

MULTI-COVER Travel Insurance

Document containing additional pre-contractual information for non-life insurance products
(Additional non-life IPID)



Inter Partner Assistance S.A.

“FIT2TRIP POLICY”

June 2019

This document contains additional and complementary information in relation to the information provided in the pre-contractual information document for non-life insurance products (Non-life IPID), to assist the potential policyholder by providing further details of the features of the product, as well as the contractual obligations and financial situation of the company.

The policyholder must read the conditions of insurance before signing the contract.

Inter Partner Assistance S.A., Inter Partner Assistance SA, International Insurance and Reinsurance Company, based in Belgium, 1050 Brussels, Avenue Louise, 166, share capital € 31,702,613 100% AXA Partners Holding SA, operates in Italy under freedom of services. The contract is stipulated by the General Representation for Italy with headquarters and General Directorate in Italy, Via Carlo Pesenti 121 - 00156 Rome, tel. 06 42118.1.

The net equity of Inter Partner Assistance S.A. equates to €176,718,675 including share capital of €31,702,613 and equity reserves of €13,913,888. The solvency ratio of Inter Partner Assistance S.A. for its entire non-life assurance business, i.e. the ratio between the solvency margin available and the solvency margin required by current legislation, is 121.30%. Should you require any further information regarding the equity of the company (i.e. a report on the company's solvency and financial status), please visit: www.assicurazione-viaggio.axa-assistance.it

The contract is subject to Italian law.



What is covered?

Emergency Medical Expenses and Repatriation Services

EMERGENCY MEDICAL EXPENSES

The insurer undertakes to compensate, **up to the Maximum limit as indicated in the Table of Benefits** the insured person's costs incurred outside the country of residence for:

- any reasonable and necessary expenses arising from a medical emergency involving the insured person. This includes doctors' fees, hospital expenses, medical care and transportation costs to the nearest registered hospital when considered necessary by a doctor;
- all reasonable and necessary medical expenses relating to babies born as a result of pregnancy complications during the trip. Claims concerning multiple births will be considered as a single event;
- emergency dental care for the immediate treatment of pain and/or emergency repair of dental fittings and false teeth, but only to the extent that this is necessary to alleviate pain experienced when eating;
- in the event of the death of the insured person abroad:
 - i. cremation or funeral in the country in which the event took place; or
 - ii. the cost of transporting the ashes or body of the deceased to the country of residence.

REPATRIATION SERVICES

The insurer undertakes to compensate, **up to the Maximum limit as indicated in the Table of Benefits** the insured person's costs incurred outside the country of residence for:

- additional travel expenses for repatriation of the insured person to their Habitual Residence, where recommended by our medical director, including the cost of any necessary medical escort authorised by the company in advance. Repatriation expenses will be paid if the tickets are of the same class of travel as used in the outbound journey, unless otherwise authorised by the company.
- all reasonable and necessary travel and accommodation costs (overnight only) incurred if the insured person's stay beyond the scheduled date of return is necessary from a medical point of view, subject to authorisation by the company and by our medical director if considered necessary from a medical point of view; this also includes the costs of returning to the

	<p>country of residence in the event that the Insured Party cannot use their original ticket;</p> <ul style="list-style-type: none"> • all reasonable and necessary travel and accommodation costs (overnight only) incurred by any other person if required, subject to medical advice, to accompany the insured person or a minor to their Habitual Residence in the country of residence, subject to authorisation by the company and by our medical director if considered necessary from a medical point of view; • all reasonable and necessary travel and accommodation costs (overnight only) for a friend or family member to travel from the country of residence in order to accompany insured persons under the age of 18 to the insured person's Habitual Residence in the country of residence, if the insured person is physically incapable of taking care of them and the insured person is travelling alone. If the insured person cannot entrust this task to anyone, the company will appoint a competent person. If the return ticket(s) originally booked for the minor cannot be used, the company shall cover the cost of a one-way ticket for the minor to return to their Habitual Residence. The company shall not cover travel and/or accommodation expenses that have not been arranged by us in advance or which have been incurred without our prior consent, or if not considered necessary from a medical point of view by our medical director.
Hospital Treatment	<p>If the company accepts a claim for compensation for emergency medical expenses, the insurer undertakes to reimburse the insured person, for up to the Maximum limit as indicated in the Table of Benefits for the additional costs of each continuous period of 24 hours that the insured person remains admitted to hospital after hospital treatment outside the country of residence.</p>
Delayed Departure	<p>The insurer undertakes to cover instances in which the insured person reports to the travel terminal and attempts to check in for an outbound or return Trip but the departure of the booked public transport is subject to a delay in excess of 12 hours from the scheduled departure time due to:</p> <ul style="list-style-type: none"> • strike or union action; or • adverse weather conditions; or • mechanical or technical fault of the public transport booked by the insured person. <p>The company shall pay the insured person:</p> <ul style="list-style-type: none"> • up to the amount indicated in the policy conditions as the Maximum of the Table of Benefits for the first 12 hours of delay to the departure; • up to the amount indicated in the policy conditions as the Maximum of the Table of Benefits for any subsequent 24-hour period of delay;
Delayed Baggage	<p>The insurer undertakes to compensate the costs necessary to replace clothing, medicines and items of personal hygiene items in an emergency if baggage has been lost and not returned within 12 hours of the outbound journey.</p>
Baggage, Personal Money and Travel Documents	<p>BAGGAGE</p> <p>The insurer will compensate the insured person for losses incurred in the event of the loss, theft or damage of the baggage. The amount of the compensation shall be the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age (if the item can be repaired, we will only compensate the cost of the repair). The Maximum limit that the company will pay for each item, pair or set of items included in the baggage shall be equal to the Single Item Maximum set out in the Provision Table in the Policy Conditions.</p> <p>PERSONAL MONEY</p> <p>The insurer undertakes to cover any loss, theft or damage regarding Personal Money, up to the Maximum limit as indicated in the Table of Benefits for each Trip.</p> <p>TRAVEL DOCUMENTS</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits reasonable and necessary additional costs for travel and accommodation incurred abroad to replace lost or stolen travel documents, in addition to the value of the lost or stolen travel document.</p>
Missed Departure/Missed Connection	<p>MISSED DEPARTURE</p> <p>The insurer undertakes to cover the possibility that the insured person does not arrive at the airport, port or railway station in time for the departure of their international trip, as a consequence of:</p> <ul style="list-style-type: none"> • interruption of the regular operation of other public transport services; or • accident or breakdown of the insured person's vehicle or a serious event causing a significant delay on the roads being used; • unexpected adverse weather conditions. <p>In this case, the company will also reimburse the insured person, up to the Maximum limit as indicated in the Table of Benefits for each trip and for all insured persons travelling together (understood to be all insured persons travelling together on the same trip), for the additional</p>

	<p>travel and accommodation (overnight only) expenses necessarily incurred to reach the destination abroad or for connecting flights outside the country of residence.</p> <p>MISSED CONNECTION</p> <p>The insurer undertakes to cover the possibility that the insured person may not arrive at the airport, port or railway station in time to depart for the International Trip as the consequence of a delay of a direct connecting flight to the point of departure of the international trip, in the event that the time granted to the insured person for the transfer between the two flights is less than 12 hours but not less than 2 hours (if the flight booking systems require greater margins of time, a longer transfer period must be scheduled). In this case, the company will compensate the insured person, up to the Maximum limit as indicated in the Table of Benefits for each Trip and for all insured persons travelling together (understood to be all insured persons travelling together on the same trip), for the additional travel and accommodation (overnight only) expenses necessarily incurred to reach the destination abroad or connecting flights outside the country of residence.</p>
Personal Injury	<p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits the possibility that the insured person suffers a physical injury due to an accident occurring during a trip, which in the following 12 months directly causes:</p> <ul style="list-style-type: none"> • death; or • loss of sight; or • loss of a limb; or • Total Permanent Invalidity.
Civil Liability	<p>The insurer undertakes to compensate, up to the Maximum limit as indicated in the Table of Benefits the sums that the insured person is required to pay, as civilly liable under the terms of the law, as compensation following a claim for compensation or a series of claims for compensation arising from any event that occurs during a trip outside the country of residence, relating to the following damage accidentally caused to third parties:</p> <ul style="list-style-type: none"> • physical injury, death, illness or infirmity of any person who is not employed by the insured person nor is a relative of the latter, family member or a person employed by the residence; • loss or damage to property not owned or entrusted in custody or under the control of the insured person, a relative, family member, employee or any person employed by the residence, other than temporary holiday accommodation occupied (but not owned) by the insured person.
Legal Costs Abroad	<p>The insurer undertakes to compensate, up to the Maximum limit as indicated in the Table of Benefits the legal costs required to undertake a civil case for compensation in the event of the physical injury, illness or death of the insured person caused by a third party during a trip. The company will also cover reasonable costs for an interpreter, selected by the company, for the legal proceedings.</p>
Hijack and Assault for the purpose of robbery	<p>HIJACK</p> <p>The insurer undertakes to compensate the insured person, up to the Maximum limit as indicated in the Table of Benefits for each 24-hour period of detention resulting from the hijacking of the aircraft or boat upon which the insured person was travelling as a paying passenger. The insured person must obtain a written declaration from the transport operator attesting to the duration of the hijacking.</p> <p>ASSAULT FOR THE PURPOSE OF ROBBERY</p> <p>The insurer undertakes to compensate the insured person, up to the Maximum limit as indicated in the Table of Benefits for each 24-hour period of admission to a foreign hospital as the result of assault for the purpose of robbery. The insured person must notify the local authorities of the incident within 24 hours of the event and obtain a written report. The amounts payable under this section are additional to those payable under the HOSPITAL TREATMENT section.</p>
Unfit Accommodation	<p>The insurer undertakes to compensate the insured person, up to the Maximum limit as indicated in the Table of Benefits if, after having started the trip, the Insured Party bears or undertakes to bear travel expenses abroad (of a similar amount to those initially booked) that have been incurred in order to be able to continue the trip and because of an inability to stay in the originally reserved accommodation due to fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic of infectious disease, in accordance with that declared by the local or national health authorities.</p>
Pet Care	<p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits additional costs for the boarding of dogs/cats for each period of 24 consecutive hours in which the insured person is delayed in picking up the pet as the result of undergoing medical treatment in hospital covered by the section on Emergency Medical Expenses. The company will compensate the insured person up to the maximum amount indicated for the expenses incurred if their dog or cat is admitted to a veterinary clinic for veterinary treatment following injuries sustained as the result of an accident while the insured person was on the trip.</p>

<p>Trip Cancellation (optional cover)</p>	<p>Should the “Trip Cancellation” (optional cover) be selected the following coverage is included:</p> <ul style="list-style-type: none"> • Cover relating to “Trip Cancellation” • Cover relating to “Abandonment” • Curtailement of the trip <p>CANCELLAZIONE DEL VIAGGIO</p> <p>The insurer undertakes to pay compensation, up to the Maximum limit as indicated in the Table of Benefits for every Trip and for each insured person, for the costs of travel and accommodation not used, and that is not recoverable, as a result of the cancellation of the trip or a change of booking of the trip that occurred in a necessary and inevitable manner as a result of one or more of the following events; these events shall have been beyond the control of the insured person and of which the insured person was unaware at the time of booking or starting the trip (whichever occurred last):</p> <ul style="list-style-type: none"> • unforeseen illness, accident, pregnancy complications or death of the insured person, a family member, close company co-worker or any other person with whom the insured person was travelling or had arranged to stay with during the trip; • compulsory quarantine, jury duty or a summons to appear as a witness in court for the insured person or the travelling companions of the insured person (unless this occurs while acting as a consultant or during the exercise of a professional activity); • request by the authorities responsible for the emergency services for the insured person to stay or return to their Habitual Residence or their company (if the insured person is the proprietor, manager or owner of the company) due to serious damage to these caused by third parties who are not related to the insured person by family relationships; • redundancy of the insured person, if having a permanent contract and having completed the probationary period with the employer; • in the event that the insured person or any travelling companion or person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and their leave or the insured person’s leave is cancelled for operational reasons, provided that such a cancellation could not be foreseen or expected at the time of the insured person taking out the policy or at the time of booking a trip (whichever is the later); • if the outbound journey by public transport is delayed by more than 24 hours from the scheduled departure time as the consequence of a strike, union action, adverse weather conditions, mechanical failure or technical fault affecting the form of public transport booked by the insured person for the trip; • in the event that the vehicle that the insured person intended to use to make the trip is stolen or damaged and is therefore not suitable for use on the roads within seven days of the original departure date, and it is not possible to complete the repairs by the day of departure. In this case the policy shall solely cover the cost of a hire car of equivalent value and any cancellation costs will not be covered. <p>The cover includes costs incurred for any excursions, tours or activities to be carried out at the trip destination that the insured person has incurred or must incur, as well as any reasonable additional expenses.</p> <p>ABANDONMENT</p> <p>If the outbound travel is delayed by at least 24 hours and the total duration of the trip is reduced by over 25% with respect to the initially booked duration, the insured person may present a claim for compensation under the terms of the Cancellation cover. The cover does not apply for abandonment that occurs after the first leg of a trip. The cover will only apply if a refund or compensation has previously been claimed from the travel provider.</p>
	<p>CURTAILMENT OF THE TRIP</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits for every trip and for each insured person, the costs of the trip and accommodation not used, and that is not recoverable, in the case of the curtailment of the trip before its completion as a consequence of changes of circumstance beyond the control of the insured person and of which the insured person was unaware at the time of booking or starting the trip, in any of the following situations:</p> <ul style="list-style-type: none"> • unforeseen illness, accident, pregnancy complications or death of the insured person, a family member or any other person with whom the insured person was travelling or staying during the trip; • requests by the authorities responsible for the emergency services for the insured person to stay or return to their Habitual Residence or their company (if the insured person is the proprietor, manager or owner of the company) due to serious damage to these caused by third parties who are not related to the insured person by family relationships;

	<ul style="list-style-type: none"> in the event that the insured person or any travelling companion or person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and their leave or the insured person's leave is cancelled for operational reasons, provided that such an interruption could not be foreseen or expected at the time of the insured person taking out the policy or at the time of booking a trip (whichever is the later); <p>The cover includes costs incurred for any excursions, tours or activities to be carried out at the trip destination that the insured person has incurred or must incur, as well as any reasonable additional expenses.</p>
<p>Winter Sports (optional cover)</p>	<p>Should the "Winter Sports" optional policy be selected the following covers are included:</p> <ul style="list-style-type: none"> Cover provided for "Emergency medical expenses and Personal Injury" Cover relating to "Winter Sports Equipment" Cover relating to "Ski Package" Cover relating to "Piste closure" <p>WINTER SPORTS</p> <p>For policies for which the policy holder has purchased Medical Cover only, this optional cover will extend the cover to Emergency Medical Expenses and Personal Injury arising from the exercise of Winter Sports, without changing the Maximum limits.</p> <p>By virtue of this optional cover and as an exception to the general exclusions, the insurer undertakes to cover the following activities if the additional premium for Winter Sports Cover has been paid and this cover marked as active on the policy certificate:</p> <ul style="list-style-type: none"> *Glacier skiing; *Tobogganing; *Ski-boarding; *Snowmobiling; Ice skating (on approved rinks); Skiing (on- or off-piste with a ski instructor, where a piste is defined as a recognised, marked track within the boundaries of the ski resort); Snowboarding (on- or off-piste with a ski instructor, where a piste is defined as a recognised, marked track within the boundaries of the ski resort); Monoskiing; Snowshoeing on skiing snow; Ski-mountaineering. <p>SKI EQUIPMENT</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits any loss, theft or damage of the insured person's Winter Sports Equipment or hired Winter Sports Equipment. The Maximum that the company will pay for each item, pair or set of items is set out in the Table of Benefits in the policy conditions. Hired Winter Sports Equipment remains the responsibility of the insured person, as specified in the hire contract. The amount of the compensation shall be calculated on the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age; if the item can be repaired, we will only compensate the cost of the repair.</p> <p>SKI EQUIPMENT HIRE</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits the reasonable cost of hiring replacement Equipment for Winter Sports as a consequence of accidental loss, theft or damage or the delayed return, in excess of 24 hours, of the Winter Sports Equipment by the carrier.</p> <p>SKI PACKAGE</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits the unused portion of the Ski Package that the insured person had undertaken to pay before suffering physical injury or illness, or the loss or theft of the ski pass. Partially unused days will not be taken into account for the calculation of the compensation.</p> <p>PISTE CLOSURE</p> <p>The insurer undertakes to compensate, up to the Maximum limit as indicated in the Table of Benefits the costs that the insured person incurs for transport and ski passes to move from one ski resort to an alternative ski resort in the event that, due to the absence of snow or unexpected adverse weather conditions, there is a total closure of the lifts (other than ski lifts for children and other facilities for non-skiers) with the insured person being unable to ski (with the exception of cross-country skiing) for more than 24 consecutive hours at the booked ski resort.</p>

<p>Golf Insurance (optional cover)</p>	<p>PISTE CLOSURE DUE TO AVALANCHE OR LANDSLIDE</p> <p>If access to and from the ski resort is blocked or the regular public transport service is suspended as a result of an avalanche or landslide, the insurer will compensate the insured person, up to the Maximum limit as indicated in the Table of Benefits for reasonable costs incurred for additional travel and accommodation.</p> <p>Should the “Golf” Optional warranty be activated the following covers are all included:</p> <ul style="list-style-type: none"> • Cover relating to “Golf Equipment” • Cover relating to “Course fees” • Cover “Hole-in-One” <p>GOLF EQUIPMENT</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits any loss, theft or damage of the insured person’s Golf Equipment. The amount of the compensation shall be calculated using the value of the goods at the time of purchase reduced by an amount proportional to their degree of wear and tear and age; if the golf equipment can be repaired, only the cost of the repair will be compensated. The Maximum for each Individual Item is indicated in the Table of Benefits. Hired Golf Equipment is covered to the limits to which the insured person is liable under the terms of the hire contract.</p> <p>COURSE FEES</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits golf course fees that have already been paid but cannot be recovered, if:</p> <ul style="list-style-type: none"> • the Insured becomes ill or suffers a physical injury during the trip and a medical certificate is issued (by a qualified Doctor at the resort or place of the incident) attesting to the insured person’s inability to continue playing golf for the remainder of the period of the trip; or • the company accepts a claim under the terms of Chapters I and II, Cancellation (excluding Abandonment) and Curtailment of the trip. <p>HOLE-IN-ONE</p> <p>The insurer undertakes to cover, up to the Maximum limit as indicated in the Table of Benefits the cost of drinks at the bar, after a hole-in-one in a round of golf.</p>
<p>Business Travel (optional cover)</p>	<p>Should the “Business Travel” Optional warranty be activated the following covers are all included:</p> <ul style="list-style-type: none"> • Cover relating to “Personal assistance services” • Cover relating to “Repatriation in the event of emergency” • Cover relating to “Personal Injury” • Cover relating to “Company equipment” • Cover relating to “Company cash” <p>PERSONAL ASSISTANCE SERVICES</p> <p>The insurer will provide the insured person with information and assistance on premises suitable for office and conference use, translation for business meetings and legal services, details on professional labeling for foreign countries and information on the hire of private jets.</p> <p>REPATRIATION IN THE EVENT OF EMERGENCY</p> <p>The insurer undertakes to compensate all additional travel expenses necessarily incurred for the early repatriation of the insured person from a trip (and, where necessary, for their return abroad within the period initially booked for the trip), as a consequence of:</p> <ul style="list-style-type: none"> • serious accident or illness of a close company co-worker whose absence from the workplace contemporaneously to the insured person necessitates, upon the declaration of a director or manager, the immediate repatriation of the insured person. • accidental damage, burglary, flooding or fire at the insured person’s usual place of work, in the event of damage exceeding 1,500 euros and if the competent authorities request the presence of the insured person at the site. <p>PERSONAL INJURY</p> <p>The benefits provided under the Personal Injury section will be doubled if the insured person is on a business Trip irrespective of whether the transport and accommodation costs were incurred by the insured person (if self-employed) or by their employer, and provided that the insured person can offer evidence that the trip was related to work.</p> <p>BUSINESS EQUIPMENT</p> <p>The insurer undertakes to compensate the insured person by up to €1,000 per trip for the loss, theft or damage of business equipment, of which:</p> <ul style="list-style-type: none"> • up to €50 shall be for the purchase of essential items for the Business Equipment, if the

	<p>Business Equipment is delayed or lost during the outbound trip for a period of more than 24 hours. The insured person must obtain written confirmation of the duration of the delay and must keep receipts relating to the purchase of any items;</p> <ul style="list-style-type: none"> • up to a maximum of €500 per item, pair or set. <p>BUSINESS MONEY</p> <p>The insurer undertakes to cover cases of damage, destruction, loss or theft of the business money of the insured person (if self-employed) or the insured person's employer, provided that the insured person carries such money on their person (in clothing or a wallet kept on or attached to their person) or if deposited in a safety deposit box.. The maximum total amount that the company will pay the insured person for each Trip under this section shall be 500 euros.</p>
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	<p>What is NOT covered by the insurance?</p>
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<p>Emergency Medical Expenses and Repatriation</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Claims arising from conditions related to pregnancy but not due to pregnancy complications occurring after the trip had started. Normal pregnancies or births or travel undertaken after the insured person's Doctor had indicated an increase in the risk of premature birth, shall not be considered unforeseen events; • Claims for which the insured person unreasonably refuses the medical repatriation services organised by us and covered under the terms of this policy. If the insured person chooses to make use of alternative health repatriation services, the company must be informed in writing, in which case the repatriation will be conducted at the risk and expense of the insured person; • Any expenses incurred outside the country of residence after the date on which our medical director informed the insured person of the need for repatriation to their Habitual Residence or on which the company organised the repatriation of the insured person to their usual residence. (After that date the company shall bear only those additional costs scheduled in this section that would have been paid if the medical repatriation had occurred when specified by the company); • any treatment which is not medical or surgical in nature and which has the sole purpose of treating or relieving an unforeseen Injury or illness; • unusual, unreasonable or uncommon costs incurred for the treatment of a physical injury or illness of the insured person; • any treatment or diagnostic analysis that is already scheduled or of which the insured person is aware; • any type of treatment or surgical operation which, according to our medical director, may be postponed until the insured person has returned to their country of residence, without prejudice to the health of the insured person; • expenses incurred in obtaining or replacing medicines, which the insured person was aware would be required at the time of departure or which would continue to be used outside the country of residence, except when such medicines are stolen or damaged; • additional costs for accommodation in single or private rooms; • treatment or services provided by a private hospital or clinic, a wellness centre, a convalescent or nursing home or any rehabilitation centre, unless approved by the company; • costs for treatments carried out for aesthetic purposes unless confirmed by our medical director that such treatments are necessary due to a one-off event covered by the policy; • any expenses incurred following the repatriation of the insured person to their country of residence, unless approved by the company in advance; • expenses incurred as a consequence of a tropical disease for which the insured person did not have inoculations, vaccinations or the recommended therapies; • the cost of airline tickets that are not economy class for a non-medical companion in the event of medical repatriation (any additional cost due to a higher level of airline tickets will be at the expense of the individual who is travelling); • The costs of dental treatment for fitting dental prostheses, false teeth or the use of precious metals that does not involve an immediate relief of pain; • The costs of telephone calls, with the exception of those made to the company to inform it of the problem, in relation to which the insured person shall provide a receipt or other proof showing the cost of the call and the number called; • Air-sea rescue costs; • Any claim in which the insured person used a European Health Insurance Card (EHIC) and this was accepted by the hospital or treatment centre.
<p>Hospital Treatment</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Any further period of hospitalisation in relation to medical or surgical treatment (inside or outside the country of residence), including exploratory analyses not directly related to the physical injury or medical condition for which the insured person was admitted; • Any further period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or a rehabilitation centre.

<p>Delayed Departure</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • any expense or cost that the carrier or tour operator is obliged to pay, has paid or will have to pay to the insured person and all sums paid as compensation by the carrier; • Claims in relation to which it is ascertained that the insured person did not check in or attempt to check in according to the schedule provided. The insured person must arrive at the place of departure before the indicated departure time; • Claims in relation to which the insured person has not respected the terms of the contract with the travel agency, tour operator or transport company; • Claims in respect to which it is ascertained that the insured person has not obtained written confirmation from the carrier (or its ground services agents) in respect of the number of hours and reason for the delay; • Strikes, union action or air traffic control delays, that have started or of which the start date has been publicly announced before the organisation of the trip and/or before taking out the policy; • the withdrawal (temporary or otherwise) of public transport vehicles on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country; • any Claim in which it is ascertained that the insured person has not suffered a delay of over 12 hours from the scheduled departure time; • Claims for a delay to the trip under this section if the insured person has made a claim and obtained compensation for Missed Departure/Missed Connection, Cancellation or Curtailment, based on the same events/facts/circumstances; • private flights.
<p>Delayed Baggage</p>	<p>The Pre-contractual Information Document provides no further information in relation to the above.</p>
<p>Baggage, Personal Money and Travel Documents</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Claims not accompanied by proof of ownership or an estimate for insurance purposes (obtained before the claim) of lost, stolen or damaged articles; • instances of loss or theft of baggage or valuables not reported to local authorities within 24 hours of discovery and in the absence of a written report. a declaration by a private individual other than an airline (e.g. a declaration by a tour guide) is insufficient; • items damaged while the insured person is on the trip if the insured person does not obtain a statement of damage/repair from an official with responsibility within seven days of returning to the country of residence; • loss or damage as a result of delay, confiscation or seizure by the customs or other authorities; • cheques, travellers' cheques, bank or postal orders, prepaid coupons or vouchers or travel tickets for which the insured person has not followed the instructions of the issuing body; • Claims relating to money for which the insured person cannot provide proof of withdrawal; • precious stones, contact or corneal lenses, non-prescription glasses or sunglasses not accompanied by a receipt, hearing aids, dental or medical prostheses, cosmetics, perfumes, tobacco, vaporisers or electronic cigarettes, drones, alcohol, antiques, instruments musical, deeds, manuscripts, titles, perishable goods, surfboards / windsurfs, bicycles, marine or recreational equipment or other related equipment or accessories of any kind and damage to suitcases (unless the suitcases are completely unusable as a result of damage occurring as a result of a singular incident). • Damage to porcelain, glass (except the glass of a watch, prescription glasses or sunglasses, cameras, binoculars or telescopes) or other fragile objects, caused by fire, theft or accident to the vehicle or boat in which they are being transported; • loss or damage resulting from the breakage of sports equipment or damage to sports clothing during its use; • any sum already paid under the Delayed Baggage section, based on the same events/facts/ circumstances; • all objects used for the insured person's business, commercial, professional or work activities; • damage resulting from wear and tear, depreciation, deterioration, weather or climate conditions, moths, pests or any cleaning, repair or restoration process, mechanical or electrical failure, or damage by liquids; • damage due to devaluation, fluctuating exchange rates or loss due to errors or omissions by the insured person or third parties; • damage or theft at the accommodation unless there is evidence of a forced entry confirmed by a report by the competent authorities; • Valuables, Personal money or passports left unattended at any time (including in a vehicle or in the custody of the carrier), unless kept in a hotel safe or safety deposit box.. In the event of theft from a hotel safe or safety deposit box., any claim in which it is shown that the insured person did not inform the hotel of the incident in writing nor obtain a report from the competent local authorities; • Claims arising from damage caused by the leaking of liquids or powder in the Baggage; • Claims relating to Baggage dispatched as freight.

<p>Missed Departure/Missed Connection</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Claims for which it is shown that insufficient time has been allowed (i.e. a reasonable period of time in respect of the itinerary/route scheduled for the trip, taking into account the method of transport used to travel to the check-in) for the timely arrival of the public transport used at the place of departure; • Claims for which the insured person does not provide a written report by the carrier stating the duration and reason for the delay; • Costs that exceed the alternative travel solutions made available by the original carrier, incurred when an alternative means of transport is used; • all sums in excess of any compensation paid by the carrier; • for expenses over 5 euros, Claims for which the insured person has not kept and provided the original receipts; • the breakdown of any vehicle in which the insured person is travelling if this vehicle is the insured person's property and has not been properly maintained in accordance with the manufacturer's instructions; • Claims in relation to which a written report has not been obtained from the competent authorities or from the authorities responsible for emergency services, or a report and/or repair receipt within 7 days of the repatriation of the insured person to their Habitual Residence in the event of an accident or breakdown of the vehicle in which they were travelling; • the withdrawal (temporary or otherwise) of public transport vehicles on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country; • Claims arising from missed departure or missed connection under this section of the policy if the insured person has made a claim and obtained compensation for Cancellation or a Delayed Trip; • any expenses if alternative travel solutions have been made available by the public transport company within four hours of the actual departure time or of the actual time of the connecting flight; • Private flights; • Strike or union action that has started or of which the start date has been publicly announced before the organisation of the trip and/or before taking out the policy; • where boarding has been denied as a result of the insured person abusing alcohol or drugs or failing to present a valid passport or visa or other documentation as required by the public transport company.
<p>Personal Injury</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Claims arising directly or indirectly from any pre-existing Medical Condition; • disability or death resulting from the deterioration of a health condition (e.g. stroke or heart attack) and not as a direct consequence of a physical injury; • in the case of Total Permanent Disability, the payment of the relevant compensation before one year from the date of the physical injury that gave rise to the claim; • It is understood that the normal journey between the Habitual Residence and the place of work or second home shall not be considered as a trip for the purpose of the cover.
<p>Civil Liability</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • liability assumed by the insured person by way of a contract, except if such liability would have existed anyway even in the absence of the contractual agreement; • undertaking entrepreneurial, commercial or employment activities (whether paid or not), performing work or supplying goods or services; • the ownership, possession or use of firearms, vehicles, aircraft or motor boats (other than surfboards, rowing boats, canoes and manually operated boats); • infection by communicable disease or virus; • the ownership or occupation of land or buildings; however for the sole temporary occupation of holiday accommodation, an Excess of €250 shall apply for each Claim arising from the same event; • criminal, malicious or deliberate acts by the insured person; • punitive or exemplary damages.
<p>Legal Costs Abroad</p>	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Claims in respect of which the company believes that the probability of winning the case or reaching a reasonable settlement is not greater than 51%; • expenses or costs incurred before the company accepts, in writing, the insured person's claim; • Claims of which the company is not notified within 90 days of the event or as soon as possible; • claims against the carrier, tour operator or agency organising a trip, against the company, Inter Partner Assistance, AXA Travel Insurance, the insured person's employer, AXA Assistance or its agents; • damages actions against persons travelling with the insured person or another insured person; • legal actions in relation to which the company believes that the estimated amount of compensation would be less than €750 or that there is no reasonable probability of success • legal action undertaken in more than one country; • lawyers' fees incurred in the event of a successful legal action;

	<ul style="list-style-type: none"> penalties or fines imposed on the insured person by a Court; claims presented by the insured person when not acting in the exercise of their privacy rights; any claim made while travelling in the country of residence; any request for compensation arising from events occurring while travelling in the country of residence.
Hijack and assault for the purpose of robbery	The Pre-contractual Information Document provides no further information in relation to the above.
Unfit Accommodation	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> any expenses recoverable from a tour operator, airline, hotel or other service provider; any claim arising from a trip undertaken by the insured person contrary to the advice of local or national authorities.
Pet Care	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> any claim arising from the insured person's physical injury, illness or infirmity that is not covered by the Emergency Medical Expenses section; any claim for which it is shown that the period of stay of the insured person's pet does not exceed the initially booked period of stay; any claim not accompanied by written confirmation from the dog or cat boarding facility stating the additional charges due and the dates to which they refer; Any pre-existing Medical Condition of the pet.
Trip Cancellation (optional cover)	<p>In addition to the general limits and exclusions, the cover does not apply to:</p> <p>Exclusions applicable to Cancellation of Trip and Abandonment cover</p> <ul style="list-style-type: none"> Claims for which the insured person has not provided the necessary documentation requested by the company, Claims arising directly or indirectly from circumstances known to the insured person before taking out the policy or booking or commencing a trip (whichever is the later) and which could reasonably lead to a claim; costs related to the cancellation of the trip due to physical injury or illness for which the injured/ill insured person does not provide a certificate from the attending Doctor stating that the insured person is unable to travel or prohibiting departure as a result of the physical injury or illness; Claims made by travelling companions who are not insured persons; Claims arising from in vitro fertilisation treatment; costs incurred for the use of credits earned through frequent flyer programmes, e.g. Avios (previously Air Miles), or any loyalty programme, costs incurred in connection with timeshares, points programmes similar to the Holiday Property Bond or other points-based holiday programmes and/or any other expenses incurred in maintaining these; expenses or costs reimbursed to the insured person by a public transport company; Claims caused by the fact that the insured person has not respected the terms of the contract with the travel agency, tour operator or transport company; Strikes or union action or air traffic control delays in progress or known to the public at the date of entry of this cover into effect or on the date of booking the trip (whichever occurs first); the withdrawal (temporary or otherwise) of an aircraft or boat on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country; Claims arising from the inability of any transport service scheduled for the trip booked by the insured person to provide any part of the booked Trip (excluding excursions), including due to error, insolvency, omission or bankruptcy; Claims arising from the inability of the insured person to travel due to the failure of any passenger to hold, obtain or present a valid passport or necessary visa; the costs of airport taxes, ATOL fees, recoverable taxes and duties; Claims arising as a result of the insured person not having informed the travel agency, tour operator or transport/accommodation company of the need to cancel the trip at the time they became aware of this necessity, or where this information was not provided in a timely manner. The company shall only bear the cancellation costs that would have been incurred if the cancellation had been notified at the due time; Claims for unused tickets to a destination in regards of which the company has already overseen payment for an alternative solution; Claims relating to "Abandonment" cover for which the insured person has not obtained written confirmation from the carrier (or its ground services agents) attesting to the duration and reason for the delay; Claims arising from pregnancy complications that occur before the booking or payment of the trip, whichever is the later. Normal pregnancies or births without pregnancy complications, or journeys undertaken after the insured person's Doctor had indicated an increase in the risk of premature birth, will not be considered unforeseen events and shall therefore be excluded from the cover; Claims arising from a change of schedule caused by the insured person's financial situation, except in cases in which the insured person is made redundant having been in a permanent employment relationship with the same employer for a period of two years or more;

	<ul style="list-style-type: none"> • Claims which are not accompanied by documentation attesting to the fact that a period of leave has been cancelled due to unforeseen operational reasons; • Re-routing costs that exceed the cost of the initially booked trip; • Claims relating to instances in which the insured person did not check in according to the schedule provided; • costs incurred when reasonable alternative travel arrangements were made within 24 hours of the scheduled time of departure; • Claims for abandonment under this section of the policy if the insured person has presented a claim under the terms of the “Missed Departure/Missed Connection” or “Delayed Trip” cover; • Claims arising from the delay or modification of the trip booked by the insured person due to government intervention or restrictive provisions; • y) any cancellation as a consequence of work commitments or changes of the holiday entitlement offered by the employer, except when the insured person or travelling companion or a person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and falls within the scope of the cover of Art. 16 paragraph e). <p>Exclusions applicable to “Curtailement” cover</p> <ul style="list-style-type: none"> • Claims for which the insured person has not provided the necessary documentation requested by the company; • Claims due directly or indirectly to circumstances known to the insured person before taking out the policy or booking or commencing a trip (whichever is the later) and which could reasonably lead to a claim; • costs relating to the Curtailement • of the trip as a result of physical injury or illness for which the injured/ill insured person does not provide a certificate from the attending Doctor stating the need to return to the country of residence as a consequence of the physical injury or illness; • Claims made by travelling companions who are not insured persons; • Claims arising from in vitro fertilisation treatment; • costs incurred for the use of credits earned through frequent flyer programmes, e.g. Avios (previously Air Miles), or any loyalty programme, timeshare schemes, points programmes similar to the Holiday Property Bond or other points-based holiday programmes and/or any other expenses incurred in maintaining these; • expenses or costs payable to the insured person by a public transport company; • Claims in which the insured person has not respected the terms of the contract with the travel agency, tour operator or transport company; • Strike, union action or air traffic control delay, in progress or known to the public at the date of entry of this cover into effect or on the date of booking the trip (whichever occurs first); • the withdrawal (temporary or otherwise) of an aircraft or boat on the recommendation of the Civil Aviation or Port Authority or any similar body in any Country; • Claims arising from the inability of any transport service scheduled for the trip booked by the insured person to provide any part of the booked Trip (excluding excursions), including due to error, insolvency, omission or bankruptcy; • any curtailment as a consequence of work commitments or changes of the holiday entitlement offered by the employer, except when the insured person or travelling companion or a person with whom the insured person is staying during the trip is a member of the Armed Forces, Police, Fire Service, Ambulance or Health Care Services or an employee of a Government Department and falls within the scope of the cover of Art. 19 paragraph c); • Claims arising from the inability of the insured person to travel due to the failure of any passenger to hold, obtain or present a valid passport or necessary visa; • Claims for which the insured person did not obtain the prior authorisation of the company to return to their country of residence. The company shall confirm the need for a return to the Habitual Residence because of physical injury or illness before curtailment; • The cost of transport and/or accommodation not arranged by the company or incurred without prior consent from the company; • claims arising as a result of pregnancy complications occurring prior to departure. Normal pregnancies or births or travel undertaken after the insured person’s Doctor had indicated an increase in the risk of premature birth, shall not be considered unforeseen events.
<p>Winter Sports (optional cover)</p>	<p>Exclusions for Winter Sports Equipment and Hire of replacement Winter Sports Equipment</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • Exclusions relating to “Baggage, Personal Money and Travel Documents” cover; • any claim for which the insured person does not present the original receipts. <p>Exclusions applicable to Ski Package cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> • any claim due to pre-existing Medical Conditions; • Claims in which the insured person does not provide a written statement by a Doctor confirming that a physical injury or illness has prevented the insured person from using their ski package;

	<ul style="list-style-type: none"> instances of the loss or theft of the ski pass that are not reported to the local authorities within 24 hours of discovery of the loss or theft, and in the absence of a written report; A declaration by a private individual other than an airline (e.g. a statement by a Doctor) is insufficient; Claims for which the insured person has not provided the company with confirmation of the impossibility of receiving a refund for the unused portion of the ski package. <p>Exclusions applicable to the Closure of Pistes cover</p> <p>In addition to the general limits and exclusions of Chapter I of Section 1 “General Exclusions” and “Limitations Applicable to all Cover”, the cover does not apply to:</p> <ul style="list-style-type: none"> trips to ski resorts outside the official skiing season; trips for which the insured person has not booked at least one night’s accommodation; Claims relating to the closure of ski lifts for a period subsequent to that booked for the trip; Claims for which the insured person has not received written confirmation from the ski resort operator of the conditions of the pistes confirming the closure of the facilities, the reason for the closure and the relevant dates; e. any expenses incurred if the insured person has been provided with transport, compensation or an alternative ski resort. <p>Exclusions applicable to the Piste Closure due to Avalanche or Landslide cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> trips to ski resorts outside the official skiing season; trips for which the insured person has not booked at least one night’s accommodation; Claims for avalanches or landslides occurring in the period after that originally booked for the trip; Claims for which the insured person has not received written confirmation from the ski resort operator of the conditions of the pistes and confirming the closure of the facilities, the reason for the closure and the relevant dates.
<p>Golf Insurance (optional cover)</p>	<p>Exclusions applicable to Golf Equipment cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> Claims for Golf Equipment left unattended in a place accessible to the public or left in the custody of a person not officially responsible for this task; Claims relating to a loss, theft or damage of Golf Equipment transported on a vehicle’s roof rack; any claim for which the insured person does not present the original receipts; the exclusions listed in the “Baggage, Personal Money and Travel Documents” cover. <p>Exclusions applicable to Course Fees cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to claims in relation to which the insured person does not provide a written statement by a Doctor at the resort or location of the event confirming that a physical injury or illness had prevented the insured person from playing golf.</p> <p>Exclusions applicable to Hole-in-One cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to claims not accompanied by a certified copy of the score card signed by the insured person and a witness and countersigned by a club representative, the receipt for the drinks showing the date of the event, and the receipt for expenses incurred at the golf course, also showing the date.</p>
<p>Business Travel (optional cover)</p>	<p>Exclusions applicable to the Repatriation in the Event of Emergency cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> the cost of any transport not arranged by the company or incurred without our prior consent; the cost of air tickets in a class higher than economy for each insured person. <p>Exclusions applicable to the Personal Injury cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to the Exclusions applicable under Chapter IX – Personal Injury – of the Conditions of Insurance.</p> <p>Exclusions applicable to Business Equipment cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to:</p> <ul style="list-style-type: none"> Computer equipment (including laptops, hardware and software, peripherals and handheld devices), communication devices (including mobile phones) left unattended at any time, except when stored in a hotel safe or a safety deposit box; any loss, theft or damage to Company Equipment occurring during a trip, unless the insured person reports the incident to the carrier and has a Property Irregularity Report issued at the time of the event. Any claim for loss, theft or damage must be received by the carrier within seven days; any article, couple or set for which the insured person cannot provide proof of relative value (e.g. original receipts);

	<ul style="list-style-type: none"> • any loss, theft or damage to Company Equipment dispatched as freight or by means of a bill of lading; • the exclusions listed in relation to the “Baggage, Personal Money and Travel Documents” cover, except for items which are part of the Company Equipment. <p>Exclusions applicable to the Business Money cover</p> <p>In addition to the general limits and exclusions, the cover does not apply to the exclusions listed in relation to the “Baggage, Personal Money and Travel Documents” cover, except for items forming part of the Company Equipment.</p>
<p>Exemptions applicable to all cover</p>	<p>These exclusions apply to the whole policy. The company shall not compensate claims arising directly or indirectly from:</p> <ul style="list-style-type: none"> • Any Loss that does not arise as a result of the circumstances described in the policy; • Claims for which the insured person has not provided, at their own expense, the relevant documentation reasonably required by the company for the purposes of ascertaining and settling the claim. The company may request additional documentation in order to prove the legitimacy of the claim; • the participation of the insured person in the following activities: manual work; flights, except as a paying passenger on passenger planes with appropriate licensing; the use of two or three-wheeled motor vehicles, unless holding a standard driving licence issued in the Country of residence permitting the use of such vehicles at the travel destination and on the condition that a helmet is worn; professional entertainment; professional sports; races (excluding running races); rallies and motor sports, track races and any speed trials or endurance sports; • sports and activities practised in a competitive or professional manner and not a regular basis. Under no circumstances shall cover be provided for activities that are not included in the list of the “Sport and Activities” table, irrespective of whether such activities have been undertaken as part of an excursion or as an organised event. Category 3 sports and activities, (as listed in the table appended to this policy) are only covered if the relevant additional premium has been paid and they are indicated as covered on the Certificate of Travel Insurance; • where the insured person engages in “Winter Sports” (as defined in “Winter Sports” cover), unless the additional premium has been paid and the Winter Sports coverage is indicated as being selected on the Travel Insurance Certificate. Irrespective of the activation of the Winter Sports cover, the insured person will not in any case be covered for the following activities: skiing when there is a contrary recommendation or against the advice of the local authorities, off-piste skiing or snowboarding when there is an avalanche danger higher than category 2, ski stunting, free-style, ice hockey, skibobbing, downhill tobogganing, heli-skiing, acrobatic skiing, ski flying, ski jumping, ski mountaineering, cat skiing, snow kart or the use of bobsleds, luges or skeletons; • any claim originating from the suicide or attempted suicide of the insured person as well as self-inflicted injury; taking drugs not prescribed by a Doctor; the addiction to or abuse of drugs or alcohol; or being under the influence of drugs or alcohol; • Voluntary exposure to an unnecessary danger (except in an attempt to save a human life); • any claim arising from participation in a fight, except when acting in self-defence; • Travel by the insured person in breach of the conditions defined by transport companies, their agents or other public transport providers; • unlawful acts committed by the insured person, legal procedures pending against the insured person, or loss or damage intentionally brought about or caused by the insured person; • any other damage, loss or additional expense resulting from the event for which the insured person is making a claim for compensation, such as, for example, the cost of drafting the compensation claim, loss of earnings, loss or expenses incurred as a result of the Curtailment of activities, state of distress or discomfort or lack of opportunity for use; • where the insured person is travelling for the purposes of fulfilling obligations as a member of the Armed Forces, Police, Fire Service, Ambulance or Health Services or in the capacity of an employee of a governmental department, excluding any claims arising from the cancellation of the period of leave for operational reasons, in accordance with the provisions of the cover relating to Trip cancellation and curtailment of the trip; • claim for which the insured person has the right to compensation under the terms of any other insurance policy, or any other source of insurance, had the cover provided herein not been taken out, except for any amounts in excess of the amount that would have been covered by any other such insurance policy or any other source of insurance; • the insured person travelling to a specific country or area, (or participating in an event), which a body of the government of the country of residence or the World Health Organisation has advised against, or on which the United Nations has imposed an embargo; • if the insured person climbs, jumps or moves from one balcony to another, regardless of the height of the balcony; • any costs that the insured person would have had to bear even if the event that gave rise to the claim had not occurred; • any circumstance of which the insured person is aware and which may reasonably have the consequence of leading to a claim under the terms of this policy; • the cost of telephone calls or faxes and Internet connection expenses except where

- documented as costs incurred for contacting AXA Assistance;
- any condition for which the insured person does not follow the prescribed treatment or course of medicine prescribed by a physician;
- war, invasion, acts of foreign enemies, hostilities or military operations (whether war is declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil disturbances assuming the proportions of or equivalent to an uprising, usurpation of power or the establishment of a military government. This exclusion does not apply however to damages covered by the Emergency Medical Expenses and Hospital Treatment sections, unless they are caused by nuclear, chemical or biological attacks or by disturbances already in progress at the start of a trip;
- Ionising radiation or contamination by radioactivity from any nuclear fuel or waste, from the combustion of nuclear fuels, from radioactive, toxic or explosive substances or from other hazardous characteristics of nuclear equipment and its components;
- loss, destruction or damage caused directly by pressure waves from aircraft or other airborne devices travelling at sonic or supersonic speeds.



What are the limits of the cover?

Emergency Medical Expenses and Repatriation Services	<p>The excess for SINGLE TRIP cover is €200 for Basic Cover and €100 for Standard Cover.</p> <p>The excess for ANNUAL MULTI TRIP cover is €75.00.</p>
Hospital Treatment	<p>SINGLE TRIP Standard Cover Maximum Limit €500.00; Premier Cover Maximum Limit €750.00. Standard Cover Maximum Limit for 24 hours €50.00; Premier Cover Maximum Limit for 24 hours €75.00.</p> <p>ANNUAL MULTI TRIP Maximum Limit €500.00</p>
Delayed Departure	<p>SINGLE TRIP Basic Cover Maximum Limit €100.00; Standard Cover Maximum Limit €120.00; Premier Cover Maximum Limit €160.00.</p> <p>ANNUAL MULTI TRIP Maximum Limit €120.00</p>
Delay in Delivery of Baggage	<p>SINGLE TRIP Maximum Limit after 12 hours: - Basic Cover €100.00; - Standard Cover €120.00; - Premier Cover €160.00.</p> <p>ANNUAL MULTI TRIP Maximum Limit after 12 hours €120.00</p>
Baggage, Personal Money and Travel Documents	<p>SINGLE TRIP Basic Cover Maximum Limit €1,000.00; Standard Cover Maximum Limit €2,000.00; Premier Cover Maximum Limit €3,000.00.</p> <p>ANNUAL MULTI TRIP Baggage Maximum Limit €2,000.00</p>
Missed Departure/Missed Connection	<p>SINGLE TRIP The excess is €200 for Basic Cover and €100 for Standard Cover.</p> <p>ANNUAL MULTI TRIP Maximum Limit €500.00</p>
Infortunio Personale	<p>In case of a loss of limb or loss of sight, the following may be paid:</p> <ul style="list-style-type: none"> • 100% of the reimbursement for Total Permanent Disability for loss of: <ul style="list-style-type: none"> - both hands; - both feet; - (complete) loss of sight in both eyes; - one hand or foot and the (complete) loss of sight in one eye. • 50% of the reimbursement for Total Permanent Disability for loss of: <ul style="list-style-type: none"> - one hand; - one foot; - (complete) loss of sight in one eye.

	In no case shall these amounts exceed the amount of compensation paid for Total Permanent Invalidity.
Civil Liability	SINGLE TRIP Basic, Standard and Premier Cover Maximum Limit €2,000,000.00. ANNUAL MULTI TRIP Maximum Limit €250,000.00
Legal Costs Abroad	Basic, Standard and Premier Cover Maximum Limit €25,000.00.
Hijack and assault for the purpose of robbery	Basic, Standard and Premier Cover Maximum Limit €500.00.
Unfit Accommodation	SINGLE TRIP Basic Cover Maximum Limit €100.00; Standard Cover Maximum Limit €120.00; Premier Cover Maximum Limit €160.00. ANNUAL MULTI TRIP Maximum Limit €120.00
Pet Care	SINGLE TRIP Standard Cover Maximum Limit €200.00; Premier Cover Maximum Limit €400.00. ANNUAL MULTI TRIP Maximum Limit €200.00
Trip Cancellation (optional cover)	This Policy does not cover any Trip Cancellation Claims that are directly or indirectly due to any pre-existing medical condition of which the Insured is aware before signing the Policy or prior to booking the Trip (depending on which of the two circumstances occur last) affecting a Family Member, a close corporate collaborator or any other person with whom the Insured is traveling or has established to stay during the Journey.
Winter Sports (optional cover)	ANNUAL MULTI TRIP Accidents resulting from sports and activities indicated by * in art. 51 Object of Cover, Winter Sports of Section 3, Chapter I of the Conditions of Insurance are not covered.
Golf Cover (optional)	ANNUAL MULTI TRIP Golf Equipment Maximum Limit €1,500.00 Course Fees Maximum Limit €500.00
Business Travel cover (optional)	ANNUAL MULTI TRIP Business Equipment Maximum Limit €1,000.00 (Annual Multi Trip)
Limitations applicable to all sections of the policy	The insurance does not cover claims arising directly or indirectly from a pre-existing Medical Condition that affects the insured person, except when; <ul style="list-style-type: none"> • the insured person has declared ALL pre-existing Medical Conditions to the company; and • the company has accepted all the pre-existing Medical Conditions in writing for the purpose of taking out the insurance.



What are my obligations? What are the company's obligations?

What should I do in the event of a claim?

If an event occurs that may give rise to a claim, the insured person must notify the insurer within 28 days of becoming aware of the event and send the completed Compensation Request form to the insurer as soon as possible. The insured person must also report all claims to the competent authorities of the country in which the event occurred and must obtain a copy of the report of the crime or loss bearing a protocol number.

The insured person must not sell any of the goods of which the ownership lies with the company for full compensation, nor to dispose of any damaged goods, as the company may require them for the purposes of inspection.

The insured person must not accept liability nor conduct negotiations, and must refuse deals and reject claims for compensation, and therefore not make agreements with third parties regarding the claim, except with the authorisation of the company.

If the insured person is held liable for damage to property or the physical injury of third parties, the insured person must immediately notify the company and provide all details relating to the event in writing. The insured person must immediately send the company any summons, letter of complaint or other document relating to the claim.

Emergency assistance

In the event of serious illness or accident that may result in hospitalisation, the insured person

shall contact the company before taking any measures for repatriation or in the event of the Curtailment of the trip. The service providing advice and assistance, is available 24 hours a day, 365 days a year, and will make arrangements for repatriation and authorise any payment of medical expenses. Private medical treatment is not covered, unless expressly authorised by the company. The insured person is required to contact the company without delay unless this is not possible because immediate emergency treatment is required. For any outpatient treatment (in which the insured person is not admitted to hospital), illnesses or accidents of limited scope (excluding fractures), the insured person shall bear the relative costs and request reimbursement from the company upon returning to their Habitual Residence.

In case of emergency, the insured person must contact us by telephone on (+39) 02 36 00 59 55.

For all other compensation claims, please call our telephone assistance service on (+39) 02 36 00 59 55 (Monday - Friday, 09:00 - 17:00) to receive a claim form. The insured person must provide:

- **first name and surname;**
- **policy number;**
- **details of the claim.**

It is advisable to keep copies of any documents sent to the company. It may sometimes be necessary to appoint an adjuster to deal with claims and ensure their speedy, fair handling. The insured person must obtain a set of information regarding their claim during the trip. When investigating the legitimacy of the claim, the company may request any necessary, relevant documentation to allow the claim to be assessed and settled, in addition to that listed in the following article. If the necessary documentation is not provided, the claim may be rejected.

Documentation to be included when making a claim

The insured person or their legal representative shall provide, at their own expense, any information, evidence, medical certificates, original invoices, receipts, reports or assistance that may be necessary, including information on any insurance policies covering the claim. The company reserves the right to refuse to reimburse any expenses incurred if relevant evidence is not provided. It is advisable to keep copies of all documents sent to us.

The insured person shall provide all the necessary documentation requested by the company at their own expense. In order to prove the legitimacy of the request for compensation, the company may also ask for any documentation that is necessary and relevant for the purposes of checking and settling the claim, in addition to that listed. The claim may be rejected if the necessary documentation is not provided.

For all claims, the insured person must present:

- original copies of booking invoices and travel documents indicating the dates of the trip and the date of the booking;
- original copies of receipts and proofs for any out-of-pocket expenses incurred by the insured person;
- original copies of all invoices or accounts that request payment from the insured person;
- the details of any other insurance which may cover the same claim;
- any documentation that may be useful in proving the legitimacy of the claim.

For Claims relating to Injury or Illness, the following must be provided:

- a medical certificate from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person and who has suffered Injury or Illness. For all claims concerning death, the company requires a medical certificate from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person, accompanied by a copy of the death certificate;
- Original receipts or proof of ownership of stolen, lost or damaged items.

In addition to the documentation that must be presented for all claims, in the cases listed below, the insured person must produce the additional specific documentation requested.

For all claims relating to the Cancellation of the trip, as governed by Chapter I of Section 2, the insured person must present:

- original copy(s) of the cancellation notification(s) with details of costs incurred and any refunds received;
- in order to submit a request for Compensation for Abandonment after a delay of 24 hours, the insured person must obtain a written statement from the carrier attesting to the duration and reason for the delay;
- in the case of a claim for compensation that relates to other circumstances covered by the policy, the company will provide a detailed list of the documents that must be presented in the claim forms.

For all claims relating to the Curtailment of the trip, as governed by Chapter II of Section 2, the insured person must present:

- the original receipt or booking invoice for the new flight;
- the original booking invoice for any excursion paid for in advance but not taken, showing the date and amount paid;

- for all claims relating to Injury or Illness, a medical certificate must be provided from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person and who has suffered Injury or Illness. In the event of Curtailment due to death, the company requires a medical certificate from the Doctor treating the insured person, family member or any other person travelling or staying with the insured person, accompanied by a copy of the death certificate;

For all claims relating to Medical Expenses, as governed by Chapter III of Section 2, the insured person must present:

- in the case of a medical emergency, the insured person must contact us without delay on (+39) 02 36 00 59 55.
- the insured person shall bear the costs of outpatient treatment (excluding fractures). It is advisable to keep all originals of receipts and obtain a statement from the hospital to confirm the Illness or Injury, any treatment received and, where applicable, the dates of admission and discharge;
- a statement by the Doctor confirming the treatment and the costs incurred;
- in the case of unsettled accounts, a copy should be sent to the company indicating that the account has not yet been settled;
- in the case of additional expenses incurred in relation to the company's authorisation, the relevant receipts should be sent to us.

For all claims relating to Hospital Treatment, as governed by Chapter IV of Section 2, the insured person must present:

- the original receipts for any incidental costs incurred;
- a medical statement confirming the dates of admission and discharge.

For all claims relating to Travel Delays, as governed by Chapter V of Section 2, the insured person must present:

- written confirmation from the carrier (or its ground services agents) attesting to the duration and reason for the delay;
- original receipts attesting to the purchase of meals and refreshments, or, where necessary, additional expenses for accommodation;
- in the event of cancellation after 24 hours of delay of the initial outbound journey, the receipt of cancellation and a letter from the carrier attesting to the duration of, and reason for, the delay.

For all claims relating to Delay in Delivery of Baggage, as governed by Chapter VI of Section 2, the insured person must present:

- a Property Irregularity Report (PIR) from the carrier or its ground services agents;
- a letter from the airline attesting to the duration of the delay and the date/time of the return of the items;
- original, detailed receipts of any emergency purchases conducted.

For all claims relating to Baggage, Personal Money and Travel Documents, as governed by Chapter VII of Section 2, the insured person must present:

- if items are lost or stolen, notification of the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items;
- if lost or damaged by the carrier, a Property Irregularity Report (PIR) and letter will be required from the airline confirming the extent of the lost items. It is also advisable to keep all baggage tags when possible;
- in the case of the theft or loss of Personal Money, notification of the competent authorities confirming the occurrence and nature of the loss, as well as any bank/bureau de change receipts proving the insured person's possession of such assets;
- a damage report and an estimate for the repair of the damaged items;
- it is advisable to keep all damaged items that cannot be repaired as they may need to be inspected;

For all claims relating to Missed Departure/Missed Connection, as governed by Chapter VIII of Section 2, the insured person must present:

- justification for the missed departure:
- interruption of public transport services – a letter attesting to the duration and reason for the delay;
- breakdown – a report by the company affected by the fault, attesting to the date and nature of the vehicle breakdown;
- motorway traffic problems – a printout showing the date of the incident by the motorway operating company or written confirmation by the authorities confirming the location, duration and reason for the delay.
- proof of additional trip and/or accommodation expenses incurred as a result of the missed departure;

- notification of the competent authorities or embassy attesting that the insured person reported the event within 24 hours from the time of realising the absence of travel documents;
- the original receipts for any additional travel and/or accommodation expenses incurred.

For all claims relating to Personal Injury, as governed by Chapter IX of Section 2, the insured person must present:

- a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);
- a certificate from a Doctor confirming the extent of the Injury and the treatment administered, including any hospital admission/discharge;
- death certificate (where applicable);
- details of witnesses of the event and, where possible, a written statement from them.

For all claims relating to Civil Liability, as governed by Chapter X of Section 2, the insured person must present:

- a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);
- any writ of summons, injunction or other correspondence received from third parties;
- details of witnesses of the event and, where possible, a written statement from them.

For all claims relating to Legal Costs Abroad, as governed by Chapter XI of Section 2, the insured person must present:

- a detailed description of the circumstances in which the event occurred, including any photographic and video evidence (where applicable);
- any writ of summons, injunction or other correspondence received from third parties;
- details of witnesses of the event and, where possible, a written statement from them.

For all claims relating to Unfit Accommodation, as governed by Chapter XIII of Section 2, the insured person must present:

- documentary evidence of the trip (confirmation, invoice, plane tickets);
- an official letter confirming the cause of the event which rendered the accommodation unfit for use and the duration of this non-availability;
- invoices and receipts for expenses incurred by the insured person.

For all claims relating to Pet care, as governed by Chapter XIV of Section 2, the insured person must present:

- written confirmation from the dog or cat boarding facility stating the additional charges payable and the date these charges are due;
- a statement from the attending Doctor attesting to any treatment received and the dates of admission and discharge.

For all claims relating to Natural Disasters, as governed by Chapter XV of Section 2, the insured person must present:

- written confirmation from the local or national authorities stating that it was not appropriate for the insured person to stay in the reserved accommodation;
- the original receipts attesting to any additional trip and/or accommodation expenses incurred by the insured person.

For all claims relating to Ski Equipment, as governed by Chapter II of Section 3, the insured person must present:

- if items are lost or stolen, notification of the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items;
- if lost or damaged by the carrier, a Property Irregularity Report (PIR) will be required and a letter from the airline Insurance company confirming the extent of the lost items. It is also advisable to keep all baggage tags where possible;
- a damage report and an estimate for the repair of the damaged items;
- it is advisable to keep all damaged items that cannot be repaired as they may need to be inspected;
- all hire receipts and baggage tags (where applicable).

For all claims relating to Ski Packages, as governed by Chapter III of Section 3, the insured person must present:

- written confirmation of the purchase of the Ski Package by the issuing company including a declaration that no refund will be made for an unused portion of the Ski Package;
- the insured person must obtain written confirmation from a Doctor that the physical injury or illness has interrupted the use of the Ski Package.

For all claims relating to Closure of Pistes/Avalanches, as governed by Chapter IV of Section 3, the insured person must present written confirmation by the ski resort manager of the closure of the facilities and the related dates.

	<p>For all claims relating to the Hole-in-One cover, as governed by Chapter VII of Section 3, the insured person must present:</p> <ul style="list-style-type: none"> • the score card signed by the insured person and a witness and countersigned by a club representative; • the drinks receipt bearing the date of the event; • a dated receipt for expenses incurred at the golf club. <p>For all claims relating to Golf Equipment, as governed by Chapter V of Section 3, the insured person must present:</p> <ul style="list-style-type: none"> • if items are lost or stolen, notification of the competent authorities attesting that the insured person had reported the event within 24 hours of becoming aware of the absence of the items; • if items are lost or damaged by the carrier or its ground services agents, a Property Irregularity Report (PIR) will be required and a letter from the airline Insurance company confirming the extent of the lost items. It is also advisable to keep all baggage tags when possible; • a damage report and an estimate for the repair of the damaged items; • it is advisable to keep all damaged items that cannot be repaired as they may need to be inspected; • all hire receipts and baggage tags (where applicable). <p>Limitation of rights The rights arising from the insurance contract (other than the right to the payment of premium instalments) are limited to two years from the day on which a third party claims compensation from the insured person or initiates an action against the insured person. The limitation period for cover other than civil liability is two years calculated from the day of the event that caused the damage.</p>
<p>Inaccurate or incomplete statements</p>	<p>Any false or incomplete statements made about the circumstances of the risk when taking out the contract could have an effect on the contract's performance. Please refer to art. 1 of the Conditions of Insurance.</p>

 <p>When and how do I pay?</p>	
<p>Premium</p>	<p>The premium must be paid in full upon signing the contract. The premium may be paid through one of the electronic payment instruments provided by the company or by the intermediary acting as a distributor of the insurance product. Failure to pay the Premium, or the first instalment of the Premium, as set out by the contract, shall result in the suspension of the insurance until midnight of the day on which the Policyholder pays the sum due, as established by art. 1901 of the Italian Civil Code.</p>
<p>Refund</p>	<p><i>The Pre-contractual Information Document provides no further information in relation to the above.</i></p>

 <p>Quando e come devo pagare?</p>	
<p>Durata</p>	<p>For the Single Travel policy, the trip Cancellation coverage begins at the time of booking the trip or paying the prize, depending on which of the two circumstances occurs last, and ends at midnight on the day the Journey begins.</p> <p>For the Multi trip annual policy, the trip Cancellation cover enters into force on the date the policy begins or at the time of booking the trip, depending on which occurs last.</p> <p>For all other coverages, coverage begins when the Insured leaves the home in the country of residence starting the journey (in any case not earlier than 24 hours before the scheduled departure time) or from the first day of the insurance period, as indicated in the insurance certificate, depending on which of the two circumstances occurs last.</p> <p>For all Policies:</p> <ul style="list-style-type: none"> • the policy terminates at the moment when the insured person returns to their Habitual Residence in their country of residence (and in no event more than 24 hours after the insured person returns to their country of residence) or at the end of the insurance period as indicated by the Insurance Certificate, whichever occurs sooner. • all trips must begin and end in the country of residence, and both outbound and return tickets must be purchased before the start of the trip. Any trip that has a destination in the country of residence is only covered if the insured person has booked and paid for accommodation for at least two nights. If the trip extends beyond the period of

	<p>insurance, the company shall only cover the portion of the trip up to and not beyond that period.</p> <p>Winter Sports cover has a maximum duration of 17 days per insurance period.</p>
Suspension	Failure to pay the premium, or the first instalment of the premium, as set out by the contract, shall result in the suspension of the insurance until midnight of the day on which the policyholder pays the sum due, as established by art. 1901 of the Italian Civil Code.

 How do I cancel the policy?	
Cooling-off period after signing the contract	<p>The policy holder may exercise the right of cancellation and terminate this policy within 14 days of receiving the policy documents by sending written notice to the intermediary at the following e-mail address: customerservices@fit2trip.com or by calling the telephone number: (+39) 069 450 0065.</p> <p>Any premiums already paid shall be refunded to the policy holder provided that no insured person has travelled, made a claim or intends to make a claim, and that no losses have occurred that could give rise to such claims.</p>
Cancellation	It is not possible to cancel the policy.

 For whom is this product intended?	
This policy offers a range of cover options to protect those who travel for business, study or leisure.	

 Which fees apply?	
<p>Brokerage fees: The brokerage fees (without taking into account any bonuses or similar), i.e. the standard annual recurring commission for the product, is 55 % of the taxable insurance premium (net of tax).</p>	

HOW CAN I MAKE A COMPLAINT AND RESOLVE ANY DISPUTES?	
To the Insurance Company	<p>Any complaints regarding the contractual relationship or the handling of claims must initially be submitted in writing (by post, fax or e-mail) to: AXA Assistance, ATI Italia, C/Tarragona No. 161, 08014, Barcelona, Spain e-mail: attenzione.cliente@ipartner.es</p> <p>The company shall respond to the complaint within a maximum of 45 days of receipt.</p> <p>As an alternative to the above, the complainant, before referring to the judicial authority, and in the event that the complaint is rejected or partially accepted, may also resort to alternative methods of dispute resolution provided for at regulatory or conventional level, in particular,</p> <ul style="list-style-type: none"> - mediation - assisted negotiation - arbitration <p>For information on how to initiate these individual procedures, please visit: www.assicurazione-viaggio.axa-assistance.it</p>
All'IVASS	<p>If the complainant has not received a reply or considers it unsatisfactory, before contacting the judicial authority, the complainant can write to IVASS (Via del Quirinale, 21 - 00187 Rome; fax 06.42.133.745 or 06.42.133.353, ivass@pec.ivass.it) providing a copy of the complaint already sent to the company and the related response, by means of the form on the IVASS website in the "For the Consumer - how to submit a complaint" section.</p> <p>In accordance with the provisions of IVASS Decree no. 30 of 24 March 2015, the complainant, before referring to the judicial authority, may contact IVASS; the petition must be accompanied by documentation relating to the complaint processed by the company and the information specified in art. 5 of the said regulation, in the following cases:</p> <ul style="list-style-type: none"> - complaints relating to compliance with the provisions of the Insurance Code and the relevant

	<p>relevant implementing rules;</p> <ul style="list-style-type: none"> - complaints for which the complainant is not satisfied with the outcome, as well as those to which the company has not responded within a maximum of 45 days from the date of receipt, including complaints relating to the management of the contractual relationship (in particular in terms of the assignation of liability, the effectiveness of the service, and the quantification and disbursement of the sums due to the entitled party). In relation to disputes concerning the quantification of damages and the assignation of liability, it should be noted that the judicial authority retains exclusive competence, although there is the facility to resort to conciliatory systems where existing. IVASS does not have competence with regards to complaints that have already been referred to the judicial authority. <p>For further information, please refer to the Complaints section of the website: www.assicurazione-viaggio.axa-assistance.it</p> <p>Any complaints relating to a lack of observance by the company, intermediaries or insurance experts of the provisions of the Insurance Code, the relevant implementing rules and the rules on the distance marketing of insurance products may be submitted directly to IVASS, in accordance with the methods indicated above.</p>
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BEFORE RESORTING TO THE JUDICIAL AUTHORITY, alternative dispute resolution systems may be used, including:

Mediation	By contacting one of the Mediation Bodies from those on the Ministry of Justice list, available at www.giustizia.it (Law no. 98 of 9/8/2013).
Assisted negotiation	By means of a request to the insurance company by your lawyer.
Other alternative dispute resolution schemes	<p>Informal arbitration: where expressly provided for by the General Conditions of Insurance, for disputes on determining the value of the damage. This task is delegated to technical consultants appointed by each of the parties.</p> <p>The company must be informed of the desire to initiate the procedure for it to be activated. The company shall respond to the claimant and provide the name of its technical consultant and the case shall progress in accordance with the methods expressly indicated in the relevant policy provision.</p> <p>In the event that arbitration is required for the resolution of any disputes, as regulated by the article "Procedure for the valuation of damage (informal arbitration)" of the General Conditions of Insurance, it should be noted that it is still possible to refer to the Judicial Authority.</p>

REGARDING AGREEMENT THE COMPANY DOES NOT HAVE AN INTERNET AREA RESERVED TO THE CONTRACTOR (c.d. HOME INSURANCE), THEREFORE YOU WILL NOT BE ABLE TO CONSULT THIS AREA, OR BE ABLE TO MANAGE THE SAID AGREEMENT BY ELECTRONIC MEANS.