

PERSONAL ACCIDENT POLICY FOR SPECIALTY SOLUTIONS RISKS

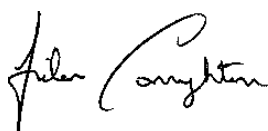
This policy is a contract between the *Policyholder* and the *Insurer*, AIG Europe S.A. The *Insurer* agrees to give the insurance cover set out in this policy under the sections (and subsections) of cover that are shown as being included on the *Policy Schedule*. This policy, the *Policy Schedule* and all attached memoranda and endorsements detail the entire cover provided and the terms and conditions applying to it.

The *Insurer* will only provide cover for those people who are shown as being insured on the *Policy Schedule* or any attached memoranda or endorsements for the *Period of Insurance* as long as the required premium has been paid and the *Insurer* has accepted it.

The *Policyholder* should read this policy, your application form and *Policy Schedule* to make sure that they understand the cover provided and the limitations applying. If there are any elements of the cover that require clarification or do not meet the needs of the *Policyholder*, the *Policyholder* should in the first instance raise these with their insurance intermediary, where applicable.

Your Completed Application Form is a precise record of the information you provided us when applying for this insurance cover. **Your acceptance of this insurance policy confirms that your answers have been provided honestly and with reasonable care.** Please note that failure to do so may result in your policy being cancelled or we may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which you should read carefully.

Signed for and on behalf of



Aidan Connaughton
General Manager
AIG Europe S.A.
30 North Wall Quay
International Financial Services Centre
Dublin 1

The appropriate Stamp Duty has or will be paid to the Revenue Commissioners in accordance with the provisions of Section 19 of the Finance Act 1950 amended.

This insurance is underwritten by AIG Europe S.A.

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, and is regulated by the Central Bank of Ireland for conduct of business rules.

SpecialtySolutions 09/2021



Table of Contents

	Page
Section 1: Introduction & General Policy Definitions	3-5
Section 2: General Policy Conditions	6-11
Section 3: General Policy Exclusions	12
Section 4: Claims Provisions	13
Section 5: Operative Time	14
Section 6: Core Coverage:	
6.1 Accidental Death	15
Section 7: Optional Policy Covers:	
7.1 Permanent Total Disability	16-17
7.2 Permanent Partial Disability	17-18
7.3 Temporary Total Disablement	19
7.4 Medical Expenses	20
7.5 Burns Benefit	21
7.6 Fracture Benefit	22
7.7 Accident Hospital Cash Benefit	23
7.8 Sickness Hospital Cash Benefit	24
7.9 Home Convalescence	25
7.10 Coma Benefit	26
7.11 Facial Scarring & Disfigurement	27
7.12 Optical Injury	28
7.13 Accidental Damage to Teeth	29
7.14 Rehabilitation Benefit	30
7.15 Spouse & Dependant Children Benefit	31
7.16 Paralysis Benefit	31
7.17 War Risk Coverage	32
7.18 Assault Benefit	33
7.19 Home Alteration and Vehicle Modification Benefit	34
7.20 Psychological Therapy Benefit	35
7.21 Tuition Benefit	36
7.22 Loss of Enjoyment of Life	37
7.23 Repatriation of remains Benefit	38
7.24 Seat Belt and Air Bag Benefit Cover	39
7.25 Personal Diving Equipment Loss	40
7.26 Robbery Benefit	41
7.27 Bereavement and Trauma Counselling	42
7.28 Catastrophe Cash Benefit	43
7.29 Crisis Containment & Disaster Evacuation	44
7.30 Ticket Cancellation Coverage	45

Section 1 – INTRODUCTION AND GENERAL POLICY DEFINITIONS

In this Policy the following terms shall have the following meanings:

1.1 Accident

A sudden, external and unexpected event causing *Bodily Injury*. In cases where a sudden and unexpected event was caused by a pre-existing condition, only injuries or death directly related to the event will be covered.

1.2 Accumulation Limit

The maximum amount the *Insurer* will pay under this and any other accident insurance issued by the *Insurer* in the name of the *Policyholder* for all the *Insured Persons* suffering *Bodily Injury* in the same *Accident* or series of *Accidents*, caused by or consequent upon the same cause, event or circumstance.

The consequent reduction of liability in view of the *Accumulation Limits* shall be made proportionally to the sums insured for each *Insured Person*.

1.3 Beneficiary

In case of death of the *Insured Person*, the beneficiary is, unless otherwise confirmed in writing by the *Policyholder* or *Insured Person*, the legal heir according to the laws of the Republic of Ireland. In all other circumstances, the beneficiary is the *Insured Person*.

1.4 Bodily Injury

Injury to the body caused by an *Accident* during the *Period of Insurance* but not including:

- *Sickness*, unless this results from injury to the body;
- post-traumatic stress disorder; or
- a psychological or psychiatric illness or condition except incurable insanity where such condition is a direct consequence of an *Accident*;
- any naturally occurring condition or degenerative process; or
- any gradually operating cause.

1.5 Child or Children

Unmarried children of the *Insured Person*, aged under 23 years, either residing with the *Insured Person* or living away from home for full-time education purposes.

1.6 Coma means a state of deep often prolonged unconsciousness in which an individual is incapable of sensing or responding to external stimuli and internal needs.

1.7 Completed Application Form

The completed application form is a precise record of the answers the *Policyholder* provided to each of the specific questions asked by the *Insurer* at the pre-contractual stage of a contract of insurance. This includes the information and/or answers to any statement or fact, proposal (including mid-term adjustments) or renewal form previously supplied and completed by the *Policyholder*. The *Policyholder* must answer all of the questions on the completed application form honestly and with reasonable care, failure to do so may be regarded as a *Misrepresentation*.

1.7 Convalescence means a period of recuperation on the orders of a *Medical Practitioner* after *Hospitalisation* of at least 5 nights.

1.8 Covered Activity or Activities

Means those activities set out in the *Covered Activities* section of the *Policy Schedule*, with respect to which *Insured Persons* are provided accident insurance benefits under this Policy.

1.9 Hospitalisation

An over-night stay in a *Hospital* as an in-patient, such confinement being certified necessary by a *Medical Practitioner*.

- 1.10 Hospital**
An institution which has accommodation for residential patients and facilities for medical diagnoses, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, a geriatric or a convalescence home or an extended care facility
- 1.11 Insured Person**
Any person up to age 80 years, unless otherwise agreed with the *Insurer* in writing, as described in the *Policy Schedule* as being an *Insured Person*
- 1.12 Insurer**
AIG Europe S.A.
- 1.13 Medical Practitioner**
Any suitably qualified medical practitioner in practice in accordance with the requirements of the applicable legislation other than:
- an *Insured Person*;
- a *Spouse*, *Child* or other member of the immediate family of an *Insured Person*;
- an employee of the *Policyholder*.
The term *Medical Practitioner* includes doctor, specialist and surgeon.
- 1.14 Misrepresentation**
Any innocent, negligent or fraudulent answers provided by the *Policyholder* to the questions on the *Completed Application Form*.
- 1.15 Partner**
A person with whom the *Insured Person* resides permanently under marriage-like conditions and who usually lives at the same address, provided that neither of them is married or in a Civil Partnership or Civil Union.
- 1.16 Period of Insurance**
The period of time during which cover is provided under this Policy as shown in the *Policy Schedule*.
- 1.17 Personal Information**
Personal Information shall mean information that relates to an *Insured Person* or other individuals (e.g. the dependants of an *Insured Person*)
- 1.18 Policyholder**
The entity who has taken out this insurance with the *Insurer* and which is named as such in the *Policy Schedule*.
- 1.19 Policy Schedule**
Document provided to the *Policyholder* by the *Insurer* showing details of the cover the *Policyholder* has taken out.
- 1.20 Pre-Contract Application Form**
The application form provided by the *Insurer* to the *Policyholder* at pre-contractual stage of a contract of insurance. The *Policyholder* must answer the questions on the pre-contract application form honestly and with reasonable care, failure to do so may be regarded as a *Misrepresentation* (see Impact of Misrepresentations section).
- 1.21 Renewal Date**
Annual anniversary of the first date of cover in each *Period of Insurance*

1.22 Scheduled Flight

A flight which originates or ends at an internationally recognised airport according to the published schedule of an airline.

1.23 Sickness

Any fortuitous bodily illness or sickness diagnosed during the *Period of Insurance*, but excluding any illness or sickness which arises out of a condition or defect for which medical treatment was advised, sought out, or should have reasonably been sought out, or received within 24 months before the date coverage under this Policy began.

1.24 Spouse

The *Insured Person's* wife or husband from whom he/she has not been physically separated by law, *Partner*, or any other person in a Civil Partnership or Civil Union with the *Insured Person* and usually living at the same address.

1.25 Sum Insured

The maximum amount of cover up to which the *Policyholder* or an *Insured Person* can claim.

1.26 United Kingdom

England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

1.27 War

Any activity arising out of, or attempt to participate in, the use of military force between nations, civil war, revolution and invasion, insurrection, use of military power or usurpation of government or military power, intentional use of military force to intercept, prevent, or mitigate any known or suspected act of Terrorism.

Section 2 - GENERAL POLICY CONDITIONS

These general policy conditions are applicable to this policy as a whole. Please read each section to see further additional conditions and provisions relating to that section.

The *Policyholder* must comply and ensure that *Insured Persons* also comply with the General Policy Conditions and the additional conditions and provisions detailed in each section of this policy otherwise the *Insurer* may refuse to pay any relevant claim under this policy.

Pre-Contract Application Form

The *Policyholder* must answer all the questions on the *Pre-contract Application* honestly and with reasonable care, this includes the information and/or answers to any statement of fact, proposal (including mid-term adjustments) or renewal form supplied by the *Insured* to the *Insurer* (and which the *Insurer* may have used to pre-populate on a *Pre-Contract Application Form* by AIG using this information and answers that the *Insured* most recently provided us with). Failure to do so may result in your policy being cancelled or we may refuse to deal with any claims or reduce the amount of a claim payment, as detailed under the **Impact of Misrepresentation** section, which you should read carefully.

The *Policyholder* shall either immediately or as soon as reasonably possible inform the *Insurer* if any of the answers or information given in the *Pre-contract Application* form is inaccurate or has changed before completion of the contract of insurance.

2.1 Area of Cover

Worldwide.

2.2 Arbitration

All differences arising out of this policy will be referred to the decision of an Arbitrator to be appointed in writing by the *Insurer* and the *Policyholder*.

If the *Insurer* and the *Policyholder* cannot agree upon a single Arbitrator, then the *Insurer* will appoint one Arbitrator and the *Policyholder* will appoint another Arbitrator.

The appointment of the Arbitrators must be completed within one calendar month after having been required in writing to do so by either the *Insurer* or the *Policyholder* on the other party.

If the two Arbitrators cannot agree upon a decision, then an umpire will be appointed by the Arbitrators. The umpire will carry out a review, and preside at meetings, with the Arbitrators and will make a final decision with regard to the claim.

The making of any award by the Arbitrators or umpire will be a condition precedent to any right of action against the *Insurer*.

If the *Insurer* disclaims liability for a claim and the claim is not referred to arbitration within twelve calendar months from the date of the disclaimer, then the claim is deemed to have been abandoned and will not be recoverable under this policy.

2.3 Period of Insurance

The *Period of Insurance* starts on the date stated in the *Policy Schedule* and is renewable annually thereafter.

2.4 Change in risk

The *Policyholder* must notify the *Insurer* immediately of changes in its activities during the *Period of Insurance*, including changing type of activity, any acquisition, establishment or disposal of companies. If such change involves an increased risk, the *Insurer* can amend the premium and the provisions of the insurance. The *Policyholder* can refuse the amendment by cancelling the Policy within 30 consecutive days of the notification of the amendment. The *Insurer* may change the premium and conditions of this insurance at the start date of each *Period of Insurance*.

2.5 Governing Law and Jurisdiction

This Policy is governed by the laws of the Republic of Ireland and any dispute arising from its interpretation will be subject to the exclusive jurisdiction of the Courts of the Republic of Ireland.

2.6 Complaints and Disputes

AIG Europe S.A. wants to give you the best possible service. If you feel you have cause for complaint you should contact:

The Customer Complaints Officer
AIG Europe S.A.,
30 North Wall Quay,
IFSC,
Dublin 1,
D01 R8H7.

Phone: +353 1 208 4908

E-mail: customercomplaints.ie@aig.com

Website: www.aig.ie/complaints

We will acknowledge the complaint within 5 business days of receiving it, keep the complainant informed of progress and provide an answer within one month (unless specific circumstances prevents us from doing so, in which case the complainant will be informed).

If you are a consumer and you are not satisfied with the final outcome of your complaint, you can make a complaint to the Financial Services and Pensions Ombudsman:

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

Phone: +353 1 567 7000

E-mail: info@fspo.ie

Website: www.fspo.ie

As AIG Europe S.A. is a Luxembourg based insurance company, complainants who are natural persons acting outside of their professional activity may also, in addition to the complaints procedure set out above, if they are not satisfied with AIG's Irish Branch response or in the absence of response after 90 days:

- raise the complaint with our head office by writing to AIG Europe SA "Service Reclamations Niveau Direction" 35D Avenue JF Kennedy L- 1855 Luxembourg - Grand Duché de Luxembourg or by email at aigueurope.luxcomplaints@aig.com ;
- access one of the Luxembourg mediator bodies the contact details of which are available on AIG Europe S.A.'s website: <http://www.aig.lu/>; or
- lodge a request for an "out of court resolution" process with the Luxembourg Commissariat Aux Assurances (CAA) by writing to CAA, 11 rue Robert Stumper, L-2557 Luxembourg, or by email at reclamation@caa.lu or online through the CAA website: <http://www.caa.lu>.

All requests to the CAA or to one of the Luxembourg mediator bodies must be filed in Luxembourgish, German, French or English.

Complainants may also use the EU Consumer Redress platform using the following link: https://consumer-redress.ec.europa.eu/index_en.



Following this complaint procedure or making use of the one of the above options does not affect the complainant's right to take legal action.

Insurance Compensation Fund

You may be entitled to compensation from the scheme in the unlikely event that AIG Europe S.A. cannot meet its obligations. The maximum amount that could be available in respect of any sum due to a policyholder is 65% of the sum due or €825,000, whichever is the lesser. Further information on the Insurance Compensation Fund is available on the Central Bank of Ireland's website through the following link:
<https://www.centralbank.ie/regulation/industry-market-sectors/insurance-reinsurance/solvency-ii/insurance-compensation-fund>



2.7 Fraud

Any deliberate dishonesty or hiding of information will make this Policy invalid. If this happens, the *Beneficiary* will lose any benefit due and must pay back any benefit that the *Insurer* may have already paid. The *Insurer* will not refund any premiums.

2.8 Data Processing, Data Files and Privacy

In this Section, “You/Your” means the *Insured* or the *Insured Person* as applicable. AIG Europe S.A. is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of personal information the company may collect and why

Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing and research analysis.

Sharing of Personal Information

For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers’ compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer

Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information

Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights

You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy

More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.aig.ie/privacy-policy> or you may request a copy by writing to: Data Protection Officer, AIG Europe S.A. 30 North Wall Quay, International Financial Service Centre, Dublin 1 or by email at: dataprotectionofficer.ie@aig.com.

2.9 Reasonable Care

The *Policyholder* and each *Insured Person* shall take all reasonable steps to avoid and/or minimise any loss or injury.

2.10 Notices

Any notice served by the *Policyholder* or *Insured Person* under this policy must be sent to the following address unless otherwise agreed in writing by the *Insurer*:

The Accident & Health Department, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

2.11 Policy Cancellation

The *Insurer* can cancel this Policy by giving 30 consecutive days written notice to the *Policyholder* at the *Policyholder's* last known address.

The *Policyholder* can cancel this Policy by giving 30 consecutive days written notice to the *Insurer* at the *Insurer's* head office address at 30 North Wall Quay, International Financial Services Centre, Dublin 1. If this happens, provided no claim has been paid or is payable and no incident has occurred which could give rise to a claim under this policy, the premium for the period up to the date when the cancellation takes effect will be calculated and any unearned portion of the premium paid will be returned, subject to a minimum retention by the *Insurer* of €700 or one third of the annual premium, whichever the greater. If the annual premium is less than €700, one third will be payable.

An *Insured Person* has no rights of cancellation under this policy. The *Insurer* can cancel any cover provided by this Policy for *War* by sending seven working days' notice to the *Policyholder* at the *Policyholder's* last known address.

2.12 Payment of the Premium

The *Policyholder* will pay premiums as noted on the *Policy Schedule* and supply information in the form and at frequency required by the *Insurer*.

2.13 Failure to Comply with Policy Conditions

Where the *Policyholder* or an *Insured Person* does not comply with any obligation to act in a certain way specified in this Policy, payment under any claim may be affected.

2.14 Interest on Benefit Payable

The *Insurer* will not pay interest on any benefit payable.

2.15 Assignment

This policy may not be assigned unless otherwise agreed by the *Insurer* in writing.

2.16 Optional Additional Covers

Cover under any of the optional additional covers is subject to all of the conditions, provisions, limitations and exclusions of this Policy except as they are specifically modified by the additional Cover.

2.17 Cooling-off Period

The *Policyholder* has 14 working days from the start date of your AIG insurance policy to cancel the cover without penalty. The *Policyholder* will however be charged a pro rata premium for the period you were on cover. We will require the *Policyholder's* cancellation request to be in writing (by email or letter) with the policy number details included. The cancellation will only take effect upon our receipt of the *Policyholder's* written cancellation request.

2.18 Recovery from third parties

In the event that a third party is held liable for all or part of any claim paid under this policy, the *Insurer* may exercise its legal right to pursue the third party to recover its outlay. The *Policyholder* or an *Insured Person* will upon the *Insurer's* request agree to and permit the *Insurer* to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The *Insurer* will pay the costs and expenses involved in exercising its right against the third party.

2.19 Rights of third parties

Nothing in this policy is intended to confer a directly enforceable benefit on any third party other than a *Policyholder*, unless permitted pursuant to section 21 of the Consumer Insurance Contracts Act 2019 (Ireland).

2.20 Subrogation

In the event of any payment under this policy, the *Insurer* shall be subrogated to the extent of such payment to all of the *Policyholder's* rights of recovery, contribution and indemnity and the *Insured* will provide all reasonable assistance and will do nothing to prejudice such rights. Without prejudice to the foregoing, the *Insurer* will not exercise its rights of subrogation against a *Policyholder* in connection with a claim unless it is permitted to do so under sections 23, 24 and 25 of the Consumer Insurance Contracts Act 2019 (Ireland).

2.21 The Impact of any Misrepresentation by the *Insured*, is as follows:

(a) Innocent Misrepresentation:

Where the *Policyholder* have answered all questions in the *Completed Application Form* honestly and with reasonable care but where the *Insured* made an innocent misrepresentation (that is, one that is neither negligent nor fraudulent) the *Company* will pay any covered claim event subject to the terms and conditions of this policy. .

(b) Negligent Misrepresentation:

If the *Policyholder* makes a negligent misrepresentation or fail to take reasonable care in completing the *Completed Application Form* the cover under this policy may not fully operate and in the event of a claim the *Insurer* will exercise one of the following remedies:

(a) If knowing the full details the *Insurer* would not have entered into the insurance contract, the *Insurer* may avoid the contract, refuse all claims and return any premiums paid by the *Insured*.

(b) If the *Insurer* would have entered into the insurance contract, but on different terms (excluding terms relating to the premium), the contract of insurance may be treated as if it had been entered into on those terms.

(c) If the *Insurer* would have entered into the contract of insurance but have charged a higher premium, the *Insurer* may reduce proportionately the amount to be paid on the claim.

(d) Where there is no outstanding claim under the contract of insurance, the *Insurer* may either:

(i) give notice to the *Policyholder* that in the event of a claim the *Policyholder* will exercise the remedies in paragraphs (a) to (c), or

(ii) terminate the contract by giving reasonable notice to the *Policyholder*.

(c) Fraudulent Misrepresentation:

If the *Policyholder* makes a fraudulent misrepresentation or where any conduct by the *Insured* or *Policyholder* involves fraud of any kind the *Insurer* shall be entitled to avoid the contract of insurance and refuse any claims.

Section 3 - GENERAL POLICY EXCLUSIONS

Unless otherwise stated in the *Policy Schedule*, the *Insurer* will not pay any claim which is directly or indirectly caused by or contributed to or arising from:

- 3.1. *War* (whether declared or not) unless agreed by the *Insurer* in writing;
- 3.2. Intentional self-injury, suicide or attempted suicide, criminal act or attempts to commit a criminal act;
- 3.3. Flying except whilst travelling as a commercial passenger on a *Scheduled Flight* or charter flight;
- 3.4. An *Accident* proved to have occurred due to the influence of alcohol and/or any drug or drugs over the *Insured Person* and not prescribed by a *Medical Practitioner* and/or where any prescribed drugs have been taken by the *Insured Person* contrary to manufacturer's instructions;
- 3.5. Any *Bodily Injury* or *Sickness* that existed prior to the *Period of Insurance*;
- 3.6. *Bodily Injury* contributed to by *Insured Person* participating in, practising or training for, any hazardous or professional sport except where listed on the *Policy Schedule* as a *Covered Activity or Activities*.

Section 4 - CLAIMS PROVISIONS

The *Policyholder* or *Insured Person* must tell the *Insurer* as soon as possible of any potential claim.

4.1 Documents required for processing claims

The *Policyholder* or *Insured Person* must provide at their own expense all reasonable and necessary evidence (including post-mortem examinations) in support of a claim. An *Insured Person* must undergo any reasonable medical examinations in connection with any claim as the *Insurer* may require at the expense of the *Insured Person*.

4.2 Claim Settlement

Assessing the loss

The *Insured Person* or his or her legal representative undertakes to provide the *Insurer* with all the documents required to determine whether any matter notified is covered under this Policy. If the *Insured Person* refuses without a valid reason to provide such documents or to undergo a medical examination by a *Medical Practitioner* designated by the *Insurer* and if, after notice sent 48 hours beforehand by registered letter, the *Insured Person* still refuses, the *Insured Person* shall not be entitled to any benefit under this policy.

If additional medical documents or any other supporting documents are necessary, the *Insured Person* or his or her legal representative shall be personally informed in writing.

Deterioration independent of *Accident* or illness

If the consequences of an *Accident* are worsened by an existing physical or medical condition or by the *Insured Person* refusing or neglecting to undergo the medical treatment required by his or her condition, any benefit payable shall be calculated not on the actual consequences of the condition but on those that would have occurred in a healthy person who undergoes suitable, rational medical treatment.

4.3 Sanctions Exclusion

The *Insurer* shall not be deemed to provide cover and the *Insurer* shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the *Insurer*, its parent Company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Luxembourg, the European Union, the *United Kingdom* or the United States of America.

Section 5 – OPERATIVE TIME

The Operative Time stated in the *Policy Schedule* is defined according to one of the following:

5.1 24 Hours

- At any time.

5.2 Occupational

- While an *Insured Person* is carrying out occupational duties only on behalf of the *Policyholder*.

5.3 Occupational and Commuting

- While an *Insured Person* is carrying out occupational duties on behalf of the *Policyholder*.
- At any time while an *Insured Person* is on the *Policyholder's* premises.
- While an *Insured Person* is travelling between place of residence and place of work.
- While an *Insured Person* is travelling between places of work where the travel is at the expense of the *Policyholder*.

5.4 Away from Premises

- While an *Insured Person* is carrying out the *Insured Person's* occupational duties for the *Policyholder* and is not on the *Policyholder's* premises.
- While an *Insured Person* is travelling between place of residence and place of work where the travel is at the expense of the *Policyholder*.
- While an *Insured Person* is travelling between places of work where the travel is at the expense of the *Policyholder*.

5.5 During Covered Activity or Activities

- While an *Insured Person* is participating in a *Covered Activity* sponsored, organised or supervised by the *Policyholder*.

5.6 Whilst on Premises

- While an *Insured Person* is on the premises owned and/or leased and/or operated by the *Policyholder*.

5.7 Whilst Travelling to/from place of Covered Activity or Activities

- While an *Insured Person* is travelling between the *Insured Person's* place of residence and the place of activity that is being sponsored, organised or supervised by the *Policyholder*.

Section 6 – CORE COVERAGE

6.1 Accidental Death

The *Insurer* pays the amount indicated in the *Policy Schedule*, if the *Insured Person* dies within two years from the *Bodily Injury* caused by an *Accident*.

The *Sum Insured* for the accidental death of a *Child* younger than 18 year shall be limited to €25,000.

Additional Cover

Disappearance

The amount payable indicated in the *Policy Schedule* for Accidental Death, if the *Insured Person* disappears and after a suitable period of time it is reasonable to believe that the *Insured Person* has died from the *Bodily Injury* caused by an *Accident*.

As a condition of payment, the *Beneficiary* shall agree in writing that any benefits received shall be repaid to the *Insurer* if it later transpires that the *Insured Person* has not died from the *Bodily Injury* caused by the *Accident*.

Children's Bonus

Increase to the amount paid for Accidental Death by 5% for each *Child* of the *Insured Person*, up to 10% of the *Sum Insured* for Accidental Death.

Funeral Costs

The funeral and cremation costs up to €5,000 in the case of an *Accident* of the *Insured Person* which results in his death.

Life-saver Bonus

Accidental Death based on an insured sum of €25,000 for a person, that is not the *Policyholder* or *Insured Person*, who sustains *Bodily Injury* while trying to save the life of an *Insured Person*.

Section 7 – OPTIONAL ADDITIONAL POLICY COVERS

Description of Cover, definition and exclusions that apply will be stated for each Cover. Providing the appropriate premium for each Cover is paid and it is shown as applicable in the *Policy Schedule*, the *Insurer* will provide the insurance as set out below in each Cover.

7.1 Permanent Total Disability

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* sustains a *Bodily Injury* which solely and independently of any other cause and within 24 months from the date of the *Accident* results in *Permanent Total Disability* or *Permanent Total Disablement*, the *Insurer* will pay the *Insured Person* the benefit shown on the *Schedule*.

The following disablement scale shall be used in order to determine the percentage of disablement:

Permanent total loss of:		Percentage of disablement:
a)	loss of both limbs	100%
b)	loss of one limb and one eye	100%
c)	loss of both eyes	100%
d)	<i>Total Paralysis</i>	100%
e)	incurable major brain damage	100%
f)	<i>Loss of Speech</i>	100%
g)	<i>Loss of Hearing</i> in both ears	100%
h)	<i>Permanent Total Disablement</i>	100%

Definitions applicable to this Cover

Permanent Total Disability means disability which in all probability will continue for the remainder of the *Insured Person's* natural life.

Permanent Total Disablement means disablement which totally prevents an *Insured Person* from working in gainful employment of any and every kind which in all probability will continue for the remainder of the *Insured Person's* natural life.

Loss of Limb

In the case of a leg, means:

- a) loss by permanent physical severance at or above the ankle or
- b) permanent and total loss of use of a complete foot or leg.

In the case of an arm, means:

- a) loss by permanent physical severance of the four fingers at or above the meta carpo phalangeal joints (where the fingers join the palm of the hand) or
- b) permanent and total loss of use of a complete arm or hand.

Loss of Eye means permanent and total loss of sight in both eyes if the *Insured Person* is officially confirmed to be blind

Total Paralysis means total loss or impairment of muscle function or sensation

Loss of Speech means total and permanent loss of speech

Loss of Hearing means total and permanent loss of hearing

Conditions applicable to this Cover

Permanent Total Disability resulting from exposure to severe weather conditions will be considered to have been caused by *Bodily Injury*.

The *Insurer* will not pay any benefit for *Permanent Total Disability* until at least 13 weeks after the date of the *Accident* and the *Insurer* will only then pay under this cover if the *Insured Person* has not died as a result of the *Accident* during that period.

Provisions applicable to this Cover

Benefit under item (h) *Permanent Total Disablement* will not apply after an *Insured Person* reaches 65 years of age.

7.2 Permanent Partial Disability

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

Definitions applicable to this Cover

Loss of Hearing means total and permanent loss of hearing

Permanent Partial Disablement means that as a result of *Bodily Injury*, the *Insured Person* suffers a complete or partial loss or loss of use of a part of the body, or partial loss of use of the body as a whole within 24 months from the date of the *Accident*.

The *Insurer* will pay a percentage of the amount indicated in the *Policy Schedule*, depending on the degree of *Permanent Partial Disablement* resulting from the *Bodily Injury* caused by an *Accident*.

The following disablement scale shall be used in order to determine the percentage of disablement:

- Total loss of use of a leg	50%
- Total loss of use of a foot	50%
- Unconsolidated fracture of the thigh	50%
- Total loss of an eye or reduction by half of binocular vision	25%
- Unconsolidated fracture of a leg	25%
- Partial amputation of a foot including toes and part of the foot	25%
- Ablation of the lower jaw	25%
- Total incurable deafness resulting directly and solely from an <i>Accident</i>	30%
- Total <i>Loss of Hearing</i> in one ear	25%
- Total loss of movement in the hip	20%
- Total loss of movement in the knee	20%
- Total loss of movement in the instep	20%
- Unconsolidated fracture of the kneecap	20%
- Unconsolidated fracture of the lower jaw	20%
- Loss of all or virtually all the teeth	10%
- Amputation of the big toe or four small toes on a foot	15%
- Shortening of a leg by at least 5 cm	20%
- Shortening of a leg by at least 3 cm	10%

	RIGHT	LEFT
- Total loss of use of an arm	60%	50%
- Total loss of use of a hand	60%	50%
- Unconsolidated fracture of an arm	50%	25%
- Amputation of the thumb	15%	12%
- Amputation of the index finger	10%	8%
- Amputation of the middle finger	8%	6%
- Amputation of the ring finger	7%	5%
- Amputation of the little finger	5%	5%
- Total loss of use of movement in the shoulder	25%	20%
- Total loss of use of movement in the elbow	20%	15%
- Total loss of use of two fingers of a hand	15%	10%
- Total loss of use of movement in a wrist	15%	10%

If the *Insured Person* is left handed, the percentages shown above are reversed.

Conditions applicable to this Cover

If the *Insured Person* dies before the degree of *Permanent Partial Disablement* has been determined, the *Insurer* shall not be obliged to pay any Permanent Partial Disability benefit.

The degree of *Permanent Partial Disablement* shall be assessed as soon as the condition of the *Insured Person* is considered not likely to improve or deteriorate, but not later than two years after the *Accident*.

If partial permanent loss or partial permanent disablement occurs, a proportionate part of the percentage stated for total loss or total disablement is paid out pro rata to the seriousness of such loss or disablement.

If a claim is payable for loss of or disablement of a whole part of the body, a claim for any component of that part cannot be made.

If disablement of several limbs or organs occurs as a result of one or more *Accident*, payment shall never exceed 100% of the *Sum Insured* for *Permanent Total Disability*.

When determining the percentage, any *Permanent Partial Disability* existing prior to the *Accident* shall be deducted from this percentage.

If loss or disablement of any body parts or organs not listed above occurs, the percentage is based on the general scale used in the medical sector, in which case the *Insured Person* can also opt for the following:

- (i) employment must not be taken into account; or
- (ii) employment and the activities customarily performed by the *Insured Person* prior to the *Accident* must be taken into account, considering also any suitable employment that may in all reasonableness be required of the *Insured Person* regarding the *Insured Person's* disabilities, strengths, capabilities, education and social position.

7.3 Temporary Total Disablement

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* sustains a *Bodily Injury* which solely and independently of any other cause and within 24 months from the date of the *Accident* results in *Temporary Total Disablement*, the *Insurer* will pay the *Insured Person* or *Beneficiary* the daily benefit shown on the *Policy Schedule* subject to the conditions set out below.

Definitions applicable to this Cover

Temporary Total Disablement means as a result of *Bodily Injury* the *Insured Person* is prevented from engaging in his or her usual and paid professional occupation, and is under the regular care of and acting in accordance with the instructions or professional advice of a registered and legally qualified *Medical Practitioner*.

Deferment Period means the initial period of *Temporary Total Disablement* during which the relevant benefit is not payable.

Conditions applicable to this Cover

The daily benefit will be payable for every full day after the *Deferment Period* as mentioned on the *Policy Schedule*, until the *Insured Person* can resume his or her usual and paid professional occupation, until the *Insured Person* dies, or until the number of days mentioned on the *Policy Schedule* is passed, whichever occurs first. The daily benefit shall not be payable if the *Insured Person* is not in fulltime, paid employment at the time of *Bodily Injury*.

In case the *Insured Person* relapses within a period of three months as a result of the same *Accident*, the period of *Temporary Total Disablement* will be considered as a continuation of the previous period and no new *Deferment Period* will be applied.

The maximum amount we shall pay for *Temporary Total Disablement* shall not exceed 75% of the *Insured Persons* earnings on a weekly or monthly basis in the 26 weeks before *Bodily Injury*. In calculating the maximum amount payable, income from other sources, including but not limited to the following will be taken into account;

- Continued payments from employment
- Pension payments
- Benefits from other insurance policies
- Invalidity and other State benefits

If a dispute arises as to when *Temporary Total Disablement* ceased, the date shall be finally determined with reference to a report of a *Medical Practitioner* commissioned by the *Insurer*.

7.4 Accident Medical Expense

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

Coverage applies in respect of *Medical Expenses* in order to treat the *Bodily Injury* resulting from an *Accident*.

The *Insurer* will pay benefits for the *Usual and Reasonable Costs*, subject to any excess and the maximum amount stated in the *Policy Schedule* for covered *Medical Expenses*, if, as a result of a *Bodily Injury*, the *Insured Person's* medical condition requires *Immediate Medical Treatment*.

Definitions applicable to this Cover

Expenses means costs actually incurred by the *Insured Person* for services and supplies which are recommended by the attending *Medical Practitioner* and not recoverable from any other source. They include:

- (a) the services of *Medical Practitioners*;
- (b) confinement and use of operating room in a Medical Institution;
- (c) anaesthetics (including giving the anaesthetic), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies; or
- (f) physiotherapy treatments.

Immediate Medical Treatment means treatment by a *Medical Practitioner* commencing within 5 days of the date of the *Bodily Injury*.

Usual and reasonable costs means fees and charges where they are incurred, but not to include charges that would not have been paid if no insurance existed and excluding charges for medical treatment that is not medically necessary within the *Period of Insurance*.

Exclusions applicable to this Cover

The *Insurer* will not pay any benefit where *Bodily Injury* or the incurring of *Medical Expenses* is the result of or is contributed to by:

- (i) *Sickness* (not resulting from *Bodily Injury*); or
- (ii) Any naturally occurring condition or degenerative process; or
- (iii) Any gradually operating cause; or
- (iv) *Expenses* paid or payable 24 months after the date of the *Accident*.

7.5 Burns Benefit

This cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* as a result of an *Accident*, solely and independently of any other cause, sustains a Burn, the *Insurer* will pay the *Policyholder* or the *Insured Person* a percentage of the *Sum Insured* under Burn Benefit on the *Policy Schedule*, depending on the type of Burn sustained.

The percentages payable for specific types of Burn are set out below:

For Burns of second, third or fourth degree, the *Insurer* will pay the percentage set out below of the *Sum Insured* shown on the *Policy Schedule* under Burn Benefit:

a)	27% or more of the body surface	100%
b)	18% or more, but less than 27%, of the body surface	60%
c)	9% or more, but less than 18%, of the body surface	35%
d)	4.5% or more, but less than 9%, of the body surface	20%

For Burns of first degree, the *Insurer* will pay the percentage set out below of the *Sum Insured* shown on the *Policy Schedule* under Burn Benefit:

e)	0,5% or more, but less than 5%	1%
f)	5% or more, but less than 10%	3%
g)	10% or more, but less than 20%	5%
h)	20% or more, but less than 30%	7%
i)	30% or more, but less than 40%	10%
j)	40% or more, but less than 50%	20%
k)	50% or more, but less than 60%	25%
l)	60% or more, but less than 70%	30%
m)	70% or more, but less than 80%	40%
n)	80% or more, but less than 90%	60%
o)	over 90%	80%
p)	Respiratory way burn	30%

Conditions applicable to this Cover

1. With head and/or neck burn, the benefit is increased by:
5% with a burn area up to 5% of body surface; or
10% with a burn area up of 5% to 10% of body surface.
2. With perineum burn, the insurance payment is increased by 10%.
3. If burn shock is diagnosed the Burn Benefit is increased by 20%.
4. 1% of the injured body surface equals to area of the palm and finger surface.

7.6 Fracture Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* is the victim of a covered *Accident* which, within one month solely and independently of any other cause results in, a specified *Fracture*, the *Insurer* will pay the *Policyholder* or the *Insured Person* a percentage of the *Sum Insured* on the *Policy Schedule* under *Fracture Benefit*, depending on the type of *Fracture* sustained.

The percentages payable for specific *Fractures* are:

Fractures of hip or pelvis (excluding thigh or coccyx):

- | | |
|---------------------------------|------|
| a) Compound <i>Fractures</i> : | 100% |
| b) All other <i>Fractures</i> : | 20% |

Fracture of thigh or heel:

- | | |
|---------------------------------|-----|
| a) Compound <i>Fractures</i> : | 50% |
| b) All other <i>Fractures</i> : | 15% |

Fracture of skull (excluding jaws and nose), lower leg, clavicle, ankle, elbow, upper or lower arm (including wrist, but excluding colles-type fracture):

- | | |
|---------------------------------|-----|
| a) Compound <i>Fractures</i> : | 50% |
| b) All other <i>Fractures</i> : | 15% |

Fractures of lower jaw:

- | | |
|------------------------------------|-----|
| a) All Compound <i>Fractures</i> : | 25% |
| b) All other <i>Fractures</i> : | 10% |

Fractures of shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel):

- | | |
|---------------------------------|-----|
| a) Compound <i>Fractures</i> : | 25% |
| b) All other <i>Fractures</i> : | 10% |

Colles type *fracture* to the lower arm:

- | | |
|---------------------------------|-----|
| a) Compound <i>Fractures</i> : | 25% |
| b) All other <i>Fractures</i> : | 10% |

Fractures of spinal column (vertebrae but excluding coccyx):

- | | |
|---|------|
| a) All compression <i>Fractures</i> : | 100% |
| All spinous, transverse process or pedicle <i>Fractures</i> : | 25% |

- | | |
|---|-----|
| a) All other vertebral <i>Fractures</i> : | 10% |
|---|-----|

Fractures of rib or ribs, cheekbone, coccyx, upper jaw:

- | | |
|---------------------------------|-----|
| a) Compound <i>Fractures</i> : | 10% |
| b) All other <i>Fractures</i> : | 5% |

The maximum reimbursement per *Insured Person* for *Fractures* caused by any one *Accident* is 100% of the amount indicated in the *Policy Schedule*.

Definitions applicable to this Cover

Fracture means a break in the full thickness of a bone.

Osteoporosis means the thinning of the bone out of proportion to age.

Conditions applicable to this Cover

When more than one *Fracture* results from one *Accident* the percentages from each are added together but the *Insurer* will not pay more than 100% of the *Sum Insured* under *Fracture Benefit*.

Exclusions applicable to this Cover

The *Insurer* will not pay any benefit for:

- (i) pathological hairline *Fractures* (capillary *Fractures*);
- (ii) *Fractures* arising from or contributed to by *Osteoporosis*; or
- (iii) reductions without anaesthesia.

7.7 Accident Hospital Cash Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* is admitted to a hospital as an in-patient as a result of *Bodily Injury*, the *Insurer* will pay the *Policyholder* or the *Insured Person* the daily benefit on the *Policy Schedule* Accident Hospital Cash benefit for each day in the *Hospital* up to the maximum number of days shown in the *Policy Schedule* after the relevant *Deferment Period* shown in the *Policy Schedule* has elapsed.

Exclusions applicable to this Cover

The *Insurer* will not pay any Accident Hospital Cash benefit resulting from or due to:

- (i) treatments for nervous or mental problems whatever their classification;
- (ii) rest cures of any kind and all stays in long term institutions including but not limited to retirement homes, convalescence centres, rehabilitation centres, and centres to treat drug, substance or alcohol addiction;
- (iii) investigations, operations or treatment of a purely cosmetic nature or for obesity, impotence or to facilitate conception;
- (iv) pregnancy or giving birth; or
- (v) *Hospitalisation* later than 180 days after the date of the *Bodily Injury*.

Definitions applicable to this Cover

Deferment Period means the initial period of *Hospitalisation* following an *Accident* during which the relevant benefit is not payable.

7.8 Sickness Hospital Cash Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* is admitted to a hospital as an in-patient as a result of *Sickness*, the *Insurer* will pay the *Policyholder* or the *Insured Person* the daily benefit on the *Policy Schedule* ("**Sickness Hospital Cash benefit**") for each day in the *Hospital* up to the maximum number of days shown in the *Policy Schedule* after the relevant *Deferment Period* shown in the *Policy Schedule* has elapsed.

Exclusions Applicable to this Cover:

The *Insurer* will not pay any *Sickness Hospital Cash* benefit resulting from or due to:

- (i) treatments for nervous or mental problems whatever their classification;
- (ii) rest cures of any kind and all stays in long term institutions including but not limited to retirement homes, convalescence centres, rehabilitation centres, and centres to treat drug, substance or alcohol addiction;
- (iii) investigations, operations or treatment of a purely cosmetic nature or for obesity, impotence or to facilitate conception;
- (iv) pregnancy or giving birth; or
- (v) *Hospitalisation* later than 180 days after the date of the *Sickness*.

Definitions applicable to this Cover

Deferment Period means the initial period of *Hospitalisation* following *Sickness* during which the relevant benefit is not payable.

7.9 Home Convalescence

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person*, after being admitted to a hospital as an in-patient and after 5 days of *Hospitalisation*, is instructed by a *Medical Practitioner* to complete his or her recovery at home, the *Insurer* will pay the *Policyholder* or the *Insured Person* the daily benefit on the *Policy Schedule* ("*Convalescence*") for each day, up to the maximum number of days shown in the *Policy Schedule*.

Definitions Applicable to this Cover

Convalescence means a period of recuperation on the orders of a *Medical Practitioner* after *Hospitalisation* of at least 5 nights.

Conditions Applicable to this Cover

The home *Convalescence* Cover is only applicable as a result of *Bodily Injury* after *Hospitalisation* of at least 5 nights.

The *Insurer* will not pay any benefit once the *Insured Person* has returned to work or is able to resume the majority of the duties or activities performed by the *Insured Person* prior to suffering the *Bodily Injury*.

Exclusions Applicable to this Cover:

The *Insurer* will not pay any Home *Convalescence* benefit resulting from or due to:

- (i) treatments for nervous or mental problems whatever their classification;
- (ii) rest cures of any kind and all stays in long term institutions including but not limited to retirement homes, convalescence centres, rehabilitation centres, and centres to treat drug, substance or alcohol addiction;
- (iii) investigations, operations or treatment of a purely cosmetic nature or for obesity, impotence or to facilitate conception;
- (iv) pregnancy or giving birth; or
- (v) *Convalescence* later than 60 days after the date of the *Bodily Injury*.

7.10 Coma Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* sustains *Bodily Injury* which within 90 days solely and independently of any other cause results in *Coma*, and if the *Coma* continues for a period of 30 consecutive days, the *Insurer* will pay the Policyholder or the *Insured Person* the daily benefit on the *Policy Schedule*.

Conditions Applicable to this Cover:

No benefit will be payable for the first 30 days of *Coma*.

Payment of the daily benefit under this Cover will cease if:

- (i) the *Insured Person* ceases to be Comatose;
- (ii) the *Insured Person* dies; or
- (iii) the maximum number of days shown in the *Policy Schedule* has elapsed.

Exclusions Applicable to this Cover:

No benefit will be payable under this condition for:

- (i) medically induced *Coma*; or
- (ii) *Coma* which results directly from alcohol or drug use; or
- (iii) diagnosis of brain death.

7.11 Facial Scarring and Disfigurement

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* sustains a *Bodily Injury* which within 180 days solely and independently of any other cause results in *Permanent Facial Scarring* or *Disfigurement*, the *Insurer* will pay the *Policyholder* or the *Insured Person* the percentage of the benefit shown on the *Policy Schedule* under *Permanent Facial Scarring* and *Disfigurement*.

<i>Permanent Facial Scarring:</i>	
a) Scar length is 10 cm or longer	100%
b) Scar length is between 3 cm and 9 cm	50%
<i>Permanent Disfigurement</i>	100%

Definitions Applicable to this Cover:

Face means the front of the human head from the forehead to the chin and ear to ear.

Permanent Facial Scarring means any scarring of the *Face* that is visible for at least 12 months.

Disfigurement means a physical impairment as a result of a *Bodily Injury*

Conditions Applicable to this Cover:

The maximum benefit payable under this Cover is not to exceed more than 100% of the *Sum Insured* stated in the *Policy Schedule*.

Exclusions Applicable to this Cover:

The *Insurer* will not pay any claim which is directly or indirectly caused by or contributed to or arising from elective cosmetic surgery.

7.12 Optical Injury

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* has been the victim of a covered *Accident* which solely and independently of any other cause, results in an *Optical Injury*, the *Insurer* will pay the *Policyholder* or the *Insured Person* the amount appropriate to the benefit shown in the *Policy Schedule* under *Optical Injury*.

Definitions Applicable to this Cover:

Optical Injury means as a result of *Bodily Injury* to the *Insured Person*, accidental damage to prescription spectacles or contact lenses that need to be replaced or repaired, or the *Insured Person* (within 30 days of the *Bodily Injury*) is prescribed spectacles or contact lenses; the *Insurer* will pay for an eye test if required and in addition up to the *Sum Insured* on the *Policy Schedule* towards the cost of purchasing, replacing or repairing the spectacles or contact lenses.

Exclusions Application to this Cover

The *Insurer* will not pay any claim related to routine or preventative eye care.

7.13 Accidental Damage to Teeth

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* has been the victim of a covered *Accident* which solely and independently of any other cause results in Accidental Damage to Teeth, the *Insurer* will pay the *Insured Person* the amount appropriate in the *Policy Schedule* under Accidental Damage to Teeth in respect of dental expenses necessarily incurred within two years from the date of *Accident*.

Definitions Applicable to this Cover

Dental Practitioner means any suitably qualified dental practitioner other than:

- (i) An *Insured Person*;
- (ii) A *Spouse, Child* or other member of the immediate family of the *Insured Person*; or
- (iii) An employee of the *Policyholder*.

Exclusions Application to this Cover

The *Insurer* will not pay any claim related to;

- (i) routine or preventative dental care, including but not limited to Root canals.
- (ii) Dental expenses incurred within two years of the date of *Accident* for treatment which either takes place or is expected to take place after the expiry of the two years from the date of *Accident*.

7.14 Rehabilitation Benefit

This Cover applies only when selected with Accidental Death and/or *Permanent Total Disability* and/or Permanent Partial Disability Covers. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

When an *Insured Person* has been a victim of a covered *Accident*, and the Permanent Disablement rate determined by the consulting doctor designated by the *Insurer* is estimated to be at least 25%, the *Insurer* will propose a plan for returning the *Insured Person* to business and daily life.

Rehabilitation Plan

The *Insurer* will appoint a Medical & Rehabilitation Consultant which, with the *Insured Person's* consent, shall carry out an assessment of the *Insured Person's* situation. Based on this first assessment, they will provide assistance which will allow for an ergonomic assessment and a rehabilitation plan to be prepared.

The *Insurer* shall cover solely the consulting fees of the Medical & Rehabilitation Consultant and any training costs to be paid by the *Insured Person* in connection with the professional project, up to the limit stated on the *Policy Schedule*.

7.15 Spouse & Dependant Children Benefit

This Cover applies only when selected with Accidental Death and/or *Permanent Total Disability* and/or Permanent Partial Disability Covers. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

When an *Insured Person* has been a victim of a covered *Accident* and the *Insured Person's Spouse* or *Dependent Children* are the victims of the same covered event, a sum equal to 50% of the amount for Accidental Death and *Permanent Total Disability* may be claimed for such *Insured Person's Spouse* and *Dependent Children*.

If accidental death of a minor *Insured Person* aged 18 years and under occurs, the death benefit shall not exceed €25,000

7.16 Paralysis Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* has been a victim of a covered *Accident* which results, within 180 days of the date of the *Accident*, in any one of the types of paralysis specified below, the *Insurer* will pay the percentage of the Maximum Amount shown below for that type of paralysis:

Type of Paralysis	Percentage of Maximum Amount
<i>Quadriplegia</i>	100%
<i>Triplegia</i>	100%
<i>Paraplegia</i>	75%
<i>Hemiplegia</i>	50%
<i>Uniplegia</i>	25%

Definitions Applicable to this Cover:

Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.

Triplegia means the complete and irreversible paralysis of three limbs.

Paraplegia means the complete and irreversible paralysis of both lower limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

Uniplegia means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

Conditions Applicable to this Cover:

If the *Insured Person* suffers more than one type of paralysis as a result of the same *Accident*, the *Insurer* will pay the largest amount only.

7.17 War Risk Coverage

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy, except as they are specifically modified by this Cover.

The exclusion under Section 3 3.1 of the General Policy Exclusions is waived for an *Insured's* loss caused in whole or in part by, declared or undeclared *War* or any act of declared or undeclared *War*, but only if the *Accident* causing the loss occurs within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated *War Risk Territory*.

War Risk Coverage ends on the earliest of:

- (i) the date the Policy terminates;
- (ii) the date the *Insurer* receives written notice from the *Policyholder* of the *Policyholder's* intent to terminate *War Risk Coverage* (or on the date specified in the written notice, if later); or
- (iii) the date specified in the *Insurer's* written notice to the *Policyholder* of the *Insurer's* intent to terminate *War Risk Coverage* (or 30 days after the date the written notice is received by the *Policyholder*, if later).

If *War Risk Coverage* terminates prior to the end of a period for which premium has been paid, any unearned premium will be returned.

Termination of *War Risk Coverage* will not affect a claim for a covered loss that occurred while *War Risk Coverage* was in effect.

Changes in Premium.

The *Insurer* may change the premium rate for *War Risk Coverage* if:

- (i) *War* risk conditions change in the Designated *War Risk Territory(ies)*;
- (ii) there is a change in which area(s) is (are) defined to be the Designated *War Risk Territory(ies)*; or
- (iii) the *Policyholder's* exposure to *War* risk in the Designated *War Risk Territory(ies)* changes in any way. The *Insurer* will give the *Policyholder* written notice of any change in the premium rate for *War Risk Coverage* at least 30 days in advance of the effective date of the change.

Changes in Terms and Conditions.

The terms and conditions of *War Risk Coverage*, including but not limited to the definition of the Designated *War Risk Territory(ies)*, may be changed at any time, to reflect conditions that, in the opinion of the *Insurer*, constitute a change in the *Policyholder's War* risk exposure.

7.18 Assault Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

The *Insurer* will pay an additional 15% of the sum insured under Accidental Death in the event the *Insured Person* suffers an Accidental Death as defined and for which benefits are payable under this Policy as a direct result of an *Assault*.

Only one benefit is payable under this Cover for all losses as a result of the same *Assault*.

Definitions Applicable to this Cover

Assault means any wilful or unlawful use of force upon the *Insured Person* causing *Bodily Injury* to the *Insured Person*.

7.19 Home Alteration and Vehicle Modification Benefit.

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* is the victim of a covered *Accident* resulting in *Permanent Total Disability* the *Insurer* will pay *Home Alteration and Vehicle Modification Expenses* that are incurred within one year after the date of the *Accident* causing such loss(es), up to the Maximum Amount shown on the *Policy Schedule* for all such losses caused by the same *Accident*.

Definitions Applicable to this Cover:

Home Alteration and Vehicle Modification Expenses means expenses that are charged for alterations to the *Insured's Person's* residence that are necessary to make the residence accessible and habitable for a wheelchair confined person; or modifications to a motor vehicle owned or leased by the *Insured Person* or modifications to a motor vehicle newly purchased for the *Insured Person* that are necessary to make the vehicle accessible to and/or driveable by the *Insured Person*; and do not include charges that would not have been made if no insurance existed; and do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

Conditions Applicable to this Cover:

Alterations to the *Insured Person's* residence and the modifications to the *Insured Person's* motor vehicle are covered providing they are:

- (i) made on behalf of the *Insured Person*;
- (ii) recommended by a nationally-recognised organisation providing support and assistance to wheelchair users;
- (iii) carried out by individuals experienced in such alterations and modifications; and
- (iv) in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions Applicable to this Cover:

Expenses for or resulting from any condition for which the *Insured Person* is entitled to benefits under state social fund or similar.

7.20 Psychological Therapy Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* is the victim of a covered *Accident* that results in *Permanent Total Disability* within 90 days of the date of the *Accident*, the *Insurer* will pay *Covered Psychological Therapy Expenses* that are due to the *Bodily Injury* causing the *Permanent Total Disability*.

Definitions Applicable to this Cover:

Covered Psychological Therapy Expenses means an expense that:

- (i) is charged for a Medically Necessary Psychological Therapy Session for the *Insured Person* provided under the care or supervision of a *Medical Practitioner*;
- (ii) does not exceed the usual level of charges for similar therapy sessions in the locality where the expense is incurred; and
- (iii) does not include charges that would not have been made if no insurance existed.

Conditions Applicable to this Cover:

The *Covered Psychological Therapy Expenses* must be incurred within one year after the date of the covered *Accident* causing the *Bodily Injury*. The amount payable for this benefit is shown in the *Policy Schedule*.

Any expenses paid must be (i) medically necessary and authorised by a *Medical Practitioner*; and (ii) deemed essential to assist the *Insured Person* in coping with *Permanent Total Disability*.

Exclusions Applicable to this Cover:

Expenses for or resulting from any condition for which the *Insured Person* is entitled to benefits under state social fund or similar.

7.21 Tuition Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an accidental death of an *Insured Person occurs*, the *Insurer* will pay the following benefit:

For Children

The *Insurer* will pay a benefit to or on behalf of any *Child* who met the definition of *Child* on the date of the *Accident* causing the *Insured Person's* death.

The benefit payable will be the lesser of: (i) percentage shown in the *Policy Schedule* of the *Insured's* Accidental Death Maximum Amount on the date of the *Accident* causing death; and (ii) the Tuition Maximum Amount shown in the *Policy Schedule*.

For the Spouse

The *Insurer* will pay a benefit to or on behalf of a *Spouse* who met the definition of *Spouse* on the date of the *Accident* causing the *Insured Person's* death and who, for the purpose of obtaining an independent source of support:

- (i) is enrolled in any Institution of Higher Learning or professional or trade training programme on the date of the *Insured Person's* death; or
- (ii) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the *Insured Person's* death.

The benefit will be paid for each year of the *Spouse's* continuous enrolment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years.

The total amount of the benefit for all institutions and programs combined each year shall at no time exceed:

- (i) the percentage shown in the *Policy Schedule* of the *Insured Person's* Accidental Death Maximum Amount on the date of the *Accident* causing death; or
- (ii) the Tuition Maximum Amount shown in the *Policy Schedule*.

7.22 Loss of Enjoyment of Life

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

The *Insurer* will pay an *Insured Person* for *Loss of Enjoyment of Life* up to the amount stated in the *Policy Schedule*

Definitions Applicable to this Cover

Loss of Enjoyment of Life means *Bodily Injury* to an *Insured Person* which necessitates the assistance of another person or a mechanical device to undertake two or more of the following categories of activities, as defined by a *Medical Practitioner* or registered rehabilitation expert:

- (i) dressing and undressing;
- (ii) washing, bathing and toileting;
- (iii) eating and drinking; and
- (iv) general household duties, shopping and driving.

7.23 Repatriation of remains Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* suffers loss of life due to *Bodily Injury* or sudden illness while outside a 100 km radius from the *Insured Person's* current primary residence, the *Insurer* will pay covered expenses reasonably incurred to return the *Insured Person's* body to the primary residence.

Covered expenses include expenses for:

- (i) embalming or cremation;
- (ii) the most economical coffins or receptacles adequate for transportation of the remains; and
- (iii) transportation of the remains by the most direct and economical conveyance and route possible.

The *Insurer* must authorise all expenses in advance for this benefit to be payable and reserves the right to determine the benefit payable.

7.24 Seat Belt and Air Bag Benefit Cover

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

The *Insurer* will pay the amount stated in the *Policy Schedule* if the *Insured Person* suffers accidental death and the accident occurs:

- (i) while the *Insured Person* is operating, or riding as a passenger in a *Vehicle* and wearing a properly fastened, original, factory-installed seat belt; and
- (ii) while the *Insured Person* is positioned in a seat protected by a properly functioning, original, factory-installed *Supplemental Restraint System* that inflates on impact.

Conditions Applicable to this Cover:

Verification of the actual use of the seat belt, at the time of the accident and the *Supplemental Restraint System* inflated properly upon impact must be a part of an official report of the *Accident* or be certified, in writing, by the investigating officer(s).

Definitions Applicable to this Cover:

Vehicle means a licensed mechanically propelled private passenger motor vehicle with four or more wheels.

Supplemental Restraint System means an air bag which inflates for added protection to the head and chest areas.

7.25 Personal Diving Equipment Loss

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If, as the result of *Bodily Injury* that occurred during participation in a Dive, the *Insured Person's Personal Diving Equipment* is lost, stolen or damaged, the *Insurer* will reimburse the *Insured Person* up to the maximum shown on the *Policy Schedule*. The amount of the reimbursement is the lesser of the actual cash value at the time of the loss, less depreciation as determined by the *Insurer*, or the cost of repair or replacement. At the option of the *Insurer*, the lost or damaged item may be repaired or replaced in lieu of a cash payment. The *Insurer* may require the *Insured Person* to provide the damaged equipment.

In case of loss, theft or damage to diving gear, the *Insured Person* must immediately, or as soon thereafter as reasonably possible, contact the diving facility, hotel manager, tour guide or representative, transportation official or local police, report the occurrence and obtain a written statement. The *Insured Person* must first submit a claim to the party responsible (hotel, dive operator, marina, etc.).

Definitions Applicable to this Cover:

Personal Diving Equipment means an independent diving device fed on condensed or enriched gas, together with each of the following items: balancing float; quick-release buckles fastened on the belt of the diving equipment and on the weights; device for measuring time and depth (one device per couple); and device warning of the light weight of the gas inside the tank.

Exclusions Applicable to this Cover:

- (i) Internal damage to a wrist watch or damage to the glass of a wrist watch, tearing of straps and buckles or photographic equipment.
- (ii) Any loss or damage to any motorised or mechanical accessories and other accessories not specifically designed for the use of sub-aqua diving.
- (iii) Any loss from unattended road vehicles.
- (iv) Any loss caused by or resulting from breakage of brittle or fragile articles, wear and tear, gradual deterioration, insects or vermin, inherent vice or damage, confiscation or impounding by order of any government, radioactive contamination, *War* or any act of *War* whether declared or not, theft or pilferage while left unattended in any vehicle, mysterious disappearance, property illegally acquired, kept, stored or transported, insurrection or rebellion, imprudent action or omission, and property shipped as freight or shipped prior to the scheduled departure date.

7.26 Robbery Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If during a *Covered Activity or Activities* an *Insured Person* is *Robbed* within 10 minutes after the *Insured Person's* activation of an ATM and withdrawal of funds from such ATM and the stolen funds are not recovered within 48 hours of the *Robbery*, the *Insurer* will pay a benefit equal to the Robbery Benefit. The Robbery Benefit will be payable provided the *Robbery* is reported to the police within 48 hours of its occurrence, and the following documentation is produced upon submission of a claim:

- (i) a copy of the police report;
- (ii) a fully completed, dated and signed (by the *Insured Person*) claim form; and
- (iii) a copy of the ATM transaction receipt, showing the amount withdrawn, time, date and location of the ATM; and
- (iv) confirmation from the financial institution records that the transaction occurred at the time, date and said location.

The Robbery Benefit is limited to two benefits per Registered Card, per year.

Coverage is provided on an excess basis over and above any amounts due from any other valid and collectible insurance or any other form of reimbursement payable to the *Insured Person*.

Definitions Applicable to this Cover:

Robbery/Robbed means the taking from the *Insured Person* cash withdrawn from an ATM by inflicting or threatening imminent physical harm or *Bodily Injury*, or by placing the *Insured Person* in fear of imminent physical harm or *Bodily Injury*.

Exclusions Applicable to this Cover:

In addition to all other exclusions listed in the *Policy Schedule*, Robbery Benefits are not payable for any loss caused in whole or in part by, or resulting in whole or in part from:

- (i) subsequent loss that arises out of the theft of a Registered Card, or from theft of captured information by any means from the ATM;
- (ii) loss caused by an officer or employee of the financial institution;
- (iii) any incident giving rise to a loss or potential loss involving the *Insured Person's* family members as perpetrators of the *Robbery* (for purposes of this exclusion, family members includes relatives as far removed as first cousins);
- (iv) any costs, charges or expenses incurred by the *Insured Person* or by any financial institution, in establishing the existence of loss or potential loss provided under the Policy;
- (v) cash left unattended;
- (vi) any loss resulting from use of a Registered Card for any reason other than the withdrawal of cash from an ATM; or
- (vii) any loss resulting from the use of a Registered Card by anyone other than the *Insured Person*.

7.27 Bereavement and Trauma Counselling

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If an *Insured Person* suffers an accidental death or *Permanent Total Disability* the *Insurer* will pay *Covered Bereavement and Trauma Counselling Expenses* that are due to his or her death or permanent disability.

Conditions Applicable to this Cover:

The *Covered Bereavement and Trauma Counselling Expenses* must be incurred within one year after the date of the *Accident* causing such loss(es), and the benefit will be paid up to the Maximum Amount shown in the *Policy Schedule*, for the *Insured Person* and all of his or her Immediate Family Members combined with respect to all such losses caused by the same Accident.

Definitions Applicable to this Cover:

Covered Bereavement and Trauma Counselling Expense(s) means an expense that:

- (i) is charged for a *Medically Necessary Bereavement or Trauma Counselling Session* for the *Insured Person* and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a *Medical Practitioner*;
- (ii) does not exceed the usual level of charges for similar counselling sessions in the locality where the expense is incurred; and
- (iii) does not include charges that would not have been made if no insurance existed.

Medically Necessary Bereavement or Trauma Counselling Session means any individual, joint or family mental health counselling session that:

- (i) is essential to assist the *Insured Person* and/or one or more Immediate Family Members in coping with the loss for which it is provided;
- (ii) meets generally accepted standards of medical practice; and
- (iii) is ordered by a *Medical Practitioner*.

7.28 Catastrophe Cash Benefit

This Cover applies to a *Covered Activity or Activities* during the *Operative Time*. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

If *Bodily Injury* to the *Insured Person* which results in *Paralysis* or *Coma* within 180 days of the date of the *Accident*, continues for a Waiting Period of 6 consecutive months, and is determined by a *Medical Practitioner* to be permanent and irreversible at the end of the Waiting Period, and results in *Permanent Total Disability*, benefits will be paid as shown below. If *Bodily Injury* to the *Insured Person* results in *Brain Death* within 365 days of the date of the *Accident* that caused the Injury and is determined and certified by a *Medical Practitioner*, benefits will be paid as shown below.

Loss: Percentage of Maximum Benefit Amount
(Refer to *Policy Schedule* for *Sum Insured* applicable)

<i>Coma</i>	100%
<i>Brain Death</i>	20%
<i>Paralysis: Quadriplegia</i> (Both Upper & Lower Limbs).....	100%
<i>Paraplegia</i> (Both Lower Limbs).....	100%
<i>Hemiplegia</i> (One Lower Limb & One Upper Limb).....	100%
<i>Uniplegia</i> (One Lower Limb or One Upper Limb).....	50%

Definitions Applicable to this Cover:

Paralysis/Paralysed means the complete loss of function in a part of the body as a result of neurological damage, as determined by a *Medical Practitioner*.

Brain Death means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

7.29 Crisis Containment & Disaster Evacuation

The *Insurer* pays reasonable and necessary Crisis Consultant costs incurred by the *Policyholder* as a direct result of a *Crisis* on a *Business Trip* during the *Period of Insurance* and reported to the *Insurer* immediately when the *Crisis* is known, up to the amount stated in the *Policy Schedule*. This Cover is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

Crisis Consultant costs are limited to fees and costs that are incurred during the period beginning when the *Crisis* is first reported to the *Insurer* and ending 30 days thereafter.

Crisis Consultants shall be consultants that have previously been approved by the *Insurer* for use by the *Policyholder* in connection with a *Crisis*.

Definitions Applicable to this Cover:

Business Trip means a trip undertaken for the *Policyholder's* business during the *Period of Insurance* and lasting for a maximum duration of twelve months. Non-business activities are covered when incidental to the Business Trip. The trip commences when the *Insured Person* leaves his or her ordinary place of work or residence, and ceases upon return to either of these locations.

Crisis means any *Accident* or series of *Accidents* that results in regional or national media coverage (print, radio or television) and has the potential to negatively impact the *Policyholder's* business in a significant way.

Claims Notification

In order to use the Crisis Containment benefit, the *Policyholder*, the *Insured Person* or the *Policyholder* or *Insured Person's* representative must give immediate notice to the Crisis Consultant of any *Crisis* by telephoning the CRISIS CENTRE HOTLINE available globally 24 hours a day, 7 days a week. Contact details will be available separately.

7.30 Ticket Cancellation Coverage

This Cover applies to a *Covered Activity or Activities* during the *Operative Time* that occurs on or after that date. It is subject to all of the conditions, provisions, limitations and exclusions of the Policy except as they are specifically modified by this Cover.

Ticket cancellation coverage provides reimbursement of the purchase price mentioned on the ticket up to a maximum of €125 per ticket and up to €500 per claim per year, if the *Insured Person* can not attend to a public event (concert, theatre, sporting event, amusement park, etc) booked in advance following:

- (i) Death of the *Insured Person* or of a *Family Member*;
- (ii) Serious unexpected illness of *Insured Person* or of a *Family Member* requiring medical attention;
- (iii) Major property damage at the place of residence of *Insured Person* requiring them to be present at location;
- (iv) *Accident* rendering vehicle unusable or theft of vehicle within 48 hours prior to the event; or
- (v) Delayed departure in excess of 4 hours or cancellation of *Public Transport* used to reach the place of the event whereby the *Insured Person* would have reached the public event in due time should the delay in departure not have occurred.

Definitions Applicable to this Cover

Family Member means the *Insured Person's Spouse/Partner* and their parents, brothers, sisters, sons, daughters, (including adopted or fostered children), grandparents, grandchildren, step-parents, stepchildren, stepbrothers, stepsisters or next of kin.

Public Transport shall mean aeroplane, bus, coach, ferry, sea vessel or train which operates according to a published timetable.

Exclusions Applicable to this Cover:

In addition to the general Policy exclusions listed in the *Policy Schedule*, ticket cancellation benefits are not payable for any loss caused in whole or in part by, or resulting in whole or in part from:

- (i) damages caused intentionally or fraudulently by the *Insured Person* or one of their *Family Members*;
- (ii) confiscation by the authorities;
- (iii) psychological, psychosomatic, mental and nervous disturbances, unless they require an uninterrupted *Hospitalisation* lasting at least one week;
- (iv) Service fees associated with reserving / purchasing the tickets; or
- (v) loss of Season Tickets.

This insurance is underwritten by AIG Europe S.A., an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35 D Avenue J.F. Kennedy, L-1855, Luxembourg, Web: <http://www.aig.lu/>. AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances 11 rue Robert Stumper, L-2557 Luxembourg, Telephone: (+352) 22 69 11 - 1, Email: caa@caa.lu, Web: <http://www.caa.lu/>

AIG Europe S.A., Ireland branch has its registered branch office at 30 North Wall Quay, International Financial Services Centre, Dublin 1, D01 R8H7 and branch registration number 908876 and is regulated for conduct of business in Ireland by the Central Bank of Ireland. Contact details of the Central Bank of Ireland are P.O. Box 559, North Wall Quay, Dublin 1, D01 F7X3. Telephone: 1890 77 77 77. Fax: +353 (0) 1 6716561. E-mail: enquiries@centralbank.ie Web: <http://www.centralbank.ie>

AIG Europe S.A. Ireland Branch is an insurance undertaking. The *Company* does not provide advice or any personal recommendation about this product. Employees of AIG Europe S.A., Ireland Branch are paid a salary and do not receive bonuses or commissions directly linked to sales.

AIG Europe S.A. is authorised by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, and is regulated by the Central Bank of Ireland for conduct of business rules.

If a solvency and financial condition report of AIG Europe S.A. is available, it can be found at Web: <http://www.aig.lu/>.

SS8 04/2025

