- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal money** (see section 6).
- Passport (see section 3).

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

PERSONAL MONEY - SECTION 6

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover in total for loss or theft of **your personal money** (but no more than the amount shown in **your** summary of cover for cash in total while on **you**, whether jointly owned or not) while on **your journey**.

WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.
Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency.
Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.
Loss or theft of travellers' cheques when the place where **you** got them from provides a replacement service.
More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

PERSONAL ACCIDENT - SECTION 7

WHAT YOU ARE COVERED FOR

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

Death

Up to the amount shown in **your** summary of cover for death. (We will not pay more than the amount shown in **your** summary of cover if **you** are aged 15 or under or aged 76 or over at the time of the **accident**.)

Permanent loss

Up to the amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Physical disablement

Up to the amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no work which **you** are able to do. (We will not pay any compensation if **you** are aged 15 or under or aged 76 or over at the time of the **accident**.)

Note

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

WHAT YOU ARE NOT COVERED FOR

Any condition stated under Health declaration and health exclusions on pages 10-11.

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

Anything caused by:

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

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

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

MISSED DEPARTURE - SECTION 8

WHAT YOU ARE COVERED FOR

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

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

WHAT YOU ARE NOT COVERED FOR

Any claim unless **you**:

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

Any delay caused by a breakdown or accident to the vehicle **you** are travelling in, if it has not been kept in a safe and roadworthy condition and serviced in accordance with the manufacturer's specifications.

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

Failure of public transport caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

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

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

DELAYED DEPARTURE - SECTION 9

WHAT YOU ARE COVERED FOR

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

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

We will pay:

Delay

The amount shown in **your** summary of cover after the first full 12 hours of delay and the amount shown in **your** summary of cover after each extra delay of 12 hours up to the amount shown in **your** summary of cover in total; or

Abandonment

Up to the amount shown in **your** summary of cover in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

WHAT YOU ARE NOT COVERED FOR

Under Delay and Abandonment

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

Missed connections.

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

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

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

Under Abandonment

An **excess** of the amount shown in **your** summary of cover.

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

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

PERSONAL LIABILITY - SECTION 10

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

WHAT YOU ARE COVERED FOR

We will pay up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following:

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

Note

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

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

WHAT YOU ARE NOT COVERED FOR

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

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

Any contractual liabilities.

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

Compensation or other costs caused by accidents arising from **you** owning, hiring or using any of the following:

- The use of any land or building except for the accommodation **you** are using on **your journey**.
- Motorised or mechanical vehicles and any trailers attached to them.
- Aircraft, motorised watercraft or sailing vessels.

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

WINTER SPORTS COVER - SECTION 11

This section is only in force if shown on **your** policy schedule

WHAT YOU ARE COVERED FOR

Ski pack

We will pay up to the amount shown in **your** summary of cover in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if

- **you** have to cancel or curtail **your journey**
- **you** cannot ski because of an injury or illness (including being diagnosed with an **epidemic** or **pandemic** disease such as COVID-19) during **your journey**.

Delayed ski equipment

We will pay up to the amount shown in **your** summary of cover in total for the hire of alternative **ski equipment** if:

- **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination; or
- **yours** is damaged, stolen, lost or destroyed on **your journey**.

Ski equipment

We will pay up to the amounts shown in **your** summary of cover in total for **your ski equipment**, for hired **ski equipment** and ski pass that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit of **€250**, whether jointly owned or not.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

Under Ski pack

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Cancellation and curtailment - Section 1.

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Emergency medical and associated expenses - Section 2.

Under Ski equipment

Anything mentioned under the heading 'WHAT IS NOT COVERED' within Personal possessions -Section 5.

WHAT YOU ARE COVERED FOR

Piste closure

We will pay one of the following, if it is not possible for **you** to ski or snowboard at the ski resort that **you** booked before **your journey** begins, because there is not enough snow and as a result ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- Up to the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total for the cost of extra transport or lift passes to let **you** ski or snowboard at another resort; or
- Up to the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total if no other resort is available.

Avalanche closure

We will pay the amount shown in **your** summary of cover for each full day up to the amount shown in **your** summary of cover in total for extra transport and accommodation costs **you** need to pay to get **you to your journey** destination or back **home** because of an avalanche in **your** resort.

WHAT YOU ARE NOT COVERED FOR

Under Piste closure

Any compensation for the first full 12 hours at **your** booked ski resort.

Any **journey** in the **UK**.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**.

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

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

Any **journey** beginning outside a recognised ski resort or the official resort opening dates.

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

BUSINESS COVER - SECTION 12

This section is only in force if shown on **your** policy schedule

WHAT YOU ARE COVERED FOR

Replacement business associate

We will pay up to the amount shown in **your** summary of cover in total to send a replacement **business associate** to complete **your** business itinerary, if **you** have to cut short **your journey**.

Business equipment and business samples

We will pay up to the amount shown in **your** summary of cover in total for **your business equipment** that is damaged, stolen, lost or destroyed on **your journey**.

There is also a single article limit, whether jointly owned or not, a limit for **business equipment** and a limit for **business samples** of the amount shown in **your** summary of cover.

Note

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

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

WHAT YOU ARE NOT COVERED FOR

Under Replacement business associate

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

Under Business equipment and business samples

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

Please refer to the sections **General exclusions, Conditions and Making a claim** that also apply.

PRIVACY NOTICE

We care about **your** personal data.

AWP P&C S.A. Dutch Branch trading as Allianz Partners ('**we**', '**us**' '**our**'), is the Dutch branch of AWP P&C S.A., a French Insurance company which has its registered offices in Saint-Ouen, France and is part of Allianz Partners Group. AWP P&C S.A. - Dutch Branch is registered at the Netherlands Authority for the Financial Markets (AFM) and is authorised under French law by 'L'Autorité de Contrôle Prudentiel et de Résolution' (ACPR) in France to provide insurance products and services on a cross-border basis.

Protecting **your** privacy is a top priority for **us**. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1 Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data, either in paper or electronic files.

AWP P&C S.A. Dutch Branch is the Data Controller as defined by relevant data protection laws and regulations, in regard to the personal data that **we** request and collect from **you** for the purposes detailed in this privacy notice.

2 What personal data will be collected?

We will (or may) collect and process various types of personal data about **you**, other persons and third parties affected by a covered event such as:

Personal Information of the policyholder:

- Surname, first name
- Gender
- Identification Document number (Identity card number, government ID, driver's licence, passport number) and expiry dates
- Age/Date of birth
- Address
- Contact details (email address, phone number)
- Language
- Residency
- Nationality
- IP address
- Bank/credit card and bank account details

Personal details of the **person insured**:

- Surname, First name
- Identification Document number (e.g Identity card number, passport number) and expiry dates
- Age/Date of birth

Depending on the claim submitted, **we** may also collect and process additional personal data including, sensitive personal data about **you**, other persons and third parties affected by covered events, such as:

- Medical conditions (physical and/or psychological)
- Medical history and reports
- Medical claims history
- Documentation justifying sick leave and duration
- Death certificates
- Details of the claim (e.g. travel booking details or references, details of expenses, visa details, etc)
- Phone number and contact details if not provided previously.
- Details of a third party to contact with in case of emergency.
- Occupation
- Previous and/or current employment or business activities
- Location data
- Signature
- Voice
- Family details (e.g. marital status, dependants, spouse, partner, relatives)
- IP address of the claimant if the claim is submitted by **our** available portals / apps
- Criminal convictions and offences (e.g.in case of requiring legal assistance)
- Results of criminal checks relating to prevention of fraud and/or terrorist activities
- Bank account details
- Tax code

By purchasing this insurance policy, **you** commit to give the information contained in this Privacy Notice to any third party whose personal information **you** may provide to **us** (e.g. other **insured persons**, beneficiaries, third parties involved in the claim, third party persons to contact in case of emergency, etc), and **you** accept not to provide that information otherwise.

3 How will we obtain and use your personal data?

We will collect and use the personal data that **you** provide to **us** and that **we** receive about **you** (as explained below) for a number of purposes and with **your** express consent unless applicable laws and regulations do not require **us** to obtain **your** express consent, as shown below:

Purpose	Is your express consent required?
<ul style="list-style-type: none"> Insurance contract quotation and underwriting. 	<ul style="list-style-type: none"> No, to the extent these processing activities are necessary to perform the insurance contract to which you are a party to and to take the necessary steps previous to enter in this contract.
<ul style="list-style-type: none"> Insurance contract administration (e.g., claims handling, handling of complaints, necessary investigations and assessments in order to determine the existence of the covered event and the amount of the compensations to be paid, or the kind of assistance to be provided, etc). 	<ul style="list-style-type: none"> We will request your express consent on the occasion of claims requiring necessarily the processing of the following categories of data: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences. However, we will be entitled to process this data without consent if: <ol style="list-style-type: none"> there is a vital interest of the owner of the data or any other natural person, and if the owner of the data is not physically or legally capable to give the consent (e.g emergency situations). If the handling of the claim does not require the processing of those categories of data, we will not be required to collect your consent, to the extent that they are necessary to comply the obligations we undertake in the insurance contract.
<ul style="list-style-type: none"> To conduct quality surveys about the services provided, with the purpose to assess your level of satisfaction and to improve them. 	<ul style="list-style-type: none"> We have a legitimate interest to contact you after handling a claim or after providing assistance to ensure we have complied with our obligations under the contract in a satisfying way for you. However, you have the right to object by contacting us as explained in section 9 below.

Purpose	Is your express consent required?
<ul style="list-style-type: none"> To perform statistical and quality analysis on the basis of aggregated data, as well as claims rate. 	<ul style="list-style-type: none"> If we carry out any of these processing activities, we will do so by aggregating and anonymising data. As a result, the data is not considered 'personal' data anymore and your consent is not required.
<ul style="list-style-type: none"> To meet any legal obligations (e.g. those arisen from laws on civil, commercial and insurance contracts and insurance business activities, regulations on tax, accounting and administrative obligations, to prevent money laundering or for the purposes of sanction screening i.e. to check whether you, your country or your sector are subject to sanctions impeding or restricting us to make payments if relevant). 	<ul style="list-style-type: none"> No, to the extent these processing activities are expressly and legally authorised.
<ul style="list-style-type: none"> Fraud prevention and detection, including, when appropriate, for example, comparison of your information with previous service requests and/or previous claims, or checking of common claims filing systems. 	<ul style="list-style-type: none"> No, it is understood that the detection and prevention of fraud is a legitimate interest of the Data Controller and therefore we are entitled to process your data for this purpose without collecting your consent.
<ul style="list-style-type: none"> Audit purposes, to comply with legal obligations or internal policies. 	<ul style="list-style-type: none"> We can process your data in the framework of internal or external audits either required by law, or by internal policies. We won't request your consent for these processing to the extent that they are legitimated by the applicable regulations or our legitimate interest. However, we will ensure that only the strictly necessary personal data are used, and treated with absolute confidentiality. Internal Audits are usually conducted by our holding company, Allianz Partners SAS (7 Rue Dora Maar, 93400 Saint-Ouen, France).
<ul style="list-style-type: none"> To administer debt recoveries (e.g. to claim the payment of the premium, to claim third parties liabilities, to distribute the compensation amount between different insurance companies covering the same risk). 	<ul style="list-style-type: none"> No when the processing of your data, even special categories of personal information (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) may be necessary for the establishment, exercise or defence of legal claims, which is also our legitimate interest.

Purpose	Is your express consent required?
<ul style="list-style-type: none"> To inform you or permit Allianz Group companies and selected third parties to inform you about products and services we feel may interest you in accordance with your marketing preferences. <p>You can change these at any time by the links we will make available in every communication to unsubscribe, by means of the options in your client portal, where available, or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> We will process your personal information for these purposes only if authorised by law (and within the limitations and by complying the requirements of those legal authorisations) or by collecting your express consent after providing you information about criteria we use to make the profiles and the impact/consequence and benefits of such profiling for you.
<ul style="list-style-type: none"> To personalise your experience on our websites and portals (by presenting products, services, marketing messages, offers, and content tailored to you) or by using computerised technology to assess which products might be most suitable for you. <p>You will be able to modify these processing activities by using the options available in your browser (e.g. in the case of use of cookies and similar devices) or by contacting us as specified in section 9 below.</p>	<ul style="list-style-type: none"> We will ask for your consent.
<ul style="list-style-type: none"> For automated decision making, i.e., to make decisions that: <ol style="list-style-type: none"> are based solely on automated processing and that may have legal or significant effects to you. <p>Examples of automated decisions resulting in legal effects could be the automated cancellation of a contract, or automated denial of a claim, those affecting your rights under the insurance contract, etc.</p> <p>Example of automated decisions resulting in similar significant effects are those that affect to your financial circumstances like an automated denial of an insurance policy, or those affecting your access to our health assistance services.</p> 	<ul style="list-style-type: none"> We will collect your consent for this processing activities when applicable, in particular if the data concerned are special personal data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic or biometric data, health, sex life or sexual orientation, criminal convictions or offences) If no special categories of personal data are concerned and these decisions are in order to underwrite your insurance and/or process your claim we will not need to obtain your express consent.

Purpose	Is your express consent required?
<ul style="list-style-type: none"> To redistribute risks by means of reinsurance and co-insurance. 	<ul style="list-style-type: none"> We can process and share your personal information with other insurance or reinsurance companies with whom we have signed or we will sign co-insurance or reinsurance agreements. Co-insurance is the coverage of the risk by several insurance companies by mean of a single insurance contract, assuming each of them a percentage of the risk or distributing the coverages between them. Reinsurance is the 'subcontracting' of the coverage of part of the risk in a third reinsurance company. However, this is an internal agreement between us and the reinsurer and you don't have a direct contractual relationship with the latter. These distribution of risks are legitimate interest of insurance companies, even usually expressly authorised by law (including the sharing of personal data strictly necessary for it)

As mentioned above, for the purposes indicated above, **we** will process personal data **we** receive directly from **you** and/or personal data **we** receive about **you** from business partners, public data bases, third party providers, other insurance companies, insurance intermediaries and distributors (travel agencies, tour operators, manufacturers etc), healthcare assistance services or contact persons **you** authorise, fraud prevention agencies and investigators, advertising networks, analytics providers, search information providers, loss adjustors, surveyors, lawyers, finance companies and delegated authorities.

We will need **your** personal data if **you** would like to purchase **our** products and services and make use of the benefits and/or services provided by **us**. If **you** do not want to provide this personal data, including sensitive personal data, to **us**, **we** may not be able to provide the products, benefits and/or services **you** request, that **you** may be interested in, or to tailor **our** offerings to **your** particular requirements.

4 Who will have access to your personal data?

We will ensure that **your** personal data is processed confidentially, on a need-to know basis, and in a manner that is compatible with the purposes indicated above.

For the stated purposes, **your** personal data may be disclosed to the following parties who operate as third party data controllers:

- Public authorities, other Allianz Partners and Allianz Group companies (e.g. for audit purposes), other insurers, co-insurers, re-insurers, insurance intermediaries/brokers, banks, third parties collaborators and partners participating in the provision of the services such as healthcare services and professionals, including doctors, travel agencies, airlines, taxi companies, repairers, fraud investigators, loss adjusters, lawyers and independent experts, etc.

For the stated purposes, **we** may also share **your** personal data with the following parties who operate as data processors, i.e., processing the data under **our** instructions, and subject to the same obligations of confidentiality, need-to-know and compatibility with the purposes described in this Privacy Notice:-

- Other Allianz Partners and Allianz Group companies, or third party companies acting as subcontractors of internal activities (e.g. providers of IT support and maintenance, tax management companies, companies providing claims handling services, postal providers, document management providers), technical consultants, surveyors (claims, IT, postal, document management), experts, loss adjusters and service companies to discharge operations; and
- Advertisers and advertising networks to send **you** marketing communications, as permitted under local law and in accordance with **your** communication preferences. **We** do not share **your** personal data with non-affiliated third parties for their own marketing use without **your** permission.

Finally, **we** may share **your** personal data in the following instances:

- In the event of any contemplated or actual reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of **our** business, assets or stock (including in any insolvency or similar proceedings; and
- To meet any legal obligation, including to the relevant ombudsman or supervisory authority if **you** make a complaint about the product or service **we** have provided to **you**.

5 Where will my personal data be processed?

Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. **We** will not disclose **your** personal data to parties who are not authorised to process them.

Whenever **we** transfer **your** personal data for processing outside of the EEA by another Allianz Group company, **we** will do so on the basis of Allianz' approved binding corporate rules known as the Allianz Privacy Standard (Allianz' BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz' BCR and the list of Allianz Group companies that comply with them can be accessed here:

<https://www.allianz-partners.com/allianz-partners---binding-corporate-rules-.html>

Where Allianz' BCR do not apply, **we** will instead take steps to ensure that the transfer of **your** personal data outside of the EEA receives an adequate level of protection as it does in the EEA. **You** can find out what safeguards **we** rely upon for such transfers (for example, Standard EU Model Contractual Clauses) by contacting **us** as detailed in section 9 below.

6 What are your rights in respect of your personal data?

Where permitted by applicable law or regulation, and within the scope therein defined, **you** have the right to:

- Access **your** personal data held about **you** and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw **your** consent at any time where **your** personal data is processed with **your** consent;
- Update or correct **your** personal data so that it is always accurate;
- Delete **your** personal data from our records if it is no longer needed for the purposes indicated above, subject to regulatory personal data retention requirements;
- Restrict the processing of **your** personal data in certain circumstances, for example where **you** have contested the accuracy of **your** personal data, for the period enabling **us** to verify its accuracy;
- Obtain **your** personal data in an electronic format for **you** or for **your** new insurer;
- Exercise **your** right to data portability; and
- File a complaint with **us** and/or the relevant data protection authority. For this purpose, relevant data privacy authorities are:
 - The supervisory authority in Ireland: Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland. Telephone: **01 7650100 / 1800 437 737**
Visit: <https://dataprotection.ie/>
 - Dutch Data Protection Authority, supervisory authority of the country where **we** are established.
 - CNIL, French data privacy supervisory, to the extent that France is the country where Allianz Partners has its main establishment, and therefore **our** lead data privacy authority

You may exercise these rights by contacting **us** as detailed in section 9 below providing **your** name, email address, account identification, and purpose of **your** request.

7 How can you object to the processing of your personal data?

Where permitted by applicable law or regulation, **you** have the right to object to **us** processing **your** personal data or tell **us** to stop processing it (including for purposes of direct marketing). Once **you** have informed **us** of this request, **we** shall no longer process **your** personal data unless permitted by applicable laws and regulations.

You may exercise this right in the same manner as for **your** other rights indicated in section 6 above.

8 How long do we keep your personal data?

We will retain **your** personal data only for as long as they are necessary for the purposes informed in this Privacy notice and deleted or anonymised when no longer required. Here below **we** inform **you** of some of the retention periods applicable to the purposes informed in section 3 above.

However, please be aware that sometimes additional specific requirements or events may override or modify them, such as ongoing legal holds over relevant information, or pending litigation or regulatory investigations, which may supersede or suspend these periods until the matter has been closed, and the relevant period to review or to appeal has expired. In particular, retention periods based on specified periods for legal claims can be interrupted and then start to run again.

Type of information	Retention period
<ul style="list-style-type: none"> Personal information to obtain a quotation (when necessary) 	<ul style="list-style-type: none"> During the validity period of the quotation provided.
<ul style="list-style-type: none"> Policy Information (underwriting, claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes). 	<ul style="list-style-type: none"> We will keep the personal information of your Insurance Policy during the validity period of your Insurance contract and the prescription period determined by the local applicable laws on insurance contracts. In case we realise of information omitted, false or inaccurate in the declaration of the risk to be covered, the above retention periods would count from the moment we are aware of it.
<ul style="list-style-type: none"> Claims Information (claims handling, management of complaints, litigation cases, quality surveys, fraud prevention/detection, debt recoveries, co-insurance and re-insurance purposes). 	<ul style="list-style-type: none"> We will retain the personal information you provide to us or we collect and process according to this privacy notice for the prescription period determined by the local applicable laws on insurance contracts.
<ul style="list-style-type: none"> Marketing information and related profiling 	<ul style="list-style-type: none"> During the validity period of the quotation provided.
<ul style="list-style-type: none"> Personal information to obtain a quotation (when necessary) 	<ul style="list-style-type: none"> We will keep this information whilst your insurance policy period is still valid, and one additional year, unless you withdraw your consent (when required), or you object (e.g. in the event of marketing activities authorised by law you don't want to receive). In these cases, we will no longer process your data for these purposes, although we may legitimately keep some information to prove the previous processing activities were lawful.

Type of information	Retention period
<ul style="list-style-type: none"> Debt Recoveries. 	<ul style="list-style-type: none"> We will retain the personal information that we need to claim and administer debt recoveries, and that you have provided to us, or we may have collected and processed in accordance with this Privacy Notice, for a minimum term determined by the prescription periods set up by applicable laws. As a reference, for civil actions, we will keep your data for a minimum of 7 years.
<ul style="list-style-type: none"> Supporting documents to provide evidence of compliance with legal obligations such as tax or accounting. 	<ul style="list-style-type: none"> We will process in these documents the personal data you provide to us, or we collect and process according to this Privacy notice, only to the extent they're relevant for this purpose, and for a minimum of 10 years from the first day of the relevant tax year.

We will not retain **your** personal data for longer than necessary and **we** will hold it only for the purposes for which it was obtained.

9 How can you contact us?

If **you** have any queries about how **we** use **your** personal data, **you** can contact **us** by email or post as follows:

AWP P&C S.A. Dutch Branch
Data Protection Officer
PO Box 9444
1006 AK Amsterdam
The Netherlands

Email: AzPIEDP@allianz.com

Phone: **00353 1 619 3681**

You can also use these contact details to exercise **your** rights, or to submit **your** queries or complaints to other Allianz Partners entities acting as controllers (see section 4 above) to which **we** may have shared **your** personal data. **We** will address them **your** request and support their handling and answer to **you** in our local language.

10 How often do we update this privacy notice?

We regularly review this privacy notice. This privacy notice was last updated on **8th May 2024**.