

travelinsurance
direct-ireland



POLICY SCHEDULE

PLEASE CHECK YOUR POLICY

It is important **You** check **Your Policy Schedule** details as soon as **You** receive them to ensure that no information has been left out or is incorrect. This booklet is **Your Policy Schedule** and shows what **You** are and are not covered for and forms part of **Your** travel insurance together with **Your Validation Certificate**. The **Validation Certificate** provides details of who is insured, the type and level of cover **You** have purchased, the territorial limits, and the commencement and duration of **Your** insurance.

If any information is incorrect, please contact us before **You** travel on 01 633 0000. We recommend **You** make a copy of the **Validation Certificate** for each person insured.

We hope **You** are never in a position to have to make a claim but if **You** do **You** should please use the following information which will allow us to deal with it as quickly and efficiently as possible.

WHAT YOU MUST DO IN THE EVENT OF A MEDICAL EMERGENCY OUTSIDE YOUR USUAL PLACE OF RESIDENCE AND IN ALL CASES INVOLVING REPATRIATION OR CURTAILMENT

The emergency assistance provided for **You** by this Insurance is operated by AXA Assistance.

In the event of any unexpected illness, injury, **Accident** involving anyone insured under this policy where the anticipated costs are likely to exceed €335 or result in hospitalisation **You** must notify AXA Assistance. They will direct **You** to an appropriate medical facility and may be able to guarantee costs on **Your** behalf.

When contacting AXA Assistance please state that **Your** insurance is provided by White Horse Insurance Ireland Ltd arranged by Travel Insurance Direct and quote reference **WHIIL/TIA-€/09/2010**

By telephone: +44 (0)845 610 1426

Note: You must retain receipts for medical and additional costs incurred.

HOSPITAL TREATMENT ABROAD

If **You** are admitted to hospital **You** must contact AXA Assistance immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses. If **You** are not admitted to hospital but **You** receive medical treatment abroad as an outpatient under €335, **You** should pay the hospital or clinic and claim back **Your** medical expenses from White Horse Insurance Ireland Claims Department when **You** return to the Republic of Ireland.

If **You** have declared Private Health Insurance and have accepted a premium discount for this, **Your** excess in respect of in-patient claims is €55,000 per incident per claim.

RETURNING EARLY TO THE REPUBLIC OF IRELAND

If **You** have to return to the Republic of Ireland under Section A1 (Cancellation and Curtailment) or Section B (Medical Expenses) AXA Assistance must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return to the Republic of Ireland. AXA Assistance reserve the right to repatriate **You** should **Our** medical advisors view **You** as being fit to travel.

MAKING A CLAIM

To make a claim other than any claim for medical emergencies or curtailment please contact the White Horse Insurance Ireland Claims Department on Telephone number: 0818 946910 or write to: White Horse Administration Services Ireland Claims Department, PO Box 644, Shannon, Co Clare.

When contacting the claims handler, please have the following information to hand:

- | | |
|---|-----------------------|
| ■ Name of Your policy and where it was purchased | ■ Value of the claim |
| ■ Master Policy Number WHIIL/TIA-€/09/2010 | ■ Brief circumstances |
| ■ Validation Certificate Policy Number | ■ Travel dates |
| ■ Resort and country visited | ■ Incident date |

Condition: Failure to have the above information at hand, may result in **Your** claim being delayed. Claims must be notified within 31 days of the incident date which gave rise to the claim.

POLICY SALES

If **You** have to extend **Your** insurance or if **You** have any questions about this insurance, please contact:

TRAVEL INSURANCE DIRECT

Telephone: 01 633 0000 E-mail: info@travelinsurance.ie

Contents

	Section	Page
Read This First		4
Money Back Guarantee		5
Important Notice		6
Policy Periods		6
Policy Definition of Words		6
Policy Areas/Territorial Limits		9
Adventure & Hazardous Activities		9
The Underwriter – Your Insurer		11
AXA Assistance – 24 Hour Medical Emergency Service		11
Making a Claim		33
Complaints Procedure		33
THE INSURANCE		12
Cancellation and Curtailment	A1	16
Catastrophe	A2	17
Withdrawal of Services	A3	18
Scheduled Airline Failure	A4	18
Medical Expenses & Emergency Repatriation	B	18
Hospitalisation Benefit	C1	20
Mugging Benefit	C2	20
Personal Effects & Baggage	D	20
Personal Money	E	21
Travel Delay & Holiday Abandonment	F1 & F2	22
Pet Care	F3	22
Hijack	G	23
Missed Departure	H	23
Personal Accident	I	23
Personal Liability	J	24
Legal Expenses	K	25
WINTER SPORTS COVER		25
Ski Equipment	L	25
Ski Hire	M	26
Ski Pack	N	27
Piste Closure	O	27
Delay Due to Avalanche	P	27
BUSINESS COVER		28
Business Equipment	Q1	28
Business Equipment Hire	Q2	29
Business Money	Q3	29
Employee Replacement	Q4	30
GOLF COVER		30
Golf Equipment	R1	30
Golf Hire	R2	30
Green Fees	R3	31
PHOTOGRAPHIC EQUIPMENT EXTENSION	S1	31
Exclusions Applicable to All Sections of the Insurance		32
Conditions Applicable to All Sections of the Insurance		33

YOU ARE STRONGLY ADVISED TO READ THIS SECTION FIRST AND THEN THE ENTIRE POLICY

HEALTH CONDITIONS

If at the time of taking out the insurance or booking a **Trip You** or any person upon whose health **Your** travel plans depend:

1. is travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment.
2. is on a hospital waiting list or awaiting the results of any medical investigations.
3. has received a terminal prognosis.

this insurance will exclude any claims arising directly or indirectly as a result of the condition.

If at the time of taking out the insurance or booking a **Trip You** or any person upon whose health **Your** travel plans depend:

1. have received hospital inpatient treatment during the 12 months prior to the validation of this **Policy**.
2. have suffered any medical condition in the last 12 months, which requires on going medication or has caused referral to a specialist.
3. have ever suffered from, had diagnosed, or been treated for: a) a malignant disease (e.g cancer) b) a lung or heart related condition (excluding well controlled asthma) c) hypertension (high blood pressure) d) anxiety, depression or stress

this insurance will exclude any claims arising directly or indirectly as a result of the condition, unless this has been declared to and accepted by our Medical Screening Company.

Failure to advise the Medical Screening Company of a pre-existing condition will result in claims for those undisclosed conditions not being paid. You can contact the Medical Screening Company on 01 633 0001

The trained operators will ask **You** a few simple questions about **Your** intended **Trip** and the medical condition. **You** will be advised as to whether **Your Pre-Existing Medical Condition** can be covered, whether there will be an additional premium to pay or whether there are any changes to be made to the **Policy** terms and conditions. If cover can be provided, **You** will be given an acceptance code and a letter will be sent to **You** upon receipt of payment, detailing the extension of cover where applicable. Please read this letter carefully and keep it with **Your Policy Schedule** as it confirms the terms of cover.

Please also pay particular attention to the section entitled Conditions Applicable to All Sections of This Insurance and General Exclusions Applicable to All Sections of this insurance, details of which can be found later on in this **Policy Schedule**.

MEDICAL HEALTH REQUIREMENTS – PREGNANCY

As is consistent with the treatment of all pre-existing medical conditions under the **Policy**, the **Policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancies) or childbirth. This includes, but is not limited to, delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The **Policy** does, however, cover **You** should complications arise with **Your** pregnancy due to **Accidental** injury or unexpected illness which occurs while on **Your Trip**.

RECIPROCAL HEALTH AGREEMENT:

If **You** intend travelling to European Union countries **We** would advise residents of the Republic of Ireland to obtain a European Health Insurance Card (EHIC) from www.ehic.ie or from **Your** local Health Office. On returning this, duly completed, **You** will be issued with a European Health Insurance Card, which will entitle **You** to certain free health arrangements in European Union Countries

PROPERTY CLAIMS:

These claims are paid based on the value of goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. Wear, tear and depreciation will be deducted. Certain items of personal property are not covered. Police reports are required for all losses involving theft. Other losses require alternative appropriate reports, such as an Airline Property Irregularity Report, a Hotel Manager's report, etc.

POLICY SCHEDULE:

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

CONDITIONS, EXCLUSIONS AND WARRANTIES:

Conditions and exclusions will apply to individual sections of **Your Policy**, while general exclusions and conditions will apply to the whole of **Your Policy**. It is a condition of this **Policy** that all **Material Facts** must be disclosed to **Us** at the time of taking out this insurance. Failure to do so may result in **Our** treating this policy as null and void.

COMPUTER DATE RECOGNITION EXCLUSION:

There is limited cover under the **Policy** for claims arising from the failure of computers and other data processing systems to correctly recognise any date as its true calendar date. The exact extent of this exclusion can be ascertained by reading Exclusion 1 of Exclusions Applicable to all Sections of the Insurance contained herein.

DANGEROUS SPORTS OR PASTIMES:

There is no cover under the **Policy** for claims arising from any activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing medical condition, except for those activities specifically identified under section 'Hazardous Activities Included'.

PERSONAL LIABILITY:

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

POLICY LIMITS:

All sections of **Your Policy** have limits on the amount **We** will pay under that section. There are also specific limits under the Personal Effects and Baggage section for: **Single Items; Valuables**; loss, theft or damage occurring on a beach or in or around a swimming pool.

POLICY EXCESSES:

Under most sections of the **Policy**, claims will be subject to an **Excess**. The **Excess** will be applied per person, per section and per incident under which a claim is made. This means that **You** will be responsible for the first part of the claim. The amount **You** have to pay is the **Excess**.

REASONABLE CARE/UNATTENDED PROPERTY:

You must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property, as if uninsured. There is no cover for property left unattended in a place to which the general public has access. There is no cover for loss of money which was not carried on **Your** person unless placed in a safety deposit box or similar locked, fixed receptacle.

CANCELLATION:

We hope **You** are happy with the cover this **Policy** provides. However, if after reading this document, this Insurance does not meet with **Your** requirements, please return it to **Your** agent within 14 days of issue and we will refund **Your** premium. Thereafter **You** may cancel the **Policy** at anytime, however no refund of premium is payable. Please advise **Us** in writing of **Your** desire to do so. The **Insurer** shall not be bound to accept renewal of any Insurance and may at any time cancel any insurance document by sending 14 days notice to the **Insured** at his last known address. Should the **Insurer** decide to cancel this Insurance, provided the premium has been paid in full and subject to no claims being made, the **Insured** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the Insurance. Thereafter **You** may cancel the **Policy** at any time, however no refund of premium is payable. Please advise **Your** agent in writing of **Your** desire to do so.

GOVERNING LAW:

This Insurance shall be governed by and construed in accordance with the Law of Ireland.

COMPLAINTS PROCEDURE:

If **You** have any cause for complaint regarding this insurance, please refer to the Complaints Procedure on page 33.

IMPORTANT NOTICE

There is no cover for persons aged 46 years and over on the Discovery/Backpackers Policies.

There is no cover for persons aged 75 years and over or for persons aged 70 years and over travelling Worldwide on the single trip Travel Bond Policy.

Medical Expenses and Cancellation and Curtailment related **Excesses** are doubled for persons aged 66 years and over.

There is no cover for persons aged 70 years and over on Annual Multi Trip policies.

On Single Trip policies: Children who have not paid an adult premium will only be insured when accompanied by an adult premium paying person on the same policy.

On Annual Multi Trip policies: Adults and children may travel independently of each other.

This **Policy Schedule** only constitutes a valid Insurance when it is issued in conjunction with a **Validation Certificate** issued between 14.09.2010 and 30.09.2011. Also travel must commence prior to 30.09.2012

POLICY PERIODS

Policy Type – Single Trip

A single **Trip**, as defined in the **Period of Insurance** on pages 7 and 8, beginning and ending in the Republic of Ireland.

Cover for **Trips** within **Your** country of domicile only applies when accommodation has been pre-booked for two or more nights.

Policy Type – One Way Trip

A single outward **Trip**, as defined in the **Period of Insurance** on pages 7 and 8, beginning in the Republic of Ireland. The **Period of Insurance** shall expire normally or in any event no later than 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Policy Type – Annual Multi Trip

Any number of **Trips**, as defined, subject to the following:

- a maximum duration of 24 days (or 31, 45 or 60 days on payment of additional premium) in any one **Trip**. Cover for **Trips** within **Your** country of domicile only applies when accommodation has been pre-booked for two or more nights.
- **Wintersports** cover is limited to 24 days per **Policy** per year when additional premium is paid unless otherwise stated on **Your Validation Certificate**.

POLICY DEFINITIONS

Wherever the following words or phrases appear within this **Policy** they will always have the same meaning and will appear in **bold**.

Accident/Accidental

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

Cancellation Costs

Travel and accommodation expenses paid or contracted to be paid by **You** in respect of **Your Trip**.

Cash

Currency notes and coins.

Close Business Associate

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

Common Law Partner(s)

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

Curtailment Costs

Travel costs necessarily incurred to return **You Home** before the booked return date and a pro rata amount representing the total prepaid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas. This pro rata refund excludes all costs attributable to the outward and return travel tickets, whether used or unused.

Excess

Where applicable, the **Excess** is the first amount of the claim for each person, each section and each incident which is payable by **You**. **Excess** amounts are shown in the Schedule of Cover.

Hazardous Activity

An activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing medical condition.

Home

Your usual place of domicile in the Republic of Ireland.

Incidental Basis

Your participation in a **Hazardous Activity** on a casual, fortuitous, occasional or minor basis. Sports tours and/or activity holidays would be considered to include participation in **Hazardous Activities** on a non **incidental basis**.

Loss of Sight

The complete and irrecoverable loss of use of one or both eyes.

Loss of Limb(s)

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

Material Facts

Any fact which is known to **You**, which is likely to influence **Us** in the acceptance, assessment or continuance of this insurance.

Medical Practitioner

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

Pair or Set

Means two or more items of personal effects which are complimentary or used or worn together.

Period of Insurance Single Trip/One Way Trip

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

- The expiry of the **Policy Period** as shown on the **Validation Certificate**;
- **Your return Home** as planned, at the end of the **Trip**;
- **Your first return** to the Republic of Ireland prior to the planned return at the end of the **Trip**.

For trips in excess of 4 months duration, one return to the Republic of Ireland is permitted, during which time cover under this **Policy** will be suspended. The **Period of Insurance** will be extended day by day up to a maximum of 30 days after the expiry of the period stated on the **Validation Certificate** when the return is necessarily delayed as a result of **Your** ill health or failure of **Public Transport** provided that AXA Assistance has been notified. In respect of one way trips only, the Period of Insurance shall cease whichever occurs first of the following: the expiry of the **Policy Period** or 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Period of Insurance – Annual Multi Trip only

Under Section A (for Cancellation), insurance is effective from the later of either the date of commencement of the **Validation Certificate** or the time at which a **Trip** is booked and terminates with whichever occurs first of the following:

1. The commencement of the **Trip**; or
2. The expiry of the **Policy Period** (being the expiry of 365 days from the date of commencement of the **Policy**).

In respect of all other sections, insurance commences when **You** leave **Your Home** or business in the Republic of Ireland (whichever is the later) to commence the **Trip** described in the territorial limits and shall cease with whichever occurs first of the following:

1. The expiry of the **Policy Period** (being the expiry of 365 days from the date of issue).
2. **Your** return to **Your Home** as planned, at the end of the **Trip**;
3. **Your** first return to the Republic of Ireland prior to the planned return at the end of the **Trip**; or
4. **Your** period of travel exceeding the period stated on the **Validation Certificate**. (If **Your** period of travel exceeds or was intended to exceed 24 days (or 31, 45 or 60 days as appropriate), then the entire period of travel, including the first 24 days (or 31, 45 or 60 days as appropriate), will not be covered hereunder).

The **Period of Insurance** will be extended day by day up to a maximum of 30 days when the return is necessarily delayed as a result of **Your** ill health or failure of **Public Transport**. Cover extends to each and every **Period of Insurance** up to the maximum duration stated herein for any one **Trip**. (**Wintersports** limited to 24 days per **Policy** per year unless otherwise stated in **Your Validation Certificate**).

Permanent Total Disablement

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

Policy Schedule/Policy

This document which gives **You** full details of what is and is not covered and the conditions of the cover.

Pre-Existing Medical Condition

Any ongoing medical condition, or condition which has or will require medical treatment, including consultations or advice, within the last 12 months.

Public Transport

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

Relative

Spouse, Parent, Parent-in-law, Step Parents, Step Children, Son, Son-in-law, Daughter, Daughter-in-law, Grandparents, Grandchild, Brother, Brother-in-law, Sister, Sister-in-law, Fiancé(e) or **Common Law Partner**.

Single Item

Any one article, **Pair**, **Set** or collection.

Ski Equipment

Skis, ski sticks, ski bindings, ski boots, snowboard, snowboard bindings and snowboard boots.

Sports Equipment

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

Trip

A holiday or journey, which starts from **Your Home** to countries within the Geographical Limits for which the appropriate premium has been paid and ends on return to **Your Home**, during the **Period of Insurance**.

Validation Certificate

An insurance **Validation Certificate**, Schedule of Benefits or Tour Operators Booking Invoice used by the Issuing Agent to validate and activate this **Policy Schedule**.

Valuables (Travel Bond Policy)

Photographic equipment, electrical and electronic equipment of any kind, video and all audiovisual equipment and their media, telecommunications equipment including mobile phones, telescopes and binoculars, spectacles and sunglasses, jewellery, watches, furs, silks, leather goods, animal skins, precious stones and articles made of or containing gold (or other precious metals and/or precious stones).

Valuables (Discovery Policy)

Photographic and video equipment, MP3 players and iPods.

We/Insurer/Our or Us

White Horse Insurance Ireland Ltd

Wintersports

Skiing, Off-Piste skiing (except in areas designated as unsafe by resort management), snowboarding with a leash, recreational racing, mono skiing, guided cross country skiing, snow mobiling, snow tubing, snowshoeing (provided the trip is booked in the Republic of Ireland and is part of an organised tour), tobogganing and ice skating.

You/Your/Insured

Any person who is included on the **Policy** having paid the appropriate premium. **Your** shall be held to mean that which relates to **You**.

GEOGRAPHIC LIMITS

Area 1 Republic of Ireland, United Kingdom, Northern Ireland, Isle of Man and Channel Islands

Area 2 Europe including countries west of the Ural Mountains; the Azores; Canary Islands; Iceland; Madeira; Jordan and countries bordering the Mediterranean Sea (excluding Algeria, Lebanon, Israel & Libya)

Area 3* Worldwide excluding USA/Canada

Area 4 Worldwide including USA/Canada

*Includes up to 25% of trip duration in Area 4 up to a maximum of 60 days

HAZARDOUS ACTIVITIES INCLUDED

(All vehicle / watercraft / aircraft related activities exclude Personal Liability)

GROUP 1 CASUAL ACTIVITIES

*You are automatically covered for these activities provided that the activity is on a casual, unplanned or **Incidental Basis** and not the main purpose of **Your** trip.*

- Archery
- Badminton
- Banana/Doughnut Boating
- Basketball
- 1 × Bungee Jump
- Camel Riding
- Canoeing
- Clay Pigeon Shooting
- Conservation / Charity Work (Educational Environment / working with hand tools only)

- Cricket
- Cycling
- Deep Sea Fishing
- Glacier Walking
- Golf
- Hiking/Rambling/Trekking (up to 4,000m)
- Horse Riding (not polo, jumping, or hunting)
- Hot Air Ballooning
- Husky Sledge Riding
- Inshore Sailing (within 12 miles of the coastline)
- Jet boating
- Jet Skiing
- Kayaking (up to Grade 4)
- Kite Surfing over water
- Manual Work (Ground Level, No machinery)
- Motor Cycling or Quad biking up to 50cc
- Mountain Biking
- Netball
- Orienteering
- Parascending over water
- Passenger in small aircraft / helicopter
- Roller Blading
- Running (Sprint / Long Distance)
- Rowing (including training)
- Safaris (Booked in the Republic of Ireland, No firearms)
- Sandboarding
- Scuba Diving to 30m
- Sleigh Riding
- Snorkelling
- Squash
- Surfing
- Tennis
- Volleyball
- Wake Boarding
- Water Polo
- Water Skiing
- White Water Rafting (Up to Grade 4)
- Wind Surfing

GROUP 2 CASUAL ACTIVITIES

*These activities are covered provided the activity is on a casual, unplanned or **Incidental Basis** and not the main purpose of **Your Trip**. Claims relating to these activities will be subject to 50% reduction in Personal **Accident** Benefits, and Medical Expenses **Excess** increased to €335.*

- Abseiling
- Boxing Training
- Elephant Riding
- Football (Amateur)
- Hiking/Rambling / Trekking 4000m to 6000m)
- Hockey (Amateur)
- Kayaking (over grade 4)
- Martial Arts Training
- Motor Cycling or Quad biking up to 125cc
- Netball (Amateur)
- Rugby (Amateur)
- Safaris (booked locally, no firearms)
- White Water Rafting (Grades 5 & 6)

GROUP 3 REGULAR ACTIVITIES

*These activities are covered when participation is on a regular, non-casual basis or are the main purpose of **Your Trip**. Claims relating to these activities will be subject to a 50% reduction in Personal **Accident** cover and Medical Expenses **Excess** increased to €335.*

- Bar Work
- Charity/Conservation work working with hand tools only
- Cycling (Touring)
- Fruit Picking
- Go Karting
- Husky Sledge Riding
- Inshore Sailing
- Jogging
- Marathons
- Mountain Bike Touring
- Regular Horse Riding / Pony Trekking
- Sailing Holidays (No air-sea rescue, within 12 miles of the coastline)
- Scuba Diving to 30m
- Snow Park Activities – Pipe and Rail (provided **Wintersports** premium paid)
- Supervised overland Safaris (Booked in the Republic of Ireland, No firearms)
- Trekking/Rambling / Hiking (Up to 6,000m)

SKI & WINTERSPORTS ACTIVITIES

Cover for **Wintersports** will be included when the appropriate premium has been paid. Skiing, Off Piste Skiing (except areas designated as unsafe by resort management), Snowboarding with a leash, Recreational Racing, Mono Skiing, Guided Cross Country Skiing, Snow Mobiling, Snow Tubing, Snowshoeing (Provided **Trip** booked in Republic of Ireland and is part of an organised tour), Tobogganing and Ice Skating.

MOTORCYCLING

Cover for motorcycling (riding own motorcycles only and excluding trial/track riding or racing) up to 1500cc will be included when the appropriate premium has been paid. There is no cover for Personal **Accident** or Personal Liability motorcycle related claims.

THE UNDERWRITER

Master Policy arranged by Crispin Speers & Partners Limited under Master Policy Number WHIIL/TIA€/09/2010 with White Horse Insurance Ireland Ltd

Travel Insurance Agencies Ltd and Crispin Speers & Partners Limited are authorised and regulated by the Financial Services Authority. This can be checked on the FSA register by visiting the FSA website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234. White Horse Insurance Ireland Limited are authorised by the Irish Financial Services Regulatory Authority.

WHAT YOU MUST DO IN THE EVENT OF A MEDICAL EMERGENCY OUTSIDE YOUR USUAL PLACE OF RESIDENCE AND IN ALL CASES INVOLVING REPATRIATION OR CURTAILMENT

The emergency assistance provided for **You** by this insurance is operated by AXA Assistance.

In the event of any unexpected illness, injury, **Accident** involving anyone insured under this **Policy** where anticipated costs are likely to exceed €335 or result in hospitalisation **You** must notify AXA Assistance. They will direct **You** to an appropriate medical facility and may be able to guarantee costs on **Your** behalf. When contacting AXA Assistance please state that **Your** insurance is provided by White Horse Insurance Ireland Ltd arranged by Travel Insurance Direct and quote reference **WHIIL/TIA€/09/2010**.

By telephone: 0044 (0)845 610 1426

Note: You must retain receipts for medical and additional costs incurred.

HOSPITAL TREATMENT ABROAD

If **You** are admitted to hospital **You** must contact AXA Assistance immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses. If **You** are not admitted to hospital but **You** receive medical treatment abroad as an outpatient under €335, **You** should pay the hospital or clinic and claim back **Your** medical expenses from White Horse Administration Services Ireland Claims Department when **You** return to the Republic of Ireland.

If **You** have declared Private Health Insurance and have accepted a premium discount for this, **Your** excess in respect of in-patient claims is €55,000 per incident per claim.

RETURNING EARLY TO THE REPUBLIC OF IRELAND

If **You** have to return to the Republic of Ireland under Section A1 (Cancellation and Curtailment) or Section B (Medical Expenses) AXA Assistance must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return to the Republic of Ireland. AXA Assistance reserve the right to repatriate **You** should **Our** medical advisors view **You** as being fit to travel.

When contacting AXA Assistance please have the following information ready:

- | | |
|---|--|
| 1. Reference Number: WHIIL/TIA€/09/2010 | 9. Treating Doctor's Telephone number. |
| 2. Your full name | 10. Your Republic of Ireland address |
| 3. Date of Birth | 11. Your Republic of Ireland Telephone number |
| 4. Caller's contact number | 12. Your Republic of Ireland Doctor |
| 5. Validation Certificate number | 13. Your Republic of Ireland Doctor's Telephone No. |
| 6. Issuing Broker/Agent | 14. Holiday dates / Flight numbers |
| 7. Date of issue | 15. Medical complaint |
| 8. Hospital abroad | 16. Details of any Private Health Insurance |

THE INSURANCE

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

PROVIDED always that: The liability of the Insurer shall not exceed the limits of liability as expressed in the Schedule of Cover or such other limits of liability as may be substituted therefore by memorandum hereon or attached hereto signed on behalf of the Insurer.

SCHEDULE OF COVER – TRAVEL BOND & ANNUAL MULTI TRIP

TRAVEL BOND & ANNUAL MULTI TRIP

Section	Light (Travel Bond Only)	Standard	Premier	Excess (per insured)
A1 Cancellation and Curtailment	Up to €4,500	Up to €4,500	Up to €7,500	€85*
A2 Catastrophe Cover	No Cover	Up to €1,500	Up to €1,500	€85
A3 Withdrawal of Services	€75 per day up to €375	€75 per day up to €375	€75 per day up to €375	N/A
A4 Scheduled Airline Failure	Up to €4,500	Up to €4,500	Up to €7,500	N/A
B Medical Expenses	Up to €10,000,000	Up to €10,000,000	Up to €10,000,000	€85* or €55,000 for in-patient claims where a PHI discount has been availed of
C1 Hospital Benefit	No Cover	€50 per day up to €1,500	€75 per day up to €2,500	N/A
C2 Mugging Benefit	€50 per day up to €500	€50 per day up to €500	€50 per day up to €500	N/A
D Personal Effects & Baggage	No Cover	Up to €2,000	Up to €3,000	€85
Single Item Limit	–	Up to €500	Up to €500	–
Valuables Limit in Total	–	Up to €500	Up to €500	–
Travel Documents	–	Up to €250	Up to €250	–
Delayed Baggage	–	€50 per day up to €200	€75 per day up to €300	–
E Personal Money	No Cover	Up to €500	Up to €750	€85
Cash Limit	–	Up to €250	Up to €300	–
Cash Limit (age under 18)	–	Up to €100	Up to €125	–
F1 Travel Delay	€20 for the first 12 hour period; €20 for each additional 12 hour period up to €300	€20 for the first 12 hour period; €20 for each additional 12 hour period up to €300	€30 for the first 12 hour period; €30 for each additional 12 hour period up to €450	N/A
F2 Holiday Abandonment	Up to €4,500	Up to €4,500	Up to €7,500	€85
F3 Pet Care	No Cover	€15 per day up to €150	€15 per day up to €150	N/A
G Hijack	€75 per day up to €750	€75 per day up to €750	€75 per day up to €750	N/A
H Missed Departure	Up to €1,000	Up to €1,000	Up to €1,500	€85
I Personal Accident	Max. benefit €15,000	Max. benefit €20,000	Max. benefit €30,000	N/A
Loss of Limbs or Sight (up to and including 69)	€15,000	€20,000	€30,000	
Permanent Total Disablement	€15,000	€20,000	€30,000	
Death Benefit (aged 18-65)	€7,500	€10,000	€15,000	
Death Benefit (aged 66-69)	€3,750	€3,750	€3,750	
Death Benefit (aged under 18)	€3,750	€3,750	€3,750	
J Personal Liability	Up to €2,000,000	Up to €2,000,000	Up to €2,000,000	€150
K Legal Expenses	Up to €15,000	Up to €15,000	Up to €25,000	€250

* Medical Expenses and Cancellation and Curtailment related Excesses are doubled for persons aged 66 and over.

SCHEDULE OF COVER – TRAVEL BOND & ANNUAL MULTI TRIP continued

Section	Light (Travel Bond Only)	Standard	Premier	Excess (per insured)
WINTER SPORTS				
Wintersports Cover (Effected when additional premium is paid)				
L Ski Equipment	Up to €750	Up to €750	Up to €1,500	€85
Owned	Up to €750	Up to €750	Up to €750	
Single Item Limit – Owned	Up to €375	Up to €375	Up to €375	
Hired	Up to €375	Up to €375	Up to €375	
M Ski Hire	€30 per day up to €300	€30 per day up to €300	€30 per day up to €300	N/A
N Ski Pack	€100 per day up to €400	€100 per day up to €400	€100 per day to €400	N/A
O Piste Closure	€30 per day up to €300	€30 per day up to €300	€30 per day up to €300	N/A
P Avalanche Closure	Up to €375	Up to €375	Up to €375	€85
BUSINESS COVER				
Business Cover (When additional premium is paid)				
Q1 Business Equipment	No Cover	Up to €3,000	Up to €3,000	€85
Single Item Limit	–	Up to €750	Up to €750	
Computer Equipment single item limit	–	Up to €2,000	Up to €2,000	
Samples	–	Up to €750	Up to €750	
Delayed Business Equipment	–	€150 per day up to €450	€150 per day up to €450	
Emergency Courier of Essential Business Equipment	–	Up to €750	Up to €750	
Q2 Business Equipment Hire	No Cover	€200 per day up to €1,000	€200 per day up to €1,000	€85
Q3 Business Money	No Cover	Up to €1,500	Up to €1,500	€85
Cash Limit		Up to €750	Up to €750	
Q4 Employee Replacement	No Cover	Up to €1,500	Up to €1,500	€85
GOLF COVER				
Golf Cover (When additional premium is paid)				
R1 Golf Equipment	No Cover	Up to €1,500	Up to €1,500	€85
Single Article Limit – Owned		Up to €375	Up to €375	
R2 Golf Hire	No Cover	€50 per day to up to €200	€50 per day to up to €200	N/A
R3 Green Fees	No Cover	€50 per day to up to €400	€50 per day to up to €400	N/A
PHOTO				
Photographic Equipment Extension (When additional premium is paid)				
S1 Photographic Equipment	No Cover	Up to €1,500	Up to €1,500	€85

SCHEDULE OF COVER – DISCOVERY/BACKPACKERS

DISCOVERY POLICIES

Section	Light (Travel Bond Only)	Standard	Premier	Excess (per insured)
A1 Cancellation & Curtailment	Up to €2,000	Up to €2,000	Up to €5,000	€90
A2 Catastrophe Cover	No Cover	No Cover	No Cover	N/A
A3 Withdrawal of Services	€30 per day after 48 hours up to €300	€30 per day after 48 hours up to €300	€75 per day up to €1,000	N/A
A4 Scheduled Airline Failure	Up to €2,000	Up to €2,000	Up to €5,000	N/A
B Medical Expenses	Up to €5,000,000	Up to €5,000,000	Up to €10,000,000	€90 or €55,000 for in-patient claims where a PHI discount has been availed of
C1 Hospital Benefit	No Cover	€50 per day up to €500	€75 per day up to €1,500	N/A
C2 Mugging Benefit	€30 per day up to €300	€60 per day up to €600	€60 per day up to €600	N/A
D Personal Effects & Baggage	No Cover	Up to €1,500	Up to €3,000	€90
Single Item Limit	-	Up to €375	Up to €750	
Valuables Limit in Total	-	Up to €375	Up to €750	
Travel Documents	-	Up to €300	Up to €375	
Delayed Baggage	-	€50 per day up to €200	€75 per day up to €300	
E Personal Money	No Cover	Up to €300	Up to €750	€90
Cash Limit	-	Up to €150	Up to €375	
Cash Limit (under 18)	-	Up to €75	Up to €150	
F1 Travel Delay	€20 for the first 12 hour period €20 for each additional 12 hour period up to €300	€20 for the first 12 hour period €20 for each additional 12 hour period up to €300	€30 for the first 12 hour period €30 for each additional 12 hour period up to €450	N/A
F2 Holiday Abandonment	Up to €2,000	Up to €2,000	Up to €5,000	€90
F3 Pet Care	No Cover	No Cover	€15 per day up to €150	N/A
G Hijack	€50 per day up to €500	€50 per day up to €500	€75 per day up to €750	N/A
H Missed Departure	Up to €1,000	Up to €1,000	Up to €1,500	€90
I Personal Accident	Max. benefit €15,000	Max. benefit €15,000	Max. benefit €30,000	N/A
Loss of Limbs or Sight	€15,000	€15,000	€30,000	
Permanent Total Disablement	€15,000	€15,000	€30,000	
Death Benefit (aged 18–46)	€7,500	€7,500	€15,000	
Death Benefit (aged under 18)	€1,500	€1,500	€3,750	
J Personal Liability	Up to €2,000,000	Up to €2,000,000	Up to €2,000,000	€150
K Legal Expenses	Up to €15,000	Up to €15,000	Up to €25,000	€250

SCHEDULE OF COVER – DISCOVERY/BACKPACKERS continued

Section	Light	Standard	Premier	Excess (per insured)
WINTER SPORTS				
Winter Sports (Effectuated when additional premium is paid)				
L Ski Equipment	Up to €750	Up to €750	Up to €1,500	€90
Owned	Up to €750	Up to €750	Up to €750	
Single Item Limit – Owned	Up to €375	Up to €375	Up to €375	
Hired	Up to €375	Up to €375	Up to €375	
M Ski Hire	€30 per day up to €300	€30 per day up to €300	€30 per day up to €300	N/A
N Ski Pack	€100 per day up to €400	€100 per day up to €400	€100 per day to €400	N/A
O Piste Closure	€30 per day up to €300	€30 per day up to €300	€30 per day up to €300	N/A
P Avalanche Closure	Up to €375	Up to €375	Up to €375	€90
Business Cover (When additional premium is paid)				
Q1 Business Equipment	No Cover	No Cover	No Cover	N/A
Single Item Limit				
Computer Equipment single item limit				
Samples				
Delayed Business Equipment				
Emergency Courier of Essential Business Equipment				
Q2 Business Equipment Hire	No Cover	No Cover	No Cover	N/A
Q3 Business Money	No Cover	No Cover	No Cover	N/A
Cash Limit				
Q4 Employee Replacement	No Cover	No Cover	No Cover	N/A
Golf Cover (When additional premium is paid)				
R1 Golf Equipment	No Cover	Up to €1,500	Up to €1,500	€90
Single Article Limit – Owned		Up to €375	Up to €375	
R2 Golf Hire	No Cover	€50 per day to up to €200	€50 per day to up to €200	N/A
R3 Green Fees	No Cover	€50 per day to up to €400	€50 per day to up to €400	N/A
PHOTO				
Photographic Equipment Extension (When additional premium is paid)				
S1 Photographic Equipment	No Cover	Up to €1,500	Up to €1,500	€90

SECTION A1 CANCELLATION AND CURTAILMENT CHARGES

What You Are Covered For:

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

Cancellation

For **Cancellation Costs** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.

Curtailment

For **Curtailment Costs** which are foregone and which are not recoverable.

Reasons for Cancellation and Curtailment:

- a) death, **Accidental** injury or unexpected illness, occurring during the **Period of Insurance**, to **You**, **Your** traveling companion, a **Relative** or **Close Business Associate** of **Yours** or **Your** travelling companion, or the person with whom **You** have arranged to stay whilst on the **Trip**;
- b) jury service, witness call or compulsory quarantine;
- c) **Accident** to **Your** vehicle within 7 days prior to the intended date of departure (applicable to self drive holidays only);
- d) **Your** posting overseas or emergency and unavoidable requirements of duty of Armed Forces, Police, Fire, Nursing or Ambulance Services;
- e) redundancy, notified during the **Period of Insurance**, which qualifies for payment under the Redundancy Payments Act;
- f) **Accidental** damage to **Your Home** rendering it uninhabitable or the Police requiring **Your** presence following a burglary at **Your Home** within 7 days prior to the commencement of **Your Trip**;
- g) **(In respect of Discovery Policy only)** as a result of a failed university (or equivalent) examination recognised by an approved examining body, provided that the date of issue of the **Policy** precedes all examination dates relating to the failed course or exam.

What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising if the person whose medical condition giving rise to the claim:
 - a. is travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment.
 - b. is on a hospital waiting list or awaiting the results of any medical investigations.
 - c. has received a terminal prognosis.
3. claims arising if **Your** medical condition gives rise to the claim and **You**:
 - a. have received hospital inpatient treatment during the 12 months prior to the validation of this **Policy**
 - b. has suffered any medical condition in the last 12 months, which requires on going medication or has caused referral to a specialist.
 - c. have ever suffered from, had diagnosed, or been treated for:
 - i. a malignant disease (e.g cancer)
 - ii. a lung or heart related condition (excluding well controlled asthma)
 - iii. hypertension (high blood pressure)
 - iv. anxiety, depression or stress

Unless the condition has been declared to and accepted by Our Medical Screening Company

Failure to advise the Medical Screening Company of a preexisting condition will result in claims for those undisclosed conditions not being paid.

4. claims for any costs associated with unused timeshare property, airmiles or other like promotions;
5. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation or Curtailment;
6. claims arising where **You** have not been able to receive the necessary inoculations or vaccinations or obtain necessary visas;
7. claims for travel expenses for **You** to travel to the Republic of Ireland (or final destination country), when **You** did not possess return travel tickets.
8. an additional amount of €75 in respect of any cancellation or curtailment claim arising as a result of section A1 (g).
9. any losses arising from unlawful or criminal proceedings against **You** or any person **You** are travelling with.
10. Any unused portion of **Your** original tickets where repatriation has occurred.
11. Disinclination to travel.
12. Death, injury or illness of pets and animals.
13. late arrival after check in time.
14. any losses due to **Your** personal financial situation other than as described under A1 (e).
15. posting overseas as a result of war, invasion, act of terror.

SPECIAL NOTE: It is a condition of this section that any claim for Cancellation be advised as soon as possible to White Horse Administration Services Ireland Claims Department and a claim form requested. Curtailment for any reason must be authorised by AXA Assistance, following written confirmation from the treating Medical Practitioner if IT IS MEDICALLY NECESSARY THAT YOU CURTAIL YOUR TRIP.

SECTION A2 CATASTROPHE

Not included in Travel Bond and Annual Multi Trip Policies Light or Discovery-Backpackers Light or Standard

What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover in respect of additional travel and accommodation expenses necessary to continue **Your Trip** or, in the event that this is impossible, **Your return Home** if **You** are forced to relocate from **Your** pre-booked accommodation as a result of a Natural Catastrophe (which means: fire, lightning, explosion, earthquake, storm, tempest, hurricane or flood).

What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover;
2. claims which are not substantiated by a written report from the local or national authority who ordered **Your** relocation confirming the exact cause of **Your** relocation.
3. Any costs or expenses payable by or recoverable from **Your** tour operator, airline, hotel or other provider of accommodation.
4. Any costs or expenses if **You** decide not to remain in **Your** booked accommodation, although it is considered safe and acceptable to continue staying there.

SECTION A3 WITHDRAWAL OF SERVICES

✓ What You Are Covered For:

The **Insurer** will pay **You** the amount shown in the Schedule of Cover for each and every completed period of 24 hours where, due to strike or industrial action, **Your** pre booked hotel completely withdraws the following:

- i. water or electrical facilities; or
- ii. swimming pool facilities; or
- iii. kitchen services to the extent that no food is available; or
- iv. chambermaid facilities.

✗ What You Are Not Covered For:

1. claims which are not substantiated by a written report from the tour representative and/or hotel confirming the exact length, nature and cause of the disruption;
2. claims arising from strike or industrial action which was notified at the time the insurance was purchased;
3. claims for services not normally available prior to any strike or industrial action.

SECTION A4 SCHEDULED AIRLINE FAILURE

The **Insurer** will pay the amount shown on the Schedule of Cover for each person named on the **Validation Certificate** for:

1. Irrecoverable sums paid in advance in the event of insolvency of the scheduled airline provider not forming part of an inclusive holiday prior to departure; or
2. In the event of insolvency after departure:
 - a. additional pro rata costs incurred by the person in replacing that part of the flight arrangements to a similar standard to that originally booked; or
 - b. if curtailment of the holiday is unavoidable – the cost of return flights to the Republic of Ireland to a similar standard to that originally booked.

✗ What You Are Not Covered For:

1. Scheduled flights not booked within the Republic of Ireland;
2. Scheduled flights not booked through a bonded travel agent or direct with a scheduled airline;
3. The financial failure of:
 - a. any scheduled airline in chapter 11 at the date of issue of the **Policy Schedule**;
 - b. any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim); or
 - c. any travel agent, tour organiser, booking agent or consolidator with whom the insured has booked a scheduled flight.

SECTION B MEDICAL EXPENSES AND EMERGENCY REPATRIATION

✓ What You Are Covered For:

The **Insurer** will reimburse **You** up to the amount shown in the Schedule of Cover in respect of the following expenses necessarily incurred as a result of **You** sustaining **Accidental** bodily injury or unexpected illness or **Your** death:

1. **Medical Expenses**
 - a. cost of medical, surgical or hospital treatment (including emergency dental treatment up to €225 for the immediate relief of pain only) and emergency ambulance costs. The **Insurer** reserves the right to repatriate

when, in the opinion of the **Medical Practitioner** in attendance and the **Insurer's** Medical Advisors, **You** are fit to travel.

- b. cost of transporting **Your** remains to the Republic of Ireland, or the reasonable cost of funeral in the country where death occurs, if other than **Your** usual country of residence, up to €3,500.
- c. reasonable additional transportation and accommodation room only costs (up to €1,500 per person for accommodation room only) incurred by **You** and any one person travelling with **You**, as a result of **You** receiving medical advice from the **Medical Practitioner** in attendance and the **Insurer's** Medical Advisors that **Your** originally planned return journey to the Republic of Ireland is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date).

2. Emergency Repatriation

- a. the cost of **Your** return to the Republic of Ireland by medically appropriate means where, in the opinion of the **Insurer's** Medical Advisors, such return is medically necessary.

X What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** (unless **You** use a European Health Insurance Card which successfully reduces the amount of the claim) as shown in the Schedule of Cover;
2. claims arising if the person whose medical condition giving rise to the claim:
 - a. is travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical treatment.
 - b. is on a hospital waiting list or awaiting the results of any medical investigations.
 - c. has received a terminal prognosis.
3. claims arising if **Your** medical condition gives rise to the claim and **You**:
 - a. have received hospital inpatient treatment during the 12 months prior to the validation of this **Policy**
 - b. has suffered any medical condition in the last 12 months, which requires on going medication or has caused referral to a specialist.
 - c. have ever suffered from, had diagnosed, or been treated for:
 - i. a malignant disease (e.g cancer)
 - ii. a lung or heart related condition (excluding well controlled asthma)
 - iii. hypertension (high blood pressure)
 - iv. anxiety, depression or stress

Unless the condition has been declared to and accepted by Our Medical Screening Company

Failure to advise the Medical Screening Company of a preexisting condition will result in claims for those undisclosed conditions not being paid.

4. claims arising for treatment or surgery which, in the opinion of the **Insurer's** Medical Advisors, is not essential or can reasonably be delayed until **Your** return to the Republic of Ireland or **Your** usual country of residence;
5. claims arising from the additional costs of single or private hospital accommodation;
6. claims arising from medical treatment of any kind received in the Republic of Ireland or in **Your** usual country of residence;
7. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **Medical Practitioner**;
8. claims arising from medical treatment of any kind occurring after **You** have refused the offer of repatriation when, in the opinion of the **Medical Practitioner** in attendance and the **Insurer's** Medical Advisor, **You** are fit to travel;
9. claims arising in respect of physiotherapy treatment and other associated treatments, except as part of an ongoing treatment program for a serious injury which, in the opinion of the **Insurer's** Medical Advisors, cannot reasonably be delayed until **Your** return **Home**;
10. claims in respect of expenses arising from **You** not possessing return travel tickets.

SPECIAL NOTE: In the event of You dying, incurring medical expenses in Excess of €300, being involved in an Accident, being admitted to hospital, or curtailing for medical reasons, AXA Assistance must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify AXA Assistance will prejudice the Insurer and will result in the Insurer's non acceptance of liability of such claims. Should You require medical treatment in Australia, You must enroll with MEDICARE. It is not necessary to enroll on arrival. You can simply do this on the first occasion You receive treatment. In patient and out patient treatment at a public hospital is then available free of charge.

Should You be admitted to hospital then immediate contact must be made with AXA Assistance and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided. Wherever possible, give all such information and assistance as the Insurer may require.

SECTION C1 HOSPITALISATION BENEFIT

Not included in Travel Bond and Annual Multi Trip Light or Discovery-Backpackers Light.
This is separate from Medical Expenses Cover

✔ What You Are Covered For:

The Insurer will pay You the amount shown in the Schedule of Cover for each and every completed period of 24 hours for which You are an in patient in a hospital abroad, as a direct result of You sustaining **Accidental** bodily injury or unexpected illness which is covered under Section B.

SECTION C2 MUGGING BENEFIT

✔ What You Are Covered For:

The Insurer will pay You the amount shown in the Schedule of Cover if You receive in patient hospital treatment, which is covered under Section B, as a direct result of a Mugging (which means: a violent, threatening attack by a third party causing actual bodily harm).

SECTION D PERSONAL EFFECTS & BAGGAGE

Not included in Travel Bond and Annual Multi Trip Light or Discovery-Backpackers Light

✔ What You Are Covered For:

✔ **Lost, Stolen or Damaged** The Insurer will reimburse You up to the amount as shown in the Schedule of Cover, for the value of personal property taken or purchased on the Trip by You which is accidentally lost, stolen or damaged.

✔ **Travel Documents** The Insurer will reimburse You up to the maximum as shown in the Schedule of Cover for the value of Travel Documents (passport, green card, travel tickets, visas, accommodation vouchers and petrol coupons) held by You which are lost or stolen (and reasonable expenses directly consequential upon any such loss).

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

✘ What You Are Not Covered For:

The Insurer shall not be responsible for

1. the Excess as shown in the Schedule of Cover;
2. wear, tear and depreciation of the article(s);
3. claims arising from breakage of fragile articles unless caused by fire or **Accident** to a vehicle;

4. claims arising for loss, theft or damage to prams, buggies, wheelchairs, pedal cycles, motor vehicles, marine or diving equipment and craft, surfboards or related equipment or fittings of any kind;
5. claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage;
- 6a **(Travel Bond Policy)** claims arising for **Cash** (see section E), cheques, traveller's cheques, stamps, contact lenses, computer and telecommunication equipment of any kind, cellular telephones and TV sets;
- 6b **(Discovery/Backpacker Policy)** claims arising for **Cash** (see section E), cheques, traveller's cheques, stamps, spectacles and contact lenses, sunglasses, antiques, furs, binoculars, tape recorders, cassettes and players, radios, compact discs and players, computer and telecommunication equipment of any kind (with the exception of MP3 players and iPods), cellular telephones, video games and TV sets, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
7. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
8. claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
9. claims arising for breakage of **Sports Equipment** whilst in use;
10. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
11. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
12. claims arising for loss or damage of dentures or bridgework, artificial limbs or hearing aids of any kind;
13. claims arising from property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
14. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked enclosed boot or concealed by the parcel shelf or luggage cover in the fixed position in a hatchback or estate vehicle between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a Police report;
15. claims arising for loss or damage to items carried on a vehicle roof rack;
16. claims arising for loss, theft or damage to **Valuables** which at the time of such loss, theft or damage were located in checked -in luggage or an unattended motor vehicle;
17. claims arising for loss, theft or damage in excess of €100 occurring on a beach or in or around a swimming pool (including claims under Section E).

SECTION E

PERSONAL MONEY

Not included in Travel Bond and Annual Multi Trip Light or Discovery-Backpackers Light

What You Are Covered For:

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

What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
3. claims for loss which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported

in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;

4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft to **Cash** which at the time of such loss or theft was located in checked-in luggage or an unattended motor vehicle;
7. claims for loss or theft in excess of €100 occurring on a beach or in or around a swimming pool (including claims under Section D).
8. any loss of travellers cheques or cheques not immediately reported to the local bank or agent of the supplier in accordance with their instructions.
9. any loss resulting from the loss or theft of credit cards

SECTION F1 AND F2

TRAVEL DELAY AND HOLIDAY ABANDONMENT

What You Are Covered For:

In the event of a delay of **Your** planned first outward flight, rail or sea trip from the Republic of Ireland or planned final inbound flight, rail or sea trip to the Republic of Ireland, the **Insurer** will indemnify **You** as follows:

1. Travel Delay

The amount shown in the Schedule of Cover for the first 12 hour period of delay and an additional amount for each full 12 hour period of delay thereafter, up to the maximum amount shown in the Schedule of Cover, providing always that **You** obtain from the carrier a statement confirming the length and exact nature of the delay.

2. Abandonment

If the holiday or journey is necessarily cancelled following a delay of not less than 24 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for travel and accommodation expenses paid or contracted to be paid by **You** in respect of **Your** own **Trip** (prior to any occurrence giving rise to a claim under this section) and which are not recoverable. No claim shall be made under both Travel Delay and Abandonment.

What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased.
3. **Your** failure to check in at the airport, railway station or port in accordance with the travel itinerary supplied to **You**.
4. Any losses if **You** fail to obtain written confirmation from the airline or shipping or rail or coach line or their agents showing the period and reasons for the delay.
5. Any losses arising from a delay ordered by any government, civil authority or official government body.

SECTION F3

PET CARE

What You Are Covered For:

In the event of a delay of more than 12 hours to **Your** final planned inbound flight, rail or sea trip to the Republic of Ireland, the **Insurer** will indemnify **You** up to the amount stated in the Schedule of Cover in respect of additional kennel and/or cattery fees necessarily incurred as a direct result of the delay.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. claims not substantiated by a written report from the carrier stating the length and exact nature of the delay;
2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased.

SECTION G

HIJACK

✓ What You Are Covered For:

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

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

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

SECTION H

MISSED DEPARTURE

✓ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **You** are unable to reach the International point of departure of the booked travel itinerary on the initial outward or final return journey as a consequence of the failure of **Public Transport** services or the **Accident**/breakdown of a private motor car in which **You** are travelling.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising as a result of **You** not having taken reasonable steps to complete the journey to the departure point on time;
3. claims arising from the failure of **Public Transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point;
4. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
5. claims arising from vehicle breakdown that are not substantiated by a written report from a rescue service or garage.
6. any repair costs to the vehicle in which **You** are traveling in as a result of a mechanical breakdown or **Accident**.
7. any **Accident** involving a motor vehicle, which was the reason for the delay, which cannot be substantiated by the police or a motoring organisation.

SECTION I

PERSONAL ACCIDENT

✓ What You Are Covered For:

The **Insurer** will indemnify **You** or **Your** estate up to the sum insured as shown in the Schedule of Cover for one of the following Losses resulting from an **Accident** sustained by **You**:

Death, Loss of Limb(s), Loss of Sight or Permanent Total Disablement. Loss must occur within 180 days of the date of **Accident**. No benefits shall be paid for more than one Loss suffered.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. More than the amount shown in the Schedule of Cover if **Your** age is under 18 years or over 65 years at the date of effecting this insurance.
2. Any claim in excess of the amount stated in the Schedule in respect of any one **Insured** person.
3. More than one benefit arising out of any one incident.
4. Any claim arising due to contracting a disease or illness and/or medical condition.
5. Any claim arising due to the injection or ingestion of any substance.
6. Any event which directly or indirectly exacerbates a previously existing physical bodily injury.
7. Any claim not certified by an independent **Medical Practitioner**.

SECTION J PERSONAL LIABILITY

✓ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for **Your** legal liability for accidental injury to third parties and/or **Accidental** damage to their property. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under Irish law.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** for each claim for damage to property as shown in the Schedule of Cover;
2. claims arising directly or indirectly from, happening through or in consequence of:
 - i. employer's liability, contractual liability, or liability to a member of **Your** family, **Your** travelling companion's family or to **Your** travelling companion;
 - ii. animals belonging to **You**, or in **Your** care, custody or control;
 - iii. willful, malicious or unlawful acts or the use of firearms or weapons of any kind;
 - iv. the pursuit of trade, business or profession;
 - v. ownership or occupation of land or buildings; or
 - vi. the influence of intoxicating liquor or drugs;
3. claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance;
4. claims for legal fees and costs resulting from any criminal proceedings.
5. claims arising in respect of any wilful or criminal act or assault.

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

SECTION K LEGAL EXPENSES

✓ **What You Are Covered For:**

The **Insurer** will reimburse **You** up to the amount as shown in the Schedule of Cover, for legal costs incurred by **You** in pursuit of legal proceedings against third parties (excluding any member of **Your** family or travelling companion) for any compensation owed to **You** arising directly from physical bodily injury or death during the Period of Insurance.

✗ **What You Are Not Covered For:**

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for any legal expenses incurred without prior authorisation by the **Insurer**;
3. claims arising where the **Insurer** considers **Your** prospects of success in achieving a reasonable benefit to be insufficient;
4. claims arising pursuant to a contingent fee agreement between **You** and **Your** counsel;
5. claims arising for travel and accommodation expenses in pursuit of a legal action;
6. claims arising from **You** pursuing legal proceedings as part of and/or on behalf of a group or organisation;
7. claims incurred for any legal costs pursuant to a legal action against the **Insurer**, Crispin Speers and Partners, White Horse Insurance Ireland Claims Department, Travel Insurance Agencies Limited, AXA Assistance or any associated company.
8. any claim for legal costs where **You** are pursuing legal action relating directly or indirectly to medical negligence.
9. any claim for travel and accommodation expenses which **You** have incurred whilst pursuing legal action.

SPECIAL NOTE: You must comply with the following procedures: You shall apply to the Insurer for a written acknowledgement by the Insurer of the existence of a potentially viable claim. If an acknowledgement is granted, the Insurer shall initially pay up to 5% of the amount shown in the Schedule of Cover for legal costs incurred by You to determine the probability of success in achieving a reasonable benefit. This shall include an assessment of the legal liability of the potential defendant and the ability to collect damages from the potential defendant. The Insurer shall not be responsible for any legal expenses incurred prior to its issuing You with a written acknowledgement of the existence of a potentially viable claim. In the event that You are awarded legal costs as part of any judgment or settlement, the Insurer shall be entitled to repayment by You of any sums paid under this Section. In the event that You are awarded compensation (by judgement or settlement), the Insurer shall be entitled to recover from You two thirds of any sum paid to You under any section of this policy on account of the same incident for which compensation is received. Claims in respect of Sections J and K must be notified to White Horse Administration Services Ireland Claims Department in writing immediately.

WINTERSPORTS COVER

Provided when Wintersports Cover is effected and appropriate premium paid. Wintersports cover shall not be bound by Exclusions Applicable to All Sections, paragraph 10, in so far as it excludes 'All Wintersports'.

However, the following activities will still be excluded from cover: ski jumping, ski flying, heli skiing, ski acrobatics, ski stunting, freestyle skiing, off piste skiing on areas designated as unsafe by resort management, ski racing and training, ski bob racing, parapenting, ice hockey and use of skeletons and bobsleighs.

SECTION L SKI EQUIPMENT

✓ **What You Are Covered For:**

The **Insurer** will indemnify **You** in respect of loss or breakage of **Ski Equipment** up to the amount shown in the Schedule of Cover for owned and hired **Ski Equipment**. In the case of owned **Ski Equipment**, each claim is subject to a maximum payment for any **Single Item** shown in the Schedule of Cover.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such a carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
6. claims arising for **Ski Equipment** left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
7. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of damage or forced entry which is confirmed by a Police report;
8. breakage of **Ski Equipment** over 5 years old;

SPECIAL NOTE: The Insurer's liability for Ski Equipment owned by You shall be further limited as follows: Up to 1 year old – 90% of purchase price Up to 2 years old – 70% of purchase price Up to 3 years old – 50% of purchase price Up to 4 years old – 30% of purchase price Up to 5 years old – 20% of purchase price Over 5 years old – nil The Insurer's liability for Ski Equipment hired by You shall be further limited to Your liability for such loss or damage.

SECTION M SKI HIRE

✓ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for each 24 hour period for the cost of necessary hire of **Ski Equipment** following:

- a. loss or breakage of **Your Ski Equipment**; or
- b. the misdirection or delay in transit of **Your Ski Equipment** for 12 hours.

✗ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
5. claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
6. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot or lockable roof rack between 8am – 8pm local time and there is evidence of forced entry which is confirmed by a Police report;
7. claims arising from delay, detention, seizure or confiscation by Customs or other officials.

SECTION N SKI PACK

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount as shown in the Schedule of Cover, for the proportionate value of any ski pass, ski hire or tuition fee necessarily unused due to the following:

- a. **Your Accident** or sickness.
- b. loss or theft of **Your** ski pass.

✘ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for loss or theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
3. claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
4. claims arising for loss or theft from an unattended motor vehicle;
5. claims arising from a medical condition which is not substantiated by a report from the treating **Medical Practitioner** confirming **Your** inability to ski.

SECTION O PISTE CLOSURE

✔ What You Are Covered For:

In the event that, due to lack of snow fall or adverse weather in the pre-booked **Wintersports** resort between the months of December to March in the Northern hemisphere and between the months of April and July in the Southern hemisphere and no alternative being available, **You** are not allowed to ski for a period in excess of 12 hours, the **Insurer** will pay the benefit as shown in the Schedule of Cover for each full 24 hour period in which **You** are unable to ski, up to the maximum as shown in the Schedule of Cover.

✘ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. claims arising which are not substantiated by a report from the resort management.
2. claims arising due to lack of snow fall in a **Wintersports** resort which does not possess skiing facilities above 1,000 metres.

SECTION P DELAY DUE TO AVALANCHE

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover for additional travel and accommodation expenses in the event that **Your** outward or return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche.

✘ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising which are not substantiated by a report from the resort management.

BUSINESS COVER

Provided when Business Cover is effected and appropriate premium paid.

SECTION Q1 BUSINESS EQUIPMENT

✔ What You Are Covered For:

For Lost, Stolen or Damaged The **Insurer** will reimburse **You** up to the amount shown in the Schedule of Cover for the value of computer equipment, communication devices and other business related equipment which is necessarily carried by **You** in the course of **Your** business, which is accidentally lost, stolen or damaged. The maximum payment for any **Single Item** is shown in the Schedule of Cover. The maximum payment for computer equipment is shown in the Schedule of Cover. The maximum payment for Samples is shown in the Schedule of Cover.

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

Emergency Courier of Essential Business Baggage

The **Insurer** will reimburse **You** up to the amount shown in the Schedule of Cover for emergency courier expenses necessarily incurred in replacing business equipment essential to **Your** intended business itinerary as a result of loss, theft or damage covered under this Section.

✘ What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover;
2. wear, tear and depreciation of the article(s);
3. claims arising from breakage of fragile articles unless caused by fire or accident to a vehicle;
4. claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage;
5. claims for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
6. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property irregularity Report will be required;
7. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
8. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
9. claims arising for property left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
10. claims arising for loss, theft or damage of items from an unattended motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a Police report;
11. claims arising for loss, theft or damage to items carried on a vehicle roof rack.
12. Loss, theft or damage to business equipment whilst in the custody of an airline or other carrier.

SECTION Q2 BUSINESS EQUIPMENT HIRE

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for each 24 hour period, for the cost of necessary hire of business equipment, following:

- a. loss or breakage of **Your** business equipment; or
- b. the misdirection or delay in transit for at least 12 hours of **Your** business equipment.

✘ What You Are Not Covered For:

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

1. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
2. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
3. claims arising for loss, theft or damage to business equipment shipped as freight or under a Bill of Lading;
4. claims arising for business equipment left unattended in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the business equipment;
5. claims arising for loss, theft or damage of business equipment from an unattended motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a Police report;
6. claims arising for loss, theft or damage to business equipment carried on a vehicle roof rack.

SECTION Q3 BUSINESS MONEY

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount as shown in the Schedule of Cover in respect of loss of **Cash** or traveller's cheques (unless the issuer provides a replacement service) which is the property of **Your** employer or **You**, if **You** are self employed, and carried on **Your** person unless placed in a safety deposit box or similar locked, fixed receptacle. Cover for **Cash** is limited to the **Cash** limit as shown in the Schedule of Cover.

✘ What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover;
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official report obtained;
3. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error omission or depreciation in value;
6. claims arising for loss or theft to **Cash** which at the time of such loss or theft was located in checked- in luggage or an unattended motor vehicle.

SECTION Q4 EMPLOYEE REPLACEMENT

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover in respect of the cost of economy class return air fare for reasonable and necessary expenses incurred by **You** in sending a substitute person to complete a **Trip** following the disablement of **You** as a result of bodily injury or unexpected illness, where such disablement is likely to last for at least 7 days.

✘ What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover;
2. The cost of air travel other than for an economy class scheduled return air fare.
3. Any losses not confirmed by a qualified **Medical Practitioner**.

GOLF COVER

Provided when Golf Cover is effected and appropriate premium paid.

SECTION R1 GOLF EQUIPMENT

✔ What You Are Covered For:

Lost, Stolen or Damaged The **Insurer** will reimburse **You** up to the amount as shown in the Schedule of Cover, for the value of Golf Equipment taken or purchased on the **Trip** by **You** which is accidentally lost, stolen or damaged.

✘ What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover.
 - a. Exclusions applicable to **SECTION D – PERSONAL EFFECTS AND BAGGAGE** will also apply where appropriate.

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

SECTION R2 GOLF HIRE

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for each 24 hour period, for the cost of necessary hire of Golf Equipment, following the misdirection or delay in transit for at least 12 hours of **Your** Golf equipment

✘ What You Are Not Covered For:

The **Insurer** shall not be responsible for

1. claims arising for delay which has not been reported to any appropriate authority within 24 hours of discovery and an official report obtained. In the case of an airline, a Property Irregularity Report will be required.

SECTION R3 GREEN FEES

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover for loss of pre paid green fees which **You** cannot get back from anywhere else, if the course **You** are due to play is completely closed because of snow, frost, water logging, fog or high winds.

✘ What You Are Not Covered For:

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

1. Compensation unless **You** have a letter from the secretary of the club confirming the date and reason for the course closure.

PHOTOGRAPHIC EQUIPMENT EXTENSION

Effected when additional premium is paid

SECTION S1 PHOTOGRAPHIC EQUIPMENT

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover in respect of:

- a. Accidental Damage within the Geographical Limits to arrange for the repair of the item of Property Insured where it can be economically repaired to the prior level of functionality. If in **Our** opinion this is not possible, for items of Property Insured up to 3 years old for which an original receipt is supplied, **We** will pay the cost of replacing the item of Property Insured with a new, or a similar article of like kind, functionality and quality as the item of Property Insured. For articles which are over 3 years old where an original receipt is supplied **We** will pay the cost of replacing the article up to the market value; or
- b. Theft within the Geographical Limits to pay for items of property insured up to 3 years old for which an original receipt is supplied, the cost of replacing the item with a new, or similar article of like kind, functionality and quality as the item of Property Insured. For articles which are over 3 years old where proof of purchase is supplied **We** will pay the cost of replacing the item up to the market value.

✘ What You Are Not Covered For:

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

1. the **Excess** as shown in the Schedule of Cover.
2. Exclusions applicable to **SECTION D – PERSONAL EFFECTS AND BAGGAGE** will also apply.

EXCLUSIONS APPLICABLE TO ALL SECTIONS ON THE INSURANCE

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

1. for any claims in any way caused or contributed to by:
 - a. the failure of; or
 - b. the fear of the failure of; or
 - c. the inability of any equipment or any computer program to recognise, interpret correctly or process any date as its true calendar date or to continue to function correctly beyond that date (except claims under Sections B, C and I);
2. directly or indirectly by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, terrorism, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B, Section C1, Section G or Section I unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **Trip**.
3. from loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising therefrom, or any consequential loss or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, or arising from:
 - a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
 - b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
4. from HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex.
5. from **You** engaging in any illegal or criminal act;
6. from any consequential loss whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance (except as provided in Section D relating to loss of Travel Documents);
7. directly or indirectly out of **Your** financial incapacity;
8. which, but for the existence of this insurance, would be covered under any other insurance **Policy(ies)**, including any amounts recovered by **You** from Private Health Insurance, European Health Insurance Card payments, any Reciprocal Health Agreements, Airlines, Hotels, Home Contents Insurance or any other recovery available to **You**, except in respect of any excess beyond which would have been covered under such other insurance or facility had this insurance not been effected;
9. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation; other than as provided under Section A4, Scheduled Airline Failure.
10. from any Hazardous Activity unless declared to and agreed by the **Insurer** with any required additional premium paid and/or amendments to the policy conditions;
11. from suicide or attempted suicide or willful exposure to danger (except in an attempt to save human life), sexually transmitted disease or the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating **Medical Practitioner**;
12. claims arising from anxiety, stress or depression except where previously undiagnosed at the date of issue of this insurance and results in in-patient hospital treatment, unless declared to and agreed by the **Insurer**;
13. from **You** being in or entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **You** are travelling as a passenger other than as a member of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon;
14. from **Your** willful exposure to a peril. **You** must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property as if uninsured;
15. directly or indirectly from **You** being engaged in any manual employment (other than ground level, no machinery) after the commencement of the **Trip**;
16. which have not been proven and the amount thereof substantiated.
17. from **You** travelling against the advice of a **Medical Practitioner**.
18. directly or indirectly from any non disclosed **Pre-Existing Medical Condition** which **You** should declare to and have accepted by **Our** Medical Screening Company as per the Health Conditions.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. All Material Facts must be disclosed to the Insurer at the time of taking out this Insurance. Failure to do so may result in the Insurer's non liability for claims. A Material Fact is any fact known to You which is likely to influence the Insurer in the acceptance or assessment of the insurance. If You are in any doubt as to whether a fact is 'material' then for Your own protection it should be disclosed. All information provided in purchasing this insurance shall form the basis of the contract. You should keep a record (including copies of letters) of all information provided to the issuing broker/agent for the purpose of entering into this contract.
2. All certificates, information and evidence required by the Insurer shall be furnished at Your or Your legal personal representatives' expense and shall be in such form and of such nature as the Insurer may prescribe. You shall, as often as required, submit to a medical examination on behalf of the Insurer at Your expense. In the event of Your death, the Insurer shall be entitled to have a post mortem examination at their own expense. Any items which become the subject of a claim for damage shall be retained for Insurer's inspection and shall be forwarded to their Agents upon request at Your or Your legal personal representatives' expense. All such items shall become the property of the Underwriter following final settlement of the claim.
3. In the event of any occurrence which may give rise to a claim under this insurance, You shall take all reasonable steps to minimise any loss arising out of such claim.
4. This insurance is non- transferable. No premium will be refunded, either in full or on a pro -rata basis, after the expiry of the money back guarantee period.
5. The Insurer may, at its own expense, take proceedings in Your name to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the Insurer.
6. In the event that You recover, by any means, damages from any third party in respect of personal accident in the circumstances defined in Section I, all benefits paid to You under Section I shall be repaid to the Insurer.
7. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this Policy, all benefits thereunder shall be forfeited as well as all premiums paid.
8. In the event that You experience a problem with the Policy or the claims process, please refer to the Complaints Procedure below.

MAKING A CLAIM

For all Sections

If You need to make a claim please obtain a claim form no later than 31 days after the event by phoning the claims helpline on 0818 946910

If requesting a claim form by phone please give Your name, address, Validation Certificate number, Reference Number WHIIL/TIA€/09/2010 and brief details of Your claim. When returning the claim form, please include all relevant documentation. Please send originals – not photocopies (keep copies for Your records). For all claims You will need to send Your original insurance Validation Certificate and policy wording and Your original holiday booking invoice.

COMPLAINTS PROCEDURE

It is the intention to give You the best possible service but if You do have any questions or concerns about this Insurance or the handling of a claim You should in the first instance contact the Managing Director of the Administrators. The contact details are:

Travel Insurance Agencies Ltd, Seymour House, Unit D, 30-34 Muspole Street, Norwich NR3 1DJ, United Kingdom.
E-mail: support@insurance.uk.com

Please ensure Your Master Policy Number is quoted in all correspondence to assist a quick and efficient response. In the event You remain dissatisfied and wish to make a complaint, You can do so by contacting the following:

The Claims Manager,
White Horse Administration Services Ireland Claims Department,
PO Box 644, Shannon, Co Clare

If it is impossible to reach an agreement, **You** have the right to make an appeal to the Financial Services Ombudsman's Bureau, Third Floor, Lincoln House, Lincoln Place, Dublin 2, Republic of Ireland

LoCall: 1890 882090.

Telephone: 00353 (1) 6620 899 Fax: 00353 (1) 6620 890

Please note that the Ombudsman will not consider **Your** case until **You** have followed the internal complaints procedure by writing to **Our** Claims Manager, as outlined above. Please quote **Your** insurance reference number and/or **Your** claim number in all **Your** correspondence to all parties involved with this procedure. This procedure is intended to provide **You** with a prompt and practical service with any complaint that **You** may have, and does not affect **Your** legal rights.

Additional Information

COMPENSATION SCHEME

White Horse Insurance Ireland Limited is covered by the Financial Services Compensation Fund in the United Kingdom. **You** may be entitled to compensation from the fund if White Horse Insurance Ireland Limited cannot meet their obligations. The Financial Services Compensation Fund provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The fund will provide an amount up to £2,000 plus 90% of the remainder of the claim. **You** can get more information about compensation fund arrangements from the Financial Services Authority.

DATA PROTECTION ACT 1998

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

USEFUL TIPS AND INFORMATION

BEFORE YOU LEAVE

- Read through **Your** travel insurance **Policy** to make sure **You** understand what **You** are covered for and what restrictions there might be.
- Obtain a European Health Insurance Card (EHIC) via Your local Health Office, on-line at www.ehic.ie. This may help reduce the cost of any **Excess** payments.
- If **You** are on prescribed medication, make sure **You** have sufficient for **Your Trip** and take a prescription from the **Medical Practitioner** to show they are genuinely prescribed.
- Make sure **Your** Passports are up to date and won't expire before **You** return or within a reasonable period afterwards. Also make sure **You** have valid visas where required.
- **You** should not pack **Valuables**, money, important documents, and photographic equipment in **Your** checked in luggage. Always carry such items in **Your** hand luggage.
- Arrange for someone to look after **Your Home** and remove any mail from the post box. If possible ask them to turn lights on and off and draw curtains at appropriate times. If that is not possible, invest in a timer switch to turn lights and radios on and off. Do not leave hidden keys, make sure garden furniture, tools and ladders are locked away, and make sure **You** securely lock all doors and windows.

WHILST AWAY

- Limit the amount of cash **You** carry. Credit cards and travellers cheques are far safer.
- Keep all receipts for medical treatment and other expenses.
- Check that water is safe to drink. If **You** are not sure, drink bottled water and avoid ice in drinks. Avoid uncooked food unless **You** can peel and prepare it yourself.
- The sun is often stronger than **You** think. Make sure **You** use a high factor sun screen and drink plenty of liquids.
- If **You** have anything stolen or if **You** lose anything, inform the local Police or appropriate authority within 24 hours and obtain a written report from them.
- If luggage is lost or delayed in transit, obtain a report from the airline or carrier.
- If **You** extend **Your** stay abroad inform **Your** insurance company at least five days in advance of the **Policy** expiry date and request an extension. **Policies** cannot be extended once they have expired.

TELEPHONES

When calling from a telephone abroad:

- **To dial into Ireland from abroad**, you must dial the international access code (Commonly 00), followed by the Irish international code, 353 and the telephone number. You should drop the leading 0 from the area code.
- **To dial into the UK from abroad**, you must dial the international access code (Commonly 00), followed by the UK international code, 44 and the telephone number. You should drop the leading 0 from the area code.

Using a mobile phone can be expensive but is very useful in emergencies.

- Make sure that International Roaming is turned on by your mobile phone service provider.
- Insure your phone with a reputable insurance company or your mobile phone provider.
- Remember, whilst abroad you will probably have to pay to receive calls as well as send them.



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from Travel Insurance Agencies Limited