

# The Schedule of Benefits.

COVER SECTION	LIMIT PER PERSON PER TRIP (Unless Otherwise Stated)
<b>A. Personal Accident and Illness Benefits Payable for Accident Only:</b>	<b>USD 100,000</b>
(%’s are of the Limit Per Person for Accident Only))	
1. Death	100%
2. Total and Irrecoverable Loss of Sight of Both Eyes	100%
3. Total and Irrecoverable Loss of Sight of One Eye	50%
4. Loss of Two Limbs	100%
5. Loss of One Limb	50%
6. Total and Irrecoverable Loss of Sight of One Eye and Loss of One Limb	100%
7. Permanent Total Disablement (Other than the Above)	100%
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 200,000</b>
<b>B. Medical and Additional Expenses</b>	<b>USD 5,000,000</b>
COVID related medical claims	\$5,000 per person
Emergency Dental Expenses	USD 1,500
Follow Home Expenses	90 days and/or USD 50,000
Medical Repatriation and Medical Evacuation Expenses	Included
Funeral Expenses	USD 5,000
Hospital Allowance: Per Day	USD 50
Hospital Allowance: Maximum Per Person	USD 1,000
<b>C. Cancellation and Curtailment</b>	<b>USD 10,000</b>
Cancellation Expenses as a result of COVID	\$1,000 per policy
Pre-Booked Excursions	USD 1,000
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 25,000</b>
<b>D. Missed Departure and Delay</b>	<b>USD 1,000</b>
Missed Departure or Connection	USD 1,000
Delays to Your Journey	USD 500
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 10,000</b>
<b>E. Personal Liability</b>	<b>USD 2,000,000</b>
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 2,000,000</b>
<b>F. Legal Expenses</b>	<b>USD 25,000</b>
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 25,000</b>
<b>G. Personal Baggage, Clothing, Effects and Money</b>	<b>USD 2,500</b>
Sub limit - Immediate necessities following delayed luggage (over 12 hours)	USD 500
Sub limit - Money (Cash, Bank or Currency Notes)	USD 1,000
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 10,000</b>
<b>H. Winter Sports (Only included if shown in policy schedule and in addition to covers within the Policy, this section includes)</b>	
Ski Resort Closure: Alternative Site Per Day	USD 250
Ski Resort Closure: No-Alternative Site Per Day	USD 250
Ski Resort Closure: Per Person	USD 1,000
<b>Aggregate Limit in Respect of all Insured Persons</b>	<b>USD 2,500</b>

# Important Information.

## Insuring Agreement

Having paid or agreed to pay the premium to **Us** as stated in the **Schedule**, **You** will be provided with insurance detailed in the covered Sections herein, by **Us**, during the **Period of Insurance** stated in the **Schedule**. This insurance will be subject to the definitions, terms, conditions and exclusions contained herein or endorsed hereon.

Please review this policy carefully and discuss the coverage hereunder with **Your** insurance agent, broker or other representative should it not appear to provide the coverage **You** require.

## Insurer/ Underwriter

**Your** policy is underwritten by ICEA LION General Insurance Company Ltd , PO Box 30190-00100, Nairobi, Kenya and fully administered by J W Seagon Insurance Group.

## Cancellation

**You** may cancel and return **Your** policy by advising the insurance agent, broker or other representative who sold **You** this policy, via email or in writing, provided that no claim has been made under **Your** policy, to receive:

- a) A full refund of premium, provided **You** cancel within twenty five (25) days of the purchase of **Your** policy, and **You** have not commenced **Your Journey**.
- b) A pro-rata return of premium, dependent on the period of cover **You** have had. For example, if **You** have been covered for six (6) months, the pro-rata return of premium would be half the annual premium as stated in the **Schedule**.

**We** may cancel this policy by giving **You** thirty (30) days' written notice at **Your** last known address, where there is a valid reason for doing so.

Examples of valid reasons include but are not limited to the following:

- (i) Non-payment of premium;
- (ii) A change in risk occurring which means that **We** can no longer provide **You** with insurance cover under this policy;
- (iii) Non-cooperation or failure to supply any information or documentation **We** request.

In case of cancellation due to non-payment of premium, we will give seven (7) days' written notice. Notice for cancellation will be made via the insurance agent, broker or other representative who sold **You** this policy.

Provided **You** have not reported or intend to report a claim, **You** will be entitled to a refund of any premium paid. However **We** will retain a rateable proportion of the premium for the number of month(s) the policy has been in, up to a maximum of 100% of the premium paid. There shall be no refund of premium if **We** pay any claim, in whole or in part.

## Law & Jurisdiction

The law and jurisdiction applicable to this policy are as stated in the **Schedule**.

## Information you have given us

In deciding to accept this insurance and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this insurance as if it had never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your** insurance and any claim. For example **We** may:

- a) treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered; or
- b) amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness; or
- c) charge **You** more for **Your** insurance or reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
- d) cancel **Your** insurance in accordance with the "Cancelling this insurance" section below.

**We** or **Your** broker will write to **You** if **We**:

- intend to treat this insurance as if it had never existed; or
- need to amend the terms of **Your** insurance; or
- require **You** to pay more for **Your** insurance.

## Notifying us of any changes or inaccuracies

If **You** become aware that information **You** have given **Us** is inaccurate or has changed, **You** must inform **Your** insurance agent, broker or other representative who sold **You** this policy, via email or in writing as soon as practicable.

When **We** are notified that information **You** previously provided is inaccurate, or of any changes to that information, **We** will tell **You** if this affects **Your** insurance. For example **We** may amend the terms of **Your** insurance or require **You** to pay more for **Your** insurance or cancel **Your** insurance in accordance with the "Cancellation" section above.

If **You** fail to notify **Us** that information **You** have provided is inaccurate, or **You** fail to notify **Us** of any changes, this insurance may become invalid and **We** may not pay **Your** claim, or any payment could be reduced.

## Data Protection Act

The information given to **Us** by **You** in order for **Us** to effect cover, may be held on computer and passed to other (re)insurers for underwriting and claims purposes. **You** should show this to anyone whose personal information may be processed to administer this policy including handling any claims. **We** may also transfer your information outside the EEA, where necessary, to partner companies of ICEA LION. **We** will ensure that such transfers comply with data protection law and that the personal information is kept securely and protected from unauthorised access.

**We** shall process data regarding insureds and prospective insureds in accordance with the Data Protection Principles and for the purposes only of providing insurance to insureds and prospective insureds and of handling claims and complaints to the extent allowed by this policy.

It is a condition of this insurance that where personal information is provided about another person, **you** will have informed such a person of our identity, the purposes for which their personal data will be processed and the disclosures which may be made and have obtained their consent to the processing of their personal information (including sensitive personal data) in this way.

**We** may share information with other firms and public bodies, including the police and statutory and/or authorised bodies, in order to substantiate information, law enforcement, electronic licensing and to prevent or detect fraud, by accessing and updating various databases. If false or inaccurate information is provided and fraud is suspected, this fact will be recorded and the information will be available to other organisations that have access to the databases.

## Complaints Procedure

Any complaint should be addressed in the first instance to the insurance agent, broker or other representative who sold **You** this policy.

**Our** aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service.

If you wish to make a complaint, you can do so at any time by referring the matter to the General Manager, JW Seagon Insurance Group, Oilibya Plaza, Muthaiga, PO Box 16658-00620, Nairobi

Telephone: +254 709 455 025

E-mail: pink@jwseagon.com

Website: www.jwseagon.com

## How to make a claim under this policy

To make a claim under this policy, please contact us using the appropriate telephone number shown below:

For medical and other emergencies call: Intana Global Ltd  
+44 (0) 207 902 7405 or e-mail: operations@intana-global.com

For all other claims call +44 (0) 208 865 3110 or e-mail:  
claims@intana-global.com.

## Late Payment of Insurance Claims

If **You** make a claim under this insurance contract, **We** must pay any sums due in respect of the claim within a reasonable time. A reasonable time includes a reasonable time to investigate and assess the claim.

# General Definitions.

The words below appear throughout the policy wording and have special meanings as defined here.

## Accident

A sudden, unexpected, external, unusual, specific event which occurs at an identifiable time and place during the **Period of Insurance**.

**Accident** shall also include disappearance. If **You** are not found within twelve (12) months of disappearing, and sufficient evidence is produced to **Us** that leads **Us** inevitably to the conclusion that **You** have sustained **Bodily Injury** which has caused **Your** death, **We** shall forthwith pay any death benefit, where applicable, under Section 1, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to **Us** if the **You** are subsequently found to be living.

## Benefit Period

The number of days for which benefits for **Temporary Total Disablement** and/or **Temporary Partial Disablement** are payable in respect of any one loss to **You**.

## Bodily Injury

An identifiable physical injury which

- a) is caused by an **Accident**, and
- b) solely and independently of any other cause, except **Illness** directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions **Your** death or disablement within twelve (12) months from the date of the **Accident**.

## Cancellation or Curtailment Limit

The maximum amount for which **We** can be held liable in respect of all claims under Section 5 for loss and expense arising out of any one **Event**.

## Close Relative

Any of the following who is under eighty five (85) years of age and resident in the **Your Country of Domicile**: the **Your** husband or wife (or de facto **Partner** with whom the **Your** are living permanently at the same address), **Dependent Children**, parent, grandparent, brother, sister, parent-in-law, son/daughter-in-law, grandchild or fiancé(e).

## Conveyance

A ship, aircraft, bus, train, or similar means of transport which operates under a scheduled published timetable.

## Country of Domicile

The country in which **You** are normally residing for work and/or lifestyle purposes prior to the commencement of a **Journey**.

## COVID-19

- a) Coronavirus disease (COVID-19);
- b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c) any mutation or variation of SARS-CoV-2;
- d) any fear or threat of a), b) or c) above.

## COVID VACCINATION

Covid vaccinations and boosters as approved by the World Health Organisation or Country of domicile

## Dependent Children

All children under eighteen (18) years of age, or under twenty five (25) years of age if in full time education, insured under this policy and who would normally reside with an adult insured under this policy, or travelling with a guardian over the age of twenty five (25) years.

## Elimination Period

The number of days stated in the **Schedule of Benefits** during which compensation will not be payable.

## Emergency Assistance Company

Emergency assistance company named in the **Schedule**.

## Event

A sudden, unforeseen and identifiable occurrence. All occurrences or series of occurrences arising from or attributable to one source or original cause will be regarded as a single occurrence where they occur within a ten (10) mile radius and within twenty four (24) consecutive hours of the one source or original cause.

## Event Aggregate Limit

**Our** maximum liability in respect of all claims for **Bodily Injury** arising out of any one **Event**.

## Excess

The amount of excess applicable to each Section of cover as stated in the **Schedule of Benefits**.

## Family

The **Partner** and **Dependent Children** of **You**.

## Illness

Sickness or disease of which **You** first manifested symptoms of during the **Period of Insurance** and occasions **Your** total disablement within twelve (12) months after manifesting itself.

## Journey

Any travel undertaken from the time **You** leave home at the commencement of a journey during the whole time away and until return to **Country of Domicile**.

## Kidnap

The unlawful actual, attempted or alleged taking captive, abduction, or detention of **You** against **Your** will.

## Legal Expenses

- a) Any reasonable fees, expenses and other disbursements necessarily incurred with **Our** written consent by a legal representative appointed by **You**.
- b) Any costs for which **You** are legally liable following an award of costs by any court or tribunal and any costs following an out of court settlement made in connection with any claim or legal proceedings.

## Life-Threatening Situation

Any situation occurring outside **Your Country of Domicile** where **We** agree that **Your** life is in danger.

## Loss of Limb

The permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

## Loss of Sight

The total loss of sight which will be deemed to have occurred:

- a) in both eyes when the condition is shown to **Our** satisfaction to be permanent and without expectation of recovery and **Your** name has been added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist
- b) in one eye when the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and we are satisfied that the condition is permanent and without expectation of recovery.

## Medical Expenses

Reasonable costs necessarily incurred for medical, surgical or other diagnostic or remedial treatment given or prescribed by a qualified **Medical Practitioner** and all hospital, nursing home or ambulance charges. Dental, optical expenses and routine pregnancy expenses are excluded unless incurred as the result of an emergency.

## Medical Practitioner

Any registered, qualified, practicing member of the medical profession, who is not connected with or related to **You**.

## Medical Repatriation and/or Medical Evacuation

Transportation of **You** to an appropriate hospital or nursing home or to **Your Country of Domicile** if recommended by **Us** in conjunction with the local attending **Medical Practitioner**.

**Travel Expenses** necessarily incurred in respect of **Medical Repatriation** and/or **Medical Evacuation**.

## Missed Departure

The failure of a **Conveyance** in which **You** are travelling to reach its destination point at the published expected time of arrival resulting in **You** missing the first **Conveyance** at the beginning of a **Journey** which involves travel outside **Your Country of Domicile**.

This includes missed international connections in which **You** miss an onward connecting **Conveyance** on which **You** were booked to travel in the course of **Your Journey**.

## Money

- a) Cash, bank or currency notes, travellers cheques, passports, green cards, petrol coupons or travel tickets, and
- b) Credit cards, charge cards, or banker's cards, resulting in the fraudulent use thereof.

In respect of foreign currency and travellers cheques only, cover shall be effective from the time of collection from a bank or travel agent or from three (3) days prior to commencement of a **Journey**, whichever is the later, and up to two (2) days after completion of a **Journey**, or time of conversion or encashment, whichever is the earlier.

## Natural Catastrophe

An **Event** caused by a natural phenomenon including earthquake, flood, hurricane, landslide, tornado, tsunami, volcanic eruption or wildfire.

## Operative Time

The period of time and/or activities for which **You** are covered under this policy as stated in the **Schedule**. Coverage applies to:

- a) **You** if you are under seventy four (74) years of age at the commencement of the **Period of Insurance**, unless otherwise agreed in writing by Us;
- b) **Journeys** with a destination outside the **Country of Domicile**;
- c) **Journeys** with a destination within the **Country of Domicile** provided such **Journeys** involve at least one (1) nights accommodation that has been booked before commencement of the **Journey** or if no overnight stay, involves and includes a flight or sea journey;
- d) **Journeys** not exceeding the number of consecutive days stated in the **Schedule**;
- e) A period between the expiry of the policy and the return of **You** to **Your Country of Domicile** or twenty one (21) days, whichever is the earlier, if **You** have not been able to return to **Your Country of Domicile** before the expiration of a **Journey** for reasons which are beyond **Your** control, and this shall be at no additional premium.

## Partner

The spouse or any person who has co-habited with **You** for at least three (3) consecutive months.

## Period of Insurance

The time for which this policy is in place as shown in the **Schedule**.

## Permanent Total Disablement

Any disablement which entirely prevents **You** from attending to any business or occupation for which **You** are reasonably suited by training, education or experience and which lasts twelve (12) months and at the end of that period is beyond hope of improvement.

## Personal Property

Personal goods belonging to **You** or for which **You** are responsible which are taken by **You** on a **Journey**, sent in advance of a **Journey** or acquired during a **Journey** excluding **Money**.

## Photographic Equipment

Any cameras, camcorders, or their reasonable accessories.

## Schedule

The schedule attached to this policy.

## Schedule of Benefits

The document entitled **Schedule of Benefits** attached to this policy.

## Temporary Partial Disablement

Any disablement which prevents **You** from attending to a substantial part of **Your Usual Occupation**.

## Temporary Total Disablement

Any disablement which entirely prevents **You** from attending to **Your Usual Occupation**.

## Terrorism

Acts of persons acting on behalf of or in connection with any organisation which carries out activities directed towards the overthrowing or influencing by force or violence of any other government de jure or de facto.

## Total Loss of Hearing

Total and permanent loss of hearing.

## Total Loss of Speech

Total and permanent loss of speech.

## Travel Expenses

All reasonable costs necessarily incurred for room only accommodation and a one-way economy ticket per person for the most appropriate method of transport.

## Travel Party

Any friends, or relatives who are travelling with **You** to the same destination.

## Unattended

An article (other than baggage left in the custody of a **Conveyance**) not close enough to **You** for the **You** to prevent unauthorised interference with such article by a third party.

## Usual Occupation

**Your** main occupation for which **You** are suited by training and qualifications under a contract of employment.

## Valuables

Any spectacles, sunglasses, contact or corneal lenses, watches, furs, jewellery, precious metals and video, audio and computer equipment including accessories.

## War

Armed conflict between nations including forces acting for any international authority whether war be declared or not, invasion, civil war, armed hostilities, rebellion, revolution, insurrection, or military or usurped power.

## We, Us, Our or Ourselves

ICEA Lion General Insurance Company Ltd.

## You, Your or Yourselves

All person(s) named in the **Schedule** as the **Insured**, including Family or Dependant Children as defined herein, whether travelling independently or not.

# Section A – Personal Accident and Illness Insurance.

## The Cover

We hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, that if during the **Operative Time You**:

- a) Sustain **Bodily Injury** caused by an **Accident**, or
- b) Suffer **Illness**

We will pay to **You**, or to **Your** executors or administrators, an amount according to the **Schedule of Benefits**, after the total claim shall be substantiated under this policy.

## Conditions

- 1) Multiple benefits:
  - a. benefit shall not be payable under more than one of the items of the **Schedule of Benefits** in respect of the consequences of one **Accident**, except for any benefit payable hereunder in respect of **Temporary Partial Disablement** preceding or following **Temporary Total Disablement**, or of one **Illness**, and
  - b. no weekly benefit shall become payable until the total amount thereof has been ascertained and agreed. Where any payment is made for weekly benefit, the amount so paid shall be deducted from any lump sum subsequently payable in respect of the same **Accident** or **Illness**.
- 2) the total sum payable under this policy in respect of any one or more claims shall not exceed in all the largest benefit under any one of the items contained in the **Schedule of Benefits**.
- 3) if Item A1 of the **Schedule of Benefits** is not covered, then no claim shall be payable, other than for weekly benefits, if applicable, prior to the date of death, in respect of any **Accident** which would have given rise to a claim for death had that item been covered.
- 4) if Item A1 of the **Schedule of Benefits** is covered and an **Accident** causes **Your** death within twelve (12) months following the date of the **Accident** and prior to the definite settlement of the benefit for disablement provided for under Items A2 to A7 of the **Schedule of Benefits**, benefit for death under Item A1 only shall be payable.
- 5) no benefit shall be payable under Items A10 or A11 of the **Schedule of Benefits** should **Illness** cause **Your** death within twelve (12) months of that **Illness** first manifesting itself.
- 6) **Personal Accident and Illness Event Aggregate Limitation**  
If an **Event** involving more than one **Insured Person** gives rise to a claim under Section 1 (Personal **Accident** and **Illness**) which exceeds the **Event Aggregate Limit** for that section as stated in the **Schedule of Benefits**, each individual claim will be proportionately reduced until the total value of all claims does not exceed the **Event Aggregate Limit**.

**You** may choose the date and time when such period of consecutive hours commences and also the specific ten (10) miles radius determining an **Event**.

If any **Event** is of greater duration than the above period, **You** may divide that **Event** into two or more **Events**, provided that no two periods overlap and provided no period commences earlier than the date and time of the first recorded individual loss to the **Insured Person** arising out of the **Event**.

# Section B – Medical and Additional Expenses Insurance.

## The Cover

We hereby agree with **You**, to the extent stated in the **Schedule** and in the manner herein provided, that during the **Operative Time** if **You**:

- a) Sustain **Bodily Injury** caused by an **Accident**, or
- b) Suffer **Illness**

We will pay to **You** the following expenses necessarily incurred:

- i. **Medical Expenses** incurred outside of **Your Country of Domicile**.
- ii. **Travel Expenses** incurred by **You** and any one **Close Relative** or member of the **Travel Party** who has to remain or travel with **You** while injured or ill.
- iii. **Travel Expenses** of one person to travel from their **Country of Domicile** if their presence with **You** is advised by a **Medical Practitioner** as necessary on medical grounds.

## Conditions

- 1) **You** should use the services of the **Emergency Assistance Company** named in the **Schedule** for all emergency medical matters and in-patient hospital treatment.
- 2) If **You** will be travelling to a European Union Country or Switzerland, **You** are advised to apply for a UK Global Health Insurance Card (GHIC) and take it with **You**. This may enable **You** to receive treatment while in the European Union without paying the **Excess** stated in the **Schedule**. More information about the GHIC and application process can be found at: <https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic/>

## Exclusions

We shall not reimburse expenses:

- 1) for rest cures, sanatorial or custodial care or periods of quarantine or isolation;
- 2) for cosmetic or plastic surgery unless necessitated by accidental **Bodily Injury** and pre-authorized by the **Emergency Assistance Company**;
- 3) for dental examination, X-rays, extractions, fillings and general dental care; supplying or fitting of eye glasses or hearing aids; except as a result of accidental **Bodily Injury** and pre-authorized by the **Emergency Assistance Company**;
- 4) for general health examinations, and examinations for check-up purposes not incidental to, or necessary to diagnose, **Illness** or accidental **Bodily Injury** and unless pre-authorized by the **Emergency Assistance Company**;
- 5) pregnancy, childbirth or any medical complications resulting therefrom if **You** are, or would have been, pregnant for seven (7) months or longer at any point during a **Journey**;

- 6) incurred in **Your Country of Domicile** unless your journey falls within the definition of **Operative Time**
- 7) incurred more than twelve (12) months after the date the first expense was incurred, or any continuing expenses incurred after **You** are fit to travel to **Your Country of Domicile**;
- 8) for treatment that could have been delayed until **You** return to **Your Country of Domicile**;
- 9) private health treatment unless specifically approved by the **Emergency Assistance Company**;
- 10) any expenses that are not medically necessary in the course of treating **Your Bodily Injury** or **Illness**;
- 11) any expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication;
- 12) any expenses incurred after the date on which **We** exercise our rights under this policy to move **You** from one hospital to another and/or arrange for **Your Medical Repatriation/Medical Evacuation** but **You** decide not to be moved, or repatriated/evacuated;
- 13) for congenital defects and deformities in respect any of **Yourselves** who have not reached **Your** third (3rd) birthday.

## Section B(a) – Follow Home Insurance

### The Cover

We hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to reimburse **You** in respect of **Medical Expenses** incurred following **Your Medical Repatriation** or **Medical Evacuation**, as provided in Section 4b of this policy. We will reimburse **You** for up to but not exceeding ninety (90) consecutive days of **Medical Expenses**, where **We** consider it necessary and appropriate for **You** to not be medically compromised.

### Conditions

- 1) **Your Medical Repatriation** or **Medical Evacuation** must be directed and effected by **Us** or the **Emergency Assistance Company**.
- 2) The condition or injury for which treatment will be continued must have first manifested itself while **You** were outside **Your Country of Domicile** or unless your journey fell within the definition of **Operative Time**
- 3) **Medical Expenses** will be limited to the customary charges for accommodation and board, cost of treatment and fees in respect of consultants and doctors, nursing fees and charges, drugs and dressings prescribed and administered by **Medical Practitioners** and, where appropriate, can include hospital, or such other appropriate medical facility, out-patient treatment and transportation by licensed motor vehicle to and from such hospital, or such other appropriate medical facility, in order for **You** to receive treatment.
- 4) This Section will not be effected by **Us** where provision for such expenses is provided by or would, but for the existence of this Section, be provided by any other existing similar insurance or scheme in **Your** name.



- 5) The coverage provided by this Section shall not increase the limit of indemnity specified on the **Schedule of Benefits** under Section 4 (Medical and Additional Expenses Insurance).

## Section B(b) – Medical Repatriation and Medical Evacuation Expenses Insurance

### The Cover

We hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to indemnify **You** in respect of **Your Medical Repatriation** and/or **Medical Evacuation Expenses**, if **You** should suffer within the **Operative Time** accidental **Bodily Injury** or **Illness** which independently of any other cause shall necessitate this.

In the case of **Your** death, **We** agree with **You** to indemnify **You** or **Your** personal representative for reasonable funeral expenses and expenses incurred in transporting the body or ashes and in making the necessary arrangements, to the extent stated in the **Schedule of Benefits** and in the manner herein provided.

### Emergency Assistance Services Endorsement

The Policyholder and Insured Persons should use the services of the following named assistance company to the full for all emergency medical matters, in-patient hospital treatment and evacuation/repatriation. The assistance company will be solely responsible for all decisions on the most suitable practical and reasonable solution to any problem, and all such assistance is subject to the prior approval of said assistance company:

#### Intana Global Limited

Telephone: +44 (0) 207 902 7405

Fax: +44 (0) 207 928 4748

Email: operations@intana-global.com

Intana Global Limited may be contacted at any time, should the Insured Person require advice or assistance regarding all emergency medical matters.

In the event of an Insured Person requiring in-patient hospital treatment and/or evacuation/repatriation, it is imperative that Intana Global Limited Ltd is contacted and authorisation obtained prior to such treatment and/or evacuation/repatriation taking place.

Intana Global Limited must be informed that this Insurance covers the person concerned and the following details must be provided:

- The Policyholder's name and address.
- The Insured Person's name and address they are staying at.
- The name and phone number of the doctor and hospital treating the Insured Person.
- The Contract of Insurance number shown on the Schedule.
- The Period of Insurance shown on the Schedule.
- The nature of the emergency.

**Failure to contact Intana Global Limited and obtain authorisation may prejudice the claim and may mean that not all the costs involved will be paid. The Policyholder and the Insured Person should not attempt to find their own solution and then expect full reimbursement from the Insurers without prior approval first having been obtained from Intana Global Limited.**

### Conditions

- 1) **Your Medical Repatriation** or **Medical Evacuation** must be directed and effected by **Us** or the **Emergency Assistance Company**.
- 2) **Your Medical Repatriation** or **Medical Evacuation** shall be deemed necessary if a **Medical Practitioner**
  - a. shall estimate that **You** are likely to be totally disabled in excess of four (4) weeks; and/or
  - b. shall certify that **You** should be **Medically Repatriated** or **Medically Evacuated** because local facilities are inadequate for the treatment of his condition, or his recovery will be substantially expedited thereby.

### Exclusions

**We** shall not cover:

- 1) Any payment due under any government scheme or arrangement.
- 2) Any expense which is provided by or would, but for the existence of this Section, be provided by any other existing similar insurance or scheme in **Your** name.
- 3) **Medical Repatriation** or **Medical Evacuation** within **Your Country of Domicile** unless your journey falls within the definition of **Operative Time**

## Section B(c) – Hospital Allowance

### The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You** an amount according to 'Hospital Allowance: Per Day' stated in the **Schedule of Benefits**, for each completed twenty four (24) hour period up to the amount 'Hospital Allowance: Maximum Per Person' in total should **You** suffer accidental **Bodily Injury** or **Illness** during the **Operative Time** which necessitates in-patient hospital treatment outside **Your Country of Domicile**.

## SECTION B (d) - COVID EXTENSION

### The Cover

We further agree with **You** to the extent stated in the **Schedule of Benefits Medical Expenses** and **Medical Repatriation** expenses as defined herein in the event of **You** contracting **COVID** during your **Journey** subject to all other terms and conditions under the policy

# Section C – Cancellation and Curtailment.

## The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to indemnify **You** in respect of irrecoverable payments paid or contracted to be paid for travel, accommodation and unused pre-booked excursions (including additional **Travel Expenses** incurred for return to **Your Country of Domicile**) should the projected **Journey** be cancelled before commencement or curtailed before completion, directly as a result of:

- a) Death, accidental **Bodily Injury, Illness** or compulsory quarantine of:
  - i. **You**, or
  - ii. a member of the **Travel Party**, or
  - iii. a person with whom **You** intend to reside with during the **Journey**, or
  - iv. a **Close Relative** necessitating **Your** presence in **Your Country of Domicile**.
- b) Redundancy (provided that such redundancy qualifies for payment under **Your Country of Domicile**'s Redundancy Payments Acts) of:
  - i. **You**, or
  - ii. any member of the **Travel Party**.
- c) Summoning to jury service or witness attendance in a court in **Your Country of Domicile**, or unavoidable requirement to be present in **Your Country of Domicile** for service in any military or civil emergency of:
  - i. **You**, or
  - ii. any member of the **Travel Party**.
- d) Major damage or burglary within seven (7) days immediately prior to a **Journey** at the home or place of business of:
  - i. **You**, or
  - ii. Any member of the **Travel Party**, or
  - iii. Any person with whom **You** intends to reside with during the **Journey**.
- e) Adverse weather conditions making it impossible for **You** to travel to the point of departure at commencement of the outward **Journey**.
- f) Volcanic ash in the atmosphere making it impossible for **You** to travel on **Your** pre-booked scheduled **Conveyance**.
- g) War, whether war be declared or not, invasion or civil war.
- h) Any act of Terrorism in the country of destination arising after the date of booking and where, as a result of this, there has been advice against all travel, essential travel only or recommended immediate departure from the country of **Your** stay by the Government or Authorities of your country of domicile.
- i) Any strike action or withdrawal of service by the Civil Aviation Authority, Post Authority or similar organisation or loss or damage to any airport, port or harbour preventing the conclusion of the original journey booked.
- j) **You** contract **COVID** which prevents **You** from travelling

## Conditions

- 1) The above amounts are payable only once the **Excess** payable by **You**, as stated in the **Schedule**, has been fully paid.
- 2) Cover for cancellation operates from the date of booking the **Journey** or the commencement date of the **Period of Insurance** shown in the **Schedule** (whichever is the later) until commencement of the **Journey** or expiry of the **Period of Insurance** (whichever is the earlier).
- 3) Suitable evidence must be provided as proof of the necessity to cancel or curtail a **Journey**, including medical information, where required.

## Exclusions

**We** shall not be liable to pay for:

- 1) Any claims attributable to any condition or set of circumstances known to **You** at the commencement of this policy or booking a **Journey**, where such condition or set of circumstances could reasonably have been expected to give rise to cancellation or curtailment of a **Journey**.
- 2) **Your** disinclination to travel.

# Section D – Missed Departure and Delay

## The Cover – Missed Departure

We hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You** an amount stated below, if at the commencement of, or during a **Journey** to or from **Your Country of Domicile**, **You** arrive at the designated international departure point too late to meet a reserved **Conveyance** due to the transport that **You** are travelling in being delayed or interrupted by one or more of the **Insured Events** as defined below:

- a) Up to 100% of the amount stated in the **Schedule of Benefits** for ‘Missed Departure or Connection’ to meet a reserved connection for travel from **Your Country of Domicile**, or
- b) Up to 100% of the amount stated in the **Schedule of Benefits** for ‘Missed Departure or Connection’ to reach the pre-booked accommodation outside **Your Country of Domicile**, or
- c) Up to 50% of the amount stated in the **Schedule of Benefits** for ‘Missed Departure or Connection’ to meet a reserved connection for return travel to **Your** home in **Your Country of Domicile**.

## The Cover – Delay

We hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You** an amount stated below should **You** experience a delay in **Your** travel, or incur reasonable **Travel Expenses** as a result of such a delay, due to one or more of the **Insured Events** as defined below:

- a) Up to 100% of the amount stated in the **Schedule of Benefits** for ‘Delays to **Your Journey**’ for any irrecoverable payments paid or contracted to be paid in respect of travel and accommodation in the event that **You** opt to cancel the **Journey** as a consequence of delay or interruption of at least twenty four (24) consecutive hours, or
- b) Up to 100% of the amount stated in the **Schedule of Benefits** for ‘Delays to **Your Journey**’ (or currency equivalent at date of incurrence of delay) should the scheduled **Conveyance** on which **You** are booked for international travel be delayed, in accordance with the following:
  - i. 10% of the amount stated in the **Schedule of Benefits** for ‘Delays to **Your Journey**’ (or currency equivalent at date of incurrence of delay) for the first completed twelve (12) hour period of delay, and
  - ii. 5% of the amount stated in the **Schedule of Benefits** for ‘Delays to **Your Journey**’ (or currency equivalent at date of incurrence of delay) for each subsequent completed twelve (12) hour period of delay.

	Delay Period								
	12 hours	24 hours	36 hours	48 hours	60 hours	72 hours	84 hours	96 hours	108 hours
% of amount stated in the <b>Schedule of Benefits</b> for ‘Delay to <b>Your Journey</b> ’ payable to <b>You</b>	10%	15%	20%	25%	30%	35%	40%	45%	50%

	Delay Period									
	120 hours	132 hours	144 hours	156 hours	168 hours	180 hours	192 hours	204 hours	216 hours	228 hours+
% of amount stated in the <b>Schedule of Benefits</b> for ‘Delay to <b>Your Journey</b> ’ payable to <b>You</b>	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%

**Insured Events** under this Section means strike, locked out workers, industrial action, riot or civil commotion, criminal act, fire, avalanche, landslide, earthquake, flood or **Accident** to or mechanical breakdown of scheduled public **Conveyance** or your own vehicle adverse weather and travel conditions or volcanic ash making it impossible for **You** to travel on **Your** pre-booked scheduled public **Conveyance**.

## Conditions

- 1) The above amounts are payable only once the **Excess** payable by **You**, as stated in the **Schedule**, has been fully paid except for in respect of delay under part (b).
- 2) A claim can only be made under one of the sub-sections under the “Missed Departure” or “Delay” Sections of cover in respect of each loss.
- 3) **You** must allow sufficient time for the transport **You** are travelling in to arrive and deliver **You** to the scheduled point of departure so that **You** can check-in according to the itinerary.
- 4) **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
- 5) **You** must obtain confirmation from the carriers or their handling agents (in writing) of the number of hours of delay and the reason for the delay.

## Exclusions

**We** shall not be liable to pay for:

- 1) Any claims arising out of any of the contingencies specified under **Insured Events** if they had already started or been forecast before the original reservations were made.
- 2) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
- 3) Additional costs where the scheduled public **Conveyance** operator has offered alternative travel arrangements.
- 4) In respect of Delay, any claims attributable to any condition or set of circumstances known to **You** at the time of effecting this policy or booking a **Journey**, where such condition or set of circumstances could reasonably have been expected to give rise to a claim under this Sub-Section.
- 5) Any claims arising out of the loss of passport or visa of **You**.

# Section E – Personal Liability.

## The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You** up to an amount stated in the **Schedule of Benefits**, for any one **Event** or series of **Events** in all (including **Legal Expenses**), should **You** become legally liable to pay claims for accidental **Bodily Injury** to the public or accidental loss of or damage to property occurring during the **Operative Time**.

## Conditions

- 1) **You** must not make any admission of liability whatsoever, or make any arrangements, offer, promise or payment without **Our** written consent.
- 2) **We** shall be entitled, if **We** so desire, to take over and conduct in **Your** name, the defence of any claim or to prosecute in **Your** name for **Our** own benefit any claims for indemnity or damages or otherwise against any third party, and shall have full discretion in the conduct of any negotiations or proceedings or the settlement of any claim. **You** shall, whenever possible, give all such information and assistance as **We** may require.

## Exclusions

**We** shall not be liable to pay for:

- 1) Any claims arising out of accidental **Bodily Injury** to any member of **Your Family** or household.
- 2) Any claims arising from loss of or damage to property belonging to or in **Your** care, custody or control or any member of **Your Family** or household.
- 3) Any claims arising out of the ownership, possession or use of any horse drawn or mechanically propelled vehicle (other than golf buggies), aircraft, waterborne craft (other than sailboards, surfboards, canoes, rowing dinghies, foot or hand propelled paddle boats, and inflatable dinghies), firearms or animals.
- 4) Any claims arising out of the ownership, possession, occupation or use of lands or buildings.
- 5) Any claims arising out of any profession, occupation or business or arising out of liability assumed under a contract, if such liability would not otherwise have attached.

## Section F – Legal Expenses.

### The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You** up to an amount stated in the **Schedule of Benefits**, for **Legal Expenses** incurred by **You** or **Your** personal representative in the pursuit of a claim for damages against a third party who has caused accidental **Bodily Injury** to or **Illness** to **You** or **Your** death during the **Operative Time**.

### Conditions

- 1) Claims must be notified to **Us** within sixty (60) days of the date of the occurrence giving rise to the claim.
- 2) **We** shall be entitled to nominate and appoint a legal representative to act on **Your** behalf and to have direct access to the legal representative at all times.
- 3) **We** reserve the right to withdraw cover at any stage and thereafter **We** shall not be liable for any further expenses.

### Exclusions

**We** shall not be liable to pay for:

- 1) **Legal Expenses** incurred without **Our** written consent (which shall not be unreasonably withheld).
- 2) Actions against travel agents, tour operators, **Us** or **Our** agents, or **Your Family**.

# Section G – Personal Baggage, Clothing, Effects and Money.

## The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits**, and in the manner herein provided, to pay to **You** up to an amount stated in the **Schedule of Benefits** in the event of loss of or damage to personal baggage, clothing, effects and **Money** (including reasonable expenses incurred as a result of loss of **Money**), during the **Operative Time**, subject to the limits stated in the **Schedule of Benefits**.

If personal baggage, clothing or effects are temporarily lost for more than twelve (12) consecutive hours by the carrier during the **Operative Time**, **We** will pay for the purchase of immediate necessities up to the amount stated as 'Immediate Necessities' in the **Schedule of Benefits**, but such payment will be deducted from the final claim if the loss becomes permanent.

## Conditions

- 1) The above amounts are payable only once the **Excess** payable by **You**, as stated in the **Schedule**, has been fully paid.
- 2) **You** shall, in the event of any loss or damage, take all reasonable steps to make a recovery for such loss or damage.
- 3) If **You** purchase a comparable replacement for a lost or damaged article, **We** shall pay for the replacement cost, providing that such article was less than two (2) years old at the time, and that evidence of the original purchase is provided.
- 4) If **You** purchase a comparable replacement for a lost or damaged article that was more than two (2) years old, or if the article is not actually replaced, or evidence of the original purchase cannot be provided, payment shall be based upon the value of such article at the time of loss, or the cost of repair.
- 5) If **You** purchase immediate necessities due to effects temporarily lost, receipts must be provided.

## Exclusions

**We** shall not be liable to pay for:

- 1) Any claims due to moth, vermin, wear and tear and gradual deterioration, or **Money** shortages due to error, omission or depreciation in value.
- 2) Any claims in respect of **Money** not reported to the police within twenty four (24) hours of discovery, and for which a police statement is not obtained.
- 3) Any claims arising from confiscation or detention by customs or any other authority.
- 4) Any claims in respect of property otherwise insured.
- 5) Any loss or damage whilst in the custody of a carrier, unless reported to the carrier within twenty four (24) hours and a report obtained, except **Valuables, Photographic Equipment** or **Money** which are not recoverable under this policy.

- 6) Any loss or damage to articles whilst left Unattended, unless in a locked hotel room, safe, apartment or holiday residence.
- 7) Any claims arising out of electrical and/or mechanical breakdown.
- 8) Any claims arising from the fraudulent use of credit cards, charge cards or banker's cards, if **You** have not reported the loss of the card to the issuing bank or company, and otherwise not complied with the terms and conditions under which the card was issued. **Our** liability shall be limited to any loss not covered by any guarantee given by the issuing bank or company to **You**.

# Section H – Winter Sports.

## The Cover

**We** hereby agree with **You**, to the extent stated in the **Schedule of Benefits** and in the manner herein provided, to pay to **You**:

- a) Irrecoverable payments in respect of:
  - i. The unused proportion of any ski pass lost during the **Operative Time**.
  - ii. The unused proportion of any ski pass, ski hire, ski clothing hire and tuition fees if:
    1. **You** suffer any **Bodily Injury** or **Illness** during the **Operative Time** that is certified by a local **Medical Practitioner** to render **You** unable to continue **Your** normal activities on the **Journey**, or
    2. The **Journey** is cancelled for any of the reasons detailed in Section 5.
- b) Up to the amount stated in the **Schedule of Benefits** for 'Ski Resort Closure: Per Person' for each of **You** in the event that all skiing facilities at a pre-booked resort outside the **Country of Domicile** are closed due to lack of snow during the **Operative Time**:
  - i. Up to the amount stated in the **Schedule of Benefits** for 'Ski Resort Closure: Alternative Site Per Day' for each day additional expenses are incurred in reaching an alternative skiing site, or
  - ii. Up to the amount stated in the **Schedule of Benefits** for 'Ski Resort Closure: No-Alternative Site Per Day' for each day when no suitable alternative skiing site is available, as agreed by Us.
- c) Up to the amount shown in the **Schedule of Benefits** for additional **Travel Expenses** incurred if, as a result of avalanche, landslide or landslip, **You** are unavoidably delayed from leaving **Your** pre-booked resort outside **Your Country of Domicile** during the **Operative Time**.

## Exclusions

**We** shall not be liable for:

- 1) Any claims arising within Europe in respect of **Journeys** commencing or ending during the period 1st May to 30th November inclusive.
- 2) Any claims for **Travel Expenses** where the tour operator has made alternative travel arrangements.
- 3) Any claims where **You** were off-piste at the time of **Accident**.
- 4) Extreme winter sports activity including (but not limited to) ski- jumping/stunts/ mountaineering/randonee, heli-skiing/boarding, ice hockey, speed skiing, cresta run or the use of bobsleighs or skeletons.



# General Exclusions.

We shall not cover claims in any way caused or contributed to by:

- 1) any disability, condition or **Illness** which originated prior to the commencement of this policy or of **Your** inclusion under this policy where you are travelling against the advice of a **Medical Practitioner** or where the possibility of a recurrence of said illness is likely, unless agreed in writing with Us;
- 2) any **Journey** which is booked or commenced by **You** contrary to medical advice not to travel or to obtain medical treatment, or after a terminal prognosis has been made;
- 3) any health condition, where such condition has already been the subject of a claim under an earlier **Journey**.
- 4) any circumstance which could reasonably have been foreseen as likely to give rise to a claim by **You** at the commencement of the policy or when the **Journey** was booked (whichever is the later).
- 5) pregnancy, childbirth or any medical complications resulting therefrom if **You** are, or would have been, pregnant for seven (7) months or longer at any point during a **Journey**;
- 6) any expenses incurred for persons under fourteen (14) days of age on the **Journey**;
- 7) any part of any **Journey** which is booked or commenced in the knowledge that such **Journey** will exceed the maximum duration(s) shown within the **Operative Time**, unless disclosed to and accepted by Us;
- 8) **Your** deliberate exposure to exceptional danger (except in an attempt to save human life);
- 9) sports or leisure activities where there is a significant risk of **Bodily Injury** such as jet-skiing, bungee jumping, rock climbing, free climbing, mountaineering normally requiring the use of ropes and guides, caving or potholing, rafting/kayaking/canoeing involving white water rapids in excess of grade 5, canyoning, scuba diving (if **You** are diving at a depth of more than 30 metres; or if **You** are not qualified for the dive undertaken or accompanied by a qualified instructor; or diving alone; or diving on or in wrecks; or cave or ice diving), motorsports or competitions, hunting on horseback, point-to-pointing and steeplechasing, equestrian competitions, yachting or boating outside coastal waters (20km limit), flying other than as a passenger and any other sports or leisure activity involving physical contact or where there is significant risk of **Bodily Injury**, unless agreed by **Us** in writing.
- 10) Winter sports, unless listed as being covered in the **Schedule of Benefits**;
- 11) **Accidents** on two wheeled motorised vehicles, unless the vehicle is 125cc or less and at the time of the **Accident** the driver is in possession of a current full driving licence valid in the country they are operating the vehicle, is qualified, and the driver and any passengers are both wearing a safety crash helmet;
- 12) **War**, whether **War** be declared or not, hostilities or any act of **War** or civil **War**. This exception shall not apply to Section C - Cancellation and Curtailment;
- 13) the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;
- 14) nuclear reaction, nuclear radiation or radioactive contamination;
- 15) **Your Kidnap**;
- 16) **Your** engaging in or taking part in armed forces service or operations;
- 17) **Your** suicide or attempted suicide or intentional self-injury or **You** being in a state of insanity;
- 18) venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) howsoever these have been acquired or may be named;
- 19) **Your** own criminal act;
- 20) **Your** being intoxicated by alcohol or drugs, other than those prescribed by a registered **Medical Practitioner**, but not for the treatment of drug addiction;
- 21) neuroses, psychoneuroses, psychopathies or psychoses, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type
- 22) Any claims for expenses arising as a consequence of a loss (e.g. loss of earnings due to an **Accident**, change of locks due to lost keys and the like).
- 23) **Your** travelling to a destination where the government of your **Country of Domicile** is advising against travel, save for cover provided under Section C paragraph h
- 24) **Your** travelling to a destination where the government of your **Country of Domicile** is advising against travel for COVID related reasons or the Country of destination has refused entry owing to COVID reasons
- 25) Your insurance policy does not cover any claim in any way caused by or resulting from:
  - a) Coronavirus disease (COVID-19);
  - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - c) any mutation or variation of SARS-CoV-2;
  - d) any fear or threat of a), b) or c) above other than as detailed in Sections B and C
- 26) Where cover is incepted after the commencement of the initial journey, all cover is excluded for a period of 48 hours from the time of issue of the policy, other than for emergency medical treatment as a result of an **Accident** only under Section B.
- 27) the use of, or inability to, use any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
  - i. any computer virus;
  - ii. any computer related hoax relating to i and/or ii above.

However, subject to the terms and conditions of your policy, you are covered up to the amount(s) stated in the schedule for:

- Cancellation and Curtailment (Section C),
- Medical Expenses (Section B) and
- Personal Accident Benefit (Section A)

as a result of your serious illness or injury or death, or that of a Close Business Colleague or Close Relative for claims arising under Section C (Cancellation and Curtailment), due to any of i or ii above.

# General Conditions.

## 1) Notice of Loss

Notice must be given to **Us** as soon as reasonably practicable, and no later than thirty one (31) days from the end of the **Journey**, of any **Accident** or **Illness** which causes or may cause a claim within the meaning of this policy, and **You** must as early as possible seek the attention of a duly qualified **Medical Practitioner**. Notice must be given to **Us** as soon as reasonably practicable, and no later than thirty one (31) days after, **Your** death resulting or alleged to have resulted from an **Accident**.

All medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical adviser appointed by or on behalf of **Us** and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of **You**.

## 2) Excess Amounts/Periods

No payment shall be made in any Section of this policy unless any **Excess** payment/period has been exhausted, the amount of which is detailed for each Section in the **Schedule of Benefits**.

## 3) Assignment

This policy may not be assigned without **Our** prior written consent.

## 4) Material Amendments

This policy is based on the details that **You** provided to us when applying for cover. To make sure **You** are still covered, **You** must advise **Us** as soon as reasonably practicable via an email, or written letter to **Your** insurance agent, broker or other representative of any change in **Your** details which materially affects the risk, paying particular regard to questions answered during the application process.

## 5) Fraudulent Claims

If **You** make a fraudulent claim, make a deliberate misstatement or use any fraudulent device in connection with the making of any claim under this policy (a "**Fraudulent Act**"):

- (i) **We** are not liable to pay the claim and any sums paid by **Us** in respect of the claim are to be refunded; and
- (ii) In addition, **We** may by notice to **You** treat the policy as having been terminated with effect from the time of the **Fraudulent Act**.

If **We** do treat the policy as having been terminated:

- (i) **We** may refuse all liability to **You** under the policy in respect of a Relevant **Event** occurring after the time of the **Fraudulent Act** ("**Relevant Event**" refers to whatever triggers **Our** liability under the policy);

- (ii) **We** need not return any of the premiums paid under the policy; however

such termination does not affect the rights and obligations of the parties to the policy with respect to a Relevant **Event** occurring before the time of the **Fraudulent Act**.

## 6) Reasonable Care

**You** will exercise reasonable care to avoid or diminish any loss or any circumstances likely to give rise to a claim under this policy.

## 7) Multiple Sections

If a loss is covered under more than one Section of this policy **We** will provide cover under the Section that provides the most cover, but never under more than one Section. Under no circumstances will **We** make duplicate payments for the same loss.

## 8) Other Insurances

If at the time of an **Event** insured under this policy there is any other insurance covering the same loss, damage or liability or any part of them **We** will only pay **Our** rateable proportion of the claim except where this is excluded under the specific Section.

## 9) Sanctions

This policy will not provide cover, nor will **We** make any payment or provide any service to **You** or any other party, to the extent that such payment or service would violate any applicable trade or economic sanctions law or regulation, notwithstanding any other terms of this policy.

## 10) Covid Vaccinations

This policy will only provide cover for the COVID Medical and Cancellation extensions, if the Insured Person has been fully vaccinated in accordance with the definition in the policy.