

VISA CEMEA INFINITE CREDIT/DEBIT CARD – BENEFIT SCHEDULE

BENEFIT TABLE	On a trip in your country of residence	On a trip outside of your country of residence
All benefit amounts are per beneficiary per trip unless otherwise noted		
Section A - Travel Advice		
Travel Advice	N/A	Included
Section B - Travel Assistance		
Medical Assistance	N/A	Included
Advance of hospital admission deposit	N/A	up to US \$ 2,500
Lost or Stolen Document Assistance	N/A	up to US \$ 1,000
Section C – Cancellation, Curtailment or Abandonment		
Cancellation or Curtailment or Abandonment	N/A	US \$ 7,500
Section D – Delayed Departure		
Delayed Departure, after 4 hours delay, up to a maximum of 12 hours	up to US \$ 25 per hour delay	up to US \$ 85 per hour delay
Maximum	up to US\$ 1,000	up to US\$ 1,000
Section E - Baggage Delay		
Baggage Delay, after 4 hours, up to a maximum of 12 hours	up to US \$ 25 per hour delay	up to US \$ 42 per hour delay
Section F – Hijack Benefit		
Hijack Benefit, maximum	US \$ 1,050	US \$ 2,100
- per day	US \$ 50	US \$ 100
Section G - Emergency Medical and Other Expenses		
Medical Expenses	N/A	US \$ 1,000,000
- per event per person excess	N/A	US \$ 100
Medical Expenses for infants born following Complications of Pregnancy, maximum per event	N/A	US \$75,000 (or US \$ 200,000 for trips to USA or Caribbean)
Evacuation and Repatriation Expenses	N/A	US \$ 1,000,000
Transportation to hospital	US \$ 10,000	Included
Emergency dental treatment	N/A	US \$ 10,000
Close Relative to travel out if hospitalised	N/A	Economy Return Flight
Return Home of Children	N/A	Economy Flight
Repatriation of Mortal Remains	N/A	Transport + coffin/urn up to US \$ 5,000
Section H - Hospital Benefit		
Hospital Benefit, maximum	N/A	US \$ 3,000
- per day, maximum 30 days	N/A	US \$ 100
Section I – Personal Belongings and Personal Money		
Personal belongings, maximum	US \$ 500	US \$ 2,500
- Single Item Limit	US \$ 250	US \$ 250
- Valuables Limit in Total	US \$ 300	US \$ 300
- Excess per claim	US \$ 50	US \$ 50
Personal Money	US \$ 400	US \$ 500
- Excess per claim	US \$ 50	US \$ 50
Section J - Travel Accident		
Travel Accident	up to US \$ 100,000	up to US \$ 1,000,000
- Children 16 years of age and under	US \$ 5,000	US \$ 5,000
Section K - Personal Liability		
Personal Liability	N/A	US \$ 500,000
Section L - Overseas Legal Expenses and Assistance		
Overseas Legal Expenses	N/A	US \$ 7,500
The Cardholder will only be covered for the following benefits if 100% of the total cost of the eligible item(s) has been charged to the covered card.		
Section M – Purchase Protection		
- Limit per 365 day period	US\$ 20,000	

- Limit per incident – up to 90 days from date of purchase	US\$ 7,500
- Single article maximum limit	US\$ 5,000
- Single article minimum limit	US\$ 100
- per item excess	US\$ 50
Section N – Extended Warranty	
- Limit per 365 day period	US\$ 7,500
- Single item maximum limit	US\$ 5,000
- Extension period	Double the original manufacturers' warranty period, up to a maximum of 24 months
- per item excess	US\$ 50

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INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** by virtue of **your** holding a VISA Infinite Card issued by a VISA CEMEA(UK) Ltd. member bank. The provision of these benefits is enabled by an insurance policy held by VISA CEMEA (UK) Ltd. for member banks and issued to VISA CEMEA (UK) Ltd. by Inter Partner Assistance S.A.

VISA CEMEA (UK) Ltd is the only policyholder under the insurance policy and only it has direct rights under the policy against the **insurer**. This agreement does not give **you** direct rights under the policy of insurance. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being a valid VISA Infinite **Cardholder** (issued by a VISA CEMEA (UK) Ltd. member bank) at the time of any incident giving rise to a claim. VISA CEMEA (UK) Ltd. will give **you** notice if there are any material changes to these terms and conditions or if the policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions relating to VISA Infinite **Cardholders** and is the basis on which all claims **you** make will be settled.

INSURER

Benefits under this Policy are underwritten by Inter Partner Assistance (IPA), whose registered branch office in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006) and is regulated by the Central Bank of Ireland. IPA is a branch of Inter Partner Assistance SA, a Belgian firm of Avenue Louise, 166 bte1, 1050, Brussels, which is authorised by the National Bank of Belgium. Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

IMPORTANT INFORMATION

1. Claims arising directly or indirectly from any **pre-existing medical conditions** are NOT covered.
2. The benefits will NOT cover **you** when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
3. The benefits will NOT cover **you** when **you** are travelling with the intention of obtaining medical treatment or consultation abroad;
4. The benefits will NOT cover **you** if **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established).
5. If injury, illness loss, theft or damage happens you should immediately call **AXA Assistance** on +44 (0)207 649 9029 to report a **medical emergency**, request repatriation, report any loss, theft or damage.
6. In the event of **curtailment** necessitating **your** early return **home you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative at home**.
7. In order to be eligible to receive benefits under this Benefit Schedule **you** must charge at least 50% of **your** total **trip** costs to **your** VISA Infinite Card and any deposits for travel and/or accommodation must be charged to **your covered card**. In order to be eligible to receive benefits under Section M – Purchase Protection and Section N – Extended Warranty the **Cardholder** will only be covered for the benefits if 100% of the total cost of the **eligible item(s)** has been charged to the **covered card**.
8. **We** will only pay up to the single item limit for any **personal belongings** or **valuables** shown in the **Benefit Table**.
9. All benefit amounts listed in the **Benefit Table** are per **beneficiary per trip** unless otherwise noted.
10. These benefits will be governed by the laws of England and Wales unless **we** have specifically agreed in writing otherwise.

11. **You** are covered worldwide for trips up to 90 consecutive days. If **your trip** exceeds 90 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in **your country of residence**. One way trips will not be covered. Any **trip** solely within **your country of residence** is only covered where **you** are travelling more than 100 kilometres from home and have pre - booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee.
12. An **excess** applies to benefits in Section G – Medical Expenses, Section I – Personal Belongings and Personal Money, Section M – Purchase Protection and Section N – Extended Warranty.
13. **You** must be 80 years of age or younger at the beginning of the **period of cover** and each yearly renewal date to be eligible for benefits.

DEFINITIONS

Wherever the following words or phrases appear in bold in this Benefit Schedule they will have the meaning shown below (unless otherwise noted). There may also be specific definitions relating to that section of the Benefit Schedule, these will all be listed at the start of the policy section and highlighted in Italics.

You/your/ beneficiary(ies) – the **Cardholder** travelling on a **trip** and

- his/her spouse or **civil partner** who must be 80 years of age or younger at the beginning of the **period of cover**, and
- up to 5 of his/her children, step-children and adopted children, aged under 19 or under 24 if in full time education, who are all unmarried, financially dependent on the **Cardholder** (according to the regulations of **your country of residence**), all living with the **Cardholder** (unless living elsewhere while in full time education).

To be covered, the Spouse and/or children must be travelling with the **Cardholder** on a **trip**.

You will only be covered if at least 50% of the total **trip** costs have been charged to the **covered card**. Any deposits for travel and/or accommodation must be charged to **your covered card**.

We/us/our

– Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland and/or Inter Partner Assistance SA (IPA), Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/or its agent, AXA Travel Insurance of the same Irish address. All companies are members of the AXA Assistance Group.

Adverse weather conditions

– rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

Adviser

– specialist solicitors or their agents.

Adviser's costs

– reasonable fees and disbursements incurred by the **adviser** with **our** prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against **you** and paid on the standard basis of assessment.

AXA Assistance

– the service provider, arranged by AXA Travel Insurance 10/11 Mary Street, Dublin 1, Ireland (company number 426087).

Benefit Table

– the table listing the benefit amounts on page 1.

Bodily injury

– an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.

Cardholder

– the holder of a **covered card**, the card being valid and the account in good standing at the time of the incident. The **Cardholder** must be 80 years of age or younger at the beginning of the **period of cover** and each yearly renewal date to be eligible for benefits.

Civil Partner

– a couple permanently living together at the same address for a minimum of one year prior to the **trip**. This must be evidenced by a joint account, or utility bill, used by each partner and being registered as living permanently together at the same address

Close business associate

– any person whose absence from business for one or more complete days at the same time as **your** absence prevents the proper continuation of that business.

Close relative

– mother, father, sister, brother, spouse, partner or fiancé/fiancée or **civil partner**, daughter, son, including adopted daughter or son), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, of the **Cardholder**.

Complications of Pregnancy

– the following unforeseen complications of pregnancy as certified by a **medical practitioner**: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; **medically necessary** emergency Caesarean sections/ **medically necessary** termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

Country of residence

– the country in which **you** legally reside

Covered Card

– a VISA Infinite Card issued by a VISA CEMEA (UK) Ltd. member bank, the card being valid and the account in good standing at the time of the incident.

Curtailement / curtail

– cutting short **your trip** outside of **your country of residence** by returning **home** due to an emergency authorised by **us**.

Excess

– the first amount, as shown in the **Benefit Table** which **you** will be responsible for, per **beneficiary** for each and every event.

Home

– **your** normal place of residence in **your country of residence**.

Insurer

– Inter Partner Assistance, 10/11 Mary Street, Dublin 1, Ireland and/or Inter Partner Assistance SA (IPA), Avenue Louise, 166 bte1, 1050, Brussels, Belgium and/or its agent, AXA Travel Insurance of

the same Irish address. All companies are members of the AXA Assistance Group.

Loss of limb

- loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Loss of sight

- total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

Medical condition(s)

- any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**.

Medical emergency

- a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside **your country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

Medical practitioner

- a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

Medically necessary

- reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet generally accepted standards of medical practice."

Outward journey

- travelling from **your home/business** address in the **country of residence** to **your trip** destination including international flights, sea crossings or rail journeys which are booked prior to **you** leaving **your country of residence** which is directly linked to the outbound journey.

Pair or set

- items of **personal belongings** or **valuables** forming part of a set or which are normally used together.

Panel

- **our** panel of **advisers** who may be appointed by **us** to act for **you**.

Period of cover

- cover begins for any **trip** commencing on or after January 1, 2016 and for any **eligible item** purchased on or after January 1, 2016. Cover will end when the card account is terminated or when these benefits are cancelled or at the latest when they expire on May 31 2016.

The duration of any **trip** may not exceed 90 consecutive days with a maximum 183 travel days in any 12 month period. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**.

Under Section C - Cancellation cover shall be operative from the time **you** pay for the **trip** and ceases upon commencement of **your trip**. For all other sections of the Benefit Schedule, the benefits commence when **you** leave **your home** or hotel, or **your** place of business (whichever is the later) to commence the **trip** and

terminates at the time **you** return to **your home**, hotel or place of business (whichever is the earlier) on completion of the **trip**.

Extension to the period of cover

The **period of cover** is automatically extended for the period of the delay in the event that **you** return to **your country of residence** is unavoidably delayed due to an event covered by this Benefit Schedule.

Eligible Items - Sections M-N

- **eligible items** purchased on or after January 1 2016 through to May 31 2016 will be covered. Under Section M - Purchase Protection, cover will end 90 days after the purchase date of the eligible item. Under Section N - Extended Warranty, cover will end after double the original manufacturer's warranty period, up to a maximum of 24 months.

Permanent total disablement

- disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevents **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

Personal belongings

- baggage, clothing, personal effects, and other articles which belong to **you** and are worn, used or carried by **you** during any **trip**.

Personal money

- bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

Pre-existing medical condition(s)

- any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the booking of and/or commencement of any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to commencement of cover under this Benefit Schedule and/or prior to any **trip**.

Public transport

- any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

Sports and activities

- the activities listed on page 6, which **your** participation in during your **trip** is not the sole or main reason for **your trip**.

Strike or industrial action

- any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

Terrorism

- an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Trip

- Any holiday or journey, for business or pleasure, made by **you** worldwide during the **period of cover**, for which 50% of the total **trip** costs have been charged to **your covered card**. Any deposits for travel and/or accommodation must be charged to **your covered card**. **Trips** must begin and end in **your country of residence**, one way **trips** will not be covered.

Any **trip** solely within **your country of residence** is only covered where **you** are travelling further than 100 kilometres from **home** and have pre - booked at least two nights' accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Cover for Benefits in Section C - Cancellation, Curtailment and Abandonment, Section H - Hospital Benefit, Section K - Personal Liability and Section L - Overseas Legal Expenses is excluded in **your country of residence**.

Unattended

- when **you** are not in full view of, and not in a position to prevent unauthorised interference with **your** property or vehicle.

Under the influence

- if a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

Valuables

- jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, leather goods, cameras, camcorders, photographic audio video computer television and telecommunications equipment (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes, binoculars, portable DVD players, MP3 and MP4 players and any other item worth US \$ 2,500 or more.

EMERGENCY ASSISTANCE

Contact **AXA Assistance** on Telephone: +44 (0)207 649 9029

In the event of a serious illness or accident which may lead to in-patient hospital treatment, or before any arrangements are made for repatriation or in the event of **curtailment** necessitating **your** early return **home** or in the event of an emergency **you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation and authorisation of medical expenses. If this is not possible because the condition requires immediate emergency treatment **you** must contact **AXA Assistance** as soon as possible. Private medical treatment is not covered unless authorised specifically by **AXA Assistance**.

Medical Assistance

AXA Assistance has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. **AXA Assistance** will also arrange transport **home** when this is considered to be **medically necessary**, or when **you** have notice of serious illness or death of a **close relative** at **home**.

Payment for Medical Treatment Abroad

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **AXA Assistance** will arrange for medical expenses covered by the Benefit Schedule to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact **AXA Assistance** for **you** as soon as possible.

GENERAL CONDITIONS

You must comply with the following conditions in addition to the items listed under SPECIAL CONDITIONS in Section A-N below to have the full protection of the Benefit Schedule. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must be 80 years of age or younger at the beginning of the **period of cover** and each yearly renewal date to be eligible for benefits.
2. **You** are covered worldwide for trips up to 90 consecutive days. if **your trip** exceeds 90 consecutive days no cover will apply for any part of that **trip**. The cover is limited to a total of 183 days in any 12 month period. **Trips** must begin and end in **your country of residence**, one way trips will not be covered.
3. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
4. In the event of **curtailment** necessitating **your** early return **home** **you** must contact **AXA Assistance**. The service is available to **you** and operates 24 hours a day, 365 days a year for advice and assistance with **your** return **home**. **AXA Assistance** will arrange transport **home** when **you** have notice of serious illness, imminent demise, or death of a **close relative** in **your country of residence**.
5. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised.
6. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of any incident or loss leading to a claim other than in an emergency, and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
7. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
8. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.
9. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the loss. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
10. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
11. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must also immediately send **us** any writ or summons, letter of claim or other document relating to that claim.
12. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may also request and will pay for a post-mortem examination.
13. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
14. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - a) take over the defence or settlement of any claim;
 - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - c) take any action to get back any lost property or property believed to be lost.

15. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this Benefit Schedule shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the Benefit Schedule.
16. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
17. **We** will make every effort to apply the full range of services in all circumstances as shown in the Benefit Schedule. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
18. **We** may at any time pay to **you our** full liability under the Benefit Schedule after which no further payments will be made in any respect.
19. If at the time of any incident which results in a claim under this Benefit Schedule, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section J – Travel Accident).
20. If **you** possess multiple member bank cards **you** may only claim once and **we** will only pay up to the highest limit of the cards, the benefit values will not be cumulative.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** Benefit Schedule in addition to the items listed under WHAT IS NOT COVERED in Section A-N below. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from circumstances listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **AXA Assistance** at **your** expense. **We** may also ask for more documentation to substantiate **your** claim.
4. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section G – Emergency Medical and Other Expenses and Section H – Hospital Benefit unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
6. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
7. **Your** participation in or practice of any sport or activity unless it is shown as covered in the list of **Sports and Activities** on page 6.
8. **Your** engagement in or practice of: manual work involving the use of dangerous equipment, cutting tools, power tools and machinery, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless a full driving licence is held permitting the use of such vehicles, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, or any tests for speed or endurance.
9. Any claim resulting from you attempting or committing suicide; deliberately injuring yourself; using any drug not prescribed by

- a registered **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being **under the influence** of drugs, solvents, or alcohol.
10. Self-exposure to needless peril (except in an attempt to save human life).
11. Any claim resulting from your involvement in a fight except in self-defence.
12. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
13. **Your** own unlawful action or any criminal proceedings against **you**.
14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other Insurance, or any amount recoverable from any other source, had these benefits herein not been effected.
15. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of your business, inconvenience, distress, or loss of enjoyment.
16. Operational duties as a member of the Armed Forces.
17. **Your** travel to a country or specific area or event to which a government agency in **your country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
18. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
19. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
20. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim on this Benefit Schedule.
21. Costs of telephone calls or faxes, meals, taxi fares (with the exception of the taxi costs incurred for the initial journey to a hospital due to your illness or injury), newspapers, laundry costs, or interpreters' fees.
22. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
23. Cover for Benefits in Section C – Cancellation or Curtailment, Section H – Hospital Benefit, Section K – Personal Liability and Section L – Overseas Legal Expenses is excluded in **your country of residence**.

SPORTS AND ACTIVITIES

You are covered under Section G – Emergency Medical and Other Expenses and Section H – Hospital Benefit for the following activities provided **your** participation in them is not the sole or main reason for **your trip**. Cover under Section J – Travel Accident and Section K – Personal Liability for those sports or activities marked with * is excluded.

- *Abseiling
- *Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- Canoeing (up to grade/class 2)
- *Canoeing (up to grade/class 3 to 4)
- *Clay pigeon shooting
- Cricket
- *Cross country skiing
- Elephant Riding

*Fell running
*Fencing
Fishing
Football
*Glacier Skiing
*Go- Karting
Golf
Hockey
*Horse Riding
Horse Trekking
*Hot air ballooning
Ice Skating (on recognised ski rinks)
*Jet Biking
*Jet Skiing
Kitesurfing
Manual Work - bar and restaurant, waitress, waiter, maid, au pair and nanny and occasional light manual work at ground level including retail work and fruit picking but excluding the use of dangerous equipment, cutting tools, power tools and machinery
Monoskiing
*Mountain bicycling on tarmac
Netball
Orienteering
*Paintball
Pony Trekking
Racquetball
Road Cycling
Roller skating
Rounders
Running
Sailing (within 20 Nautical Miles of the coastline)
*Sailing (Outside 20 Nautical Miles of the coastline)
Scuba diving †
*Ski touring
*Skidoo
Skiing (on piste or off piste with a guide)
*Snowblading
Snowboarding (on piste or off piste with a guide)
Snowshoeing
Squash
Surfing
Table Tennis
Tennis
*Tobogganing
Trampolining
Trekking (Up to 4000 metres without use of climbing equipment)
Volleyball
*War games
Water polo
Water Skiing
Wind Surfing
Yachting (within 20 Nautical Miles of the coastline)
*Yachting (Outside 20 Nautical Miles of the coastline)
Zorbing

† Scuba Diving: scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

We must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to a depth of 18 metres.

SECTION A – TRAVEL ADVICE

WHAT IS COVERED

Before and during **your trip we** will provide **you** with information on current visa and entry requirements for all countries. If **you** hold a passport from a country other than **your country of residence**, **we** may need to refer **you** to the embassy or consulate of the country concerned.

SECTION B – TRAVEL ASSISTANCE

WHAT IS COVERED

During **your trip we** will:

1. refer **you** to lawyers, legal practitioners and/or interpreters and other relevant persons or institutions.
2. arrange payment of all reasonable costs necessarily incurred in replacing essential documents (including personal computer discs and presentation slides) that are lost or stolen. Costs payable are only for the physical cost of replacing the documents. Any intrinsic value for costs such as value of bonds or cheques or similar documents shall not be replaced.
3. refer **you** to physicians, hospitals, clinics, ambulances, private duty nurses, dentists, dental clinics, services for the disabled, ophthalmologists, pharmacies, opticians and suppliers of contact lenses and medical aid equipment.
4. replace essential prescription medication which has been lost or stolen, if it, or a local equivalent, is unavailable when **you** are outside **your country of residence**. **We** will bear the costs for dispatch, but all costs of obtaining the medicine will be borne by **you**. The transportation of medicine remains subject to the regulations imposed by airline companies or any other transportation company, as well as local and/or international law.
5. transfer any required hospital admittance deposit up to the amount listed in the **Benefit Table** if **you** must be admitted while travelling outside of **your country of residence**. All advances and delivery fees will only be made if accepted means of repayment to **us** are made in advance.

WHAT IS NOT COVERED

The cost of any advance or delivery fee.

SECTION C – CANCELLATION, CURTAILMENT OR ABANDONMENT

YOU SHOULD ALWAYS CONTACT AXA ASSISTANCE BEFORE CURTAILMENT Telephone Number: +44 (0)207 649 9029

WHAT IS COVERED

We will pay **you** up to the amount shown in the **Benefit Table** per **trip** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if

- a) cancellation or rebooking of the **trip** is necessary and unavoidable; or
- b) the **trip** is **curtailed** before completion;

as a result of any of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. Unforeseen illness, injury or death of **you** or a **close relative**.
2. A **complication of pregnancy** involving **you**.
3. Compulsory quarantine, jury service attendance, hijacking or being called as a witness at a Court of Law of a **beneficiary**.
4. If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to **strike or industrial action**, **adverse weather conditions** or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.

SPECIAL CONDITIONS

1. **You** must obtain a medical certificate from **your** treating **medical practitioner** and the prior approval of **AXA Assistance** to confirm the necessity to return **home** prior to **curtailment** of the **trip** due to **bodily injury** or illness.
2. If **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**, **our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
3. If **you** cancel the **trip** due to **bodily injury** or illness **you** must provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that this necessarily and reasonably prevented **you** from travelling.
4. **You** must contact **us** to make necessary travel arrangements for **you**.
5. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

IMPORTANT LIMITATIONS UNDER SECTION C - CANCELLATION OR CURTAILMENT CHARGES

This Benefit Schedule will not cover any claims for Cancellation or Curtailment arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to these benefits becoming effective or prior to booking any **trip** (whichever is the later) affecting any **close relative**, if:

1. a terminal diagnosis had been received; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic at the commencement of the policy or prior to booking any **trip** (whichever is the later); or
3. during the 90 days immediately prior to the commencement of the policy or prior to booking any **trip** (whichever is the later) they had required surgery, in-patient treatment or hospital consultations.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from **pre-existing medical conditions**.
2. The cost of recoverable airport charges, levies and taxes.
3. Any costs incurred because **you** did not contact **AXA Assistance** to make the necessary travel arrangements, immediately when **you** knew that **your trip** was to be curtailed.
4. Any claim arising directly or indirectly from circumstances known to **you** prior to the date these benefits became effective or the time of booking any **trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **curtailment** of the **trip**.
5. Any costs paid for using any airline mileage reward scheme, for example Avios, or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees.
6. Any claim arising from **complications of pregnancy** which:
 - a) for Cancellation or rebooking – first arise before booking or paying for the trip, whichever is the later; or
 - b) for **Curtailment** - first arise before departing on **your trip**.
Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
7. Any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed **medically necessary** to return early to **your country of residence**.

8. Any claim resulting from **your** inability to travel due to a **beneficiary's** or travel companion failure to hold, obtain or produce a valid passport or any required visas.
9. Privately chartered flights.
10. Any costs or charges where the **public transport** provider will compensate **you**.
11. Claims where **you** have not checked in according to the itinerary supplied to **you**.
12. Any expenses when reasonable alternative travel arrangements have been made available within 24 hours of the scheduled departure time.
13. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
14. Claims where **you** have not obtained a written report substantiated by www.worldweatheronline.com/ or equivalent confirming the **adverse weather conditions** which caused the delay.
15. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
16. Abandonment after the first leg of the **trip**.
17. Any claims for abandonment under this section if **you** have claimed under Section D – Delayed Departure.
18. Any costs incurred because **you** did not tell **your** carrier or travel agent immediately when **you** knew that **your trip** was to be cancelled.

SECTION D – DELAYED DEPARTURE

WHAT IS COVERED

If departure of the scheduled **public transport** on which **you** are booked to travel is delayed at the final departure point from or to **your country of residence** for at least 4 hours from the scheduled time of departure due to:

- a) **strike or industrial action** or
- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel

we will pay **you**, *either*:

1. up to the amount shown in the **Benefit Table** after a minimum of 4 hours delay, per one hour delay, up to a maximum of 12 hours delay, for reasonable meals, refreshments, additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination, or

SPECIAL CONDITIONS

1. **You** must check in according to the itinerary supplied to **you**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.
4. **You** must retain all receipts.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider will compensate **you**.
2. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
3. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
4. Any expenses when reasonable alternative travel arrangements have been made available within 4 hours of the scheduled departure time.

SECTION E – BAGGAGE DELAY

WHAT IS COVERED

We will pay **you** up to the amount shown in the **Benefit Table**, up to a maximum of 12 hours, for Baggage Delay for the emergency replacement of clothing, medication and toiletries if the checked in baggage containing **personal belongings** is temporarily lost in transit during the **outward journey** of a **trip** and not returned to **you** within 4 hours of **your** arrival.

If the loss is permanent the amount paid will be deducted from the final amount to be paid under Section I – Personal Belongings.

SPECIAL CONDITIONS

1. Written confirmation must be obtained from the carrier, confirming the number of hours the baggage was delayed. **You** must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for tickets to submit with a claim.
2. All amounts are only for real expenses in excess of any compensation paid by the carrier.
3. Claims will be considered only for the purchase of essential clothing and toiletries and only if such purchases are made within 4 days of actual arrival at destination and are charged to the **covered card** account. If the **covered card** could not be used for the essential purchases, itemised receipt for these purchases must be retained.
4. No reimbursement will be made if purchases were made after the luggage was returned.
5. All itemised receipts must be retained.
6. Cover only applies to the final destination of **your** outbound **trip**.

WHAT IS NOT COVERED

1. Loss due to delay, confiscation or detention by customs or other authority.
2. Costs or charges for which the carrier will compensate **you**
3. Claims arising from baggage shipped as freight or under a bill of lading.

SECTION F – HIJACK BENEFIT

WHAT IS COVERED

We will pay **you** up to the amounts shown in the **Benefit Table** for each 24 hours **you** are detained in the event that the aircraft or sea vessel in which **you** are travelling as a fare paying passenger on a **trip** is hijacked, up to a maximum of 21 days.

SECTION G – EMERGENCY MEDICAL AND OTHER EXPENSES

IMPORTANT LIMITATIONS UNDER THIS SECTION

You must contact **us** before incurring any expenses over US \$500; failure to do so may result in **us** declining **your** claim.

We may:

- a) move **you** from one hospital to another; and/or
- b) return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believe that it is **medically necessary** and safe to do so. If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs

under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

WITHIN YOUR COUNTRY OF RESIDENCE

We will pay up to the amount shown in the **Benefit Table** for all reasonable and necessary expenses for transporting **you** to the nearest suitable hospital, when deemed **medically necessary** by a recognised **medical practitioner**, if **you** suffer sudden and unforeseen **bodily injury** or illness on a **trip** within **your country of residence**.

OUTSIDE OF YOUR COUNTRY OF RESIDENCE

We will pay the following costs, up to the amount shown in the **Benefit Table**, for each **beneficiary** who suffers sudden and unforeseen **bodily injury** or illness, or who dies during a **trip** outside **your country of residence**.

1. All reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.
2. All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.
3. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.
4. With the prior authorisation of **AXA Assistance**:
 - a) additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the **outward journey** unless **AXA Assistance** agrees otherwise.
 - b) Economy class return transport for a **close relative** from **your country of residence** to visit **you** or escort **you** to **your home** if **you** are travelling alone and are hospitalised as an in-patient for more than 7 days
 - c) Economy class transport for a friend or **close relative** to travel from **your country of residence** to escort **beneficiaries** under the age of 15 to **your home** in **your country of residence** if **you** are physically unable to take care of them. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**.
5. In the event of **your** death the reasonable cost of conveying **your** remains to **your home** and the cost of the coffin/urn up to the amounts shown in the **Benefit Table**.

SPECIAL CONDITIONS

1. **You** must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. **You** must contact **AXA Assistance** as soon as possible in the event of **you** incurring medical expenses in excess of US \$500 relating to any one incident. **You** must always contact **AXA Assistance** before **curtailing your trip**.
3. In the event of **your bodily injury** or **medical condition** **we** reserve the right to relocate **you** from one hospital to another and arrange for **your** repatriation to **your country of residence** at any time during the **trip**. **We** will do this if in the opinion of the **medical practitioner** in attendance or **AXA Assistance** **you** can be moved safely and / or travel safely to the **Country of residence** to continue treatment.

4. Subject to timely application to **us** and prior acceptance of the medical expenses for further claims payment, the **Insurer** has a right to decline the incurred expenses if **you** do not have these agreed in advance.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. The **excess**. **You** are responsible for the first US \$100 per incident.
3. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
4. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
5. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be delayed reasonably until **your** return to **your country of residence**.
6. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your country of residence**.
7. Additional costs arising from single or private room accommodation.
8. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing home or any rehabilitation centre unless agreed by **AXA Assistance**.
9. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Benefit Schedule.
10. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **AXA Assistance**.
11. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
12. Any costs **you** incur outside **your country of residence** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.)
13. **You** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Benefit Schedule. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost.
14. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling).
15. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
16. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
17. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals.
18. Costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare.
19. Costs of telephone calls, other than calls to **AXA Assistance** notifying them of the problem for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.

20. Costs incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **your country of residence**.
21. Air-sea rescue costs.

SECTION H - HOSPITAL BENEFIT

WHAT IS COVERED

If **we** accept a claim under Section G – Emergency Medical and Other Expenses, **we** will also reimburse **you** up to the amount shown in the **Benefit Table** for incidental expenses (such as telephone line rental, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside **your country of residence**.

SPECIAL CONDITIONS

You must give notice as soon as possible to **AXA Assistance** of any **bodily injury** or **medical condition** which necessitates **your** admittance to hospital as an in-patient.

WHAT IS NOT COVERED

Any claims arising directly or indirectly from:

1. any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
2. any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
3. any additional period of hospitalisation following **your** decision not to be repatriated after the date when in the opinion of **AXA Assistance** it is safe to do so.

SECTION I – PERSONAL BELONGINGS AND PERSONAL MONEY

WHAT IS COVERED

PERSONAL BELONGINGS

We will pay **you**, up to the amount shown in the **Benefit Table**, for the accidental loss of, theft of or damage to **personal belongings** on a **trip**. The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **personal belongings**). The maximum **we** will pay for any one article, **pair** or **set** of articles is equal to the Single Item Limit shown in the **Benefit Table**. The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **Benefit Table**.

PERSONAL MONEY

We will pay **you** up to the amounts shown in the **Benefit Table** for the accidental loss of, theft of or damage to **personal money**.

SPECIAL CONDITIONS

1. All receipts must be retained.
2. **You** must report all incidents of loss, theft, or attempted theft of **personal belongings** to the local police within 24 hours of discovery and obtain a written report. A Holiday Representatives Report is not sufficient.
3. For items damaged whilst on **your trip** **you** must obtain an official report from an appropriate local authority.
4. If **personal belongings** are lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the loss, theft or damage and obtain an official report from an appropriate local authority. If **personal belongings** are lost, stolen or damaged whilst in the care of an airline **you** must:
 - a) obtain a Property Irregularity Report from the airline.

- b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
- c) retain all travel tickets and tags to submit with a claim.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.
6. Receipts for items lost, stolen or damaged must be retained as these will help **you** to substantiate **your** claim.
7. Payment will be made based on the value of the property at the time it was damaged, lost or stolen. A deduction will be made for wear, tear and loss of value depending on the age of the property.

WHAT IS NOT COVERED

1. The **Excess. You** are responsible for the first US \$50 per claim.
2. Loss, theft of or damage to **valuables** or **personal money** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box.
3. Loss, theft of or damage to **personal belongings** contained in an **unattended** vehicle:
 - a) overnight between 9pm and 8am (local time); or
 - b) at any time between 8am and 9pm (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot locked in the vehicle and covered from view;

and evidence of forcible and violent entry to the vehicle confirmed by a police report.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss, theft of or damage to cheques other than travellers cheques, money, postal or money orders, pre-paid coupons or vouchers, travel tickets, credit/debit or charge cards.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, eye glasses, hearing aids, dental or medical fittings, cosmetics, perfumes, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, bicycles and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
10. Loss, theft of or damage to tools of trade, motor accessories and other items used in connection with **your** business, trade, profession or occupation.
11. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
13. Claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
14. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or baggage.
15. Claims arising from loss, theft or damage of **personal belongings** shipped as freight or under a bill of lading.

SECTION J - TRAVEL ACCIDENT

WHAT IS COVERED

We will pay **you**, up to the amount shown in the **Benefit Table**, if **you** sustain **bodily injury** whilst on **public transport** during a **trip** which shall solely and independently of any other cause, result within one year in **your** death, **loss of limb**, **loss of sight** or **permanent total disablement**. Cover commences when **you** leave **your home** on a **trip** and ends upon **your** return to the **home**.

If **you** suffer from **loss of limb** or **loss of sight** the following amounts may be paid, but in any case will not exceed the benefit amount for **permanent total disablement**.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

SPECIAL CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under **permanent total disablement**, until one year after the date **you** sustain **bodily injury**.
3. The benefit is not payable to **you** under more than one of the items shown in the **Benefit Table**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
3. Normal and habitual travel to and from the **Cardholder's home** and or place of employment or second residence as this shall not be considered as a covered **trip**.

SECTION K - PERSONAL LIABILITY

WHAT IS COVERED

We will pay up to the amount shown in the **Benefit Table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

SPECIAL CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **us** as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
4. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full

discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.

- In the event of **your** death, **your** legal representative(s) will have the protection of the Benefit Schedule provided that such representative(s) comply(ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

Compensation or legal costs arising directly or indirectly from:

- Liability which has been assumed by **you** under agreement unless the liability would have attached in the absence of such agreement.
- Pursuit of any business, trade, profession or occupation or the supply of goods or services.
- Ownership, possession or use of vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- The transmission of any communicable disease or virus.
- Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first US \$500 of each and every claim arising from the same incident).
- Your** criminal, malicious or deliberate acts.

SECTION L – OVERSEAS LEGAL EXPENSES AND ASSISTANCE

WHAT IS COVERED

We will pay up to the amount shown in the **Benefit Table**, for legal costs to pursue a civil action for compensation if someone else causes **you** **bodily injury**, **medical condition** or death during **your trip**. **We** will also pay reasonable costs of an interpreter that is arranged by **us** for court proceedings.

HOW WE SETTLE LEGAL EXPENSES CLAIMS:

We will appoint a member of **our panel** to handle **your** case. However, should **you** choose to appoint an **adviser** of **your** own choice to act on **your** behalf, **you** will notify **us** to that effect. **We** will, upon receipt of **your** notification, advise **you** of any conditions concerning such appointment.

SPECIAL CONDITIONS

- You** must notify **us** of claims as soon as reasonably possible and in any event within 30 days of **you** becoming aware of an incident which may generate a claim.
- We** will provide **you** with a claim form which must be returned promptly with all relevant information required by **us**. **You** must supply at **your** own expense all of the information which **we** reasonably require to decide whether a claim may be accepted.
- In the event of a dispute arising as to **adviser's costs** **we** may require **you** to change **adviser**.
- We** shall only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken while there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** own choice instead of the **panel adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our** standard **panel adviser's costs**.
- You** are responsible for any **adviser's costs** if **you** withdraw from the legal action, other than on the advice of **your adviser**, without **our** prior consent. Any **adviser's costs** or other fees already paid under these benefits will be reimbursed to **us** by **you**.
- We** will not start legal proceedings in more than one country in respect of the same occurrence.
- We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

WHAT IS NOT COVERED

- Any claim where **we** think there is not a reasonable chance of **you** winning the case or achieving a reasonable settlement.
- Costs or expenses incurred before **we** accept **your** claim in writing.
- Claims not notified to **AXA Assistance** within 30 days of the incident.
- Claims against a carrier, the travel or holiday agent or tour operator arranging any **trip**, **us**, Inter Partner Assistance, AXA Travel Insurance, **AXA Assistance** or their agents and Visa CEMEA (UK) Ltd.
- Claims against someone **you** were travelling with or another **beneficiary** or any other person covered under a member bank Visa Infinite policy.
- Legal action where in **our** opinion the estimated amount of compensation is less than US \$750.
- Actions undertaken in more than one country.
- Lawyers' fees incurred on the condition that **your** action is successful.
- Penalties or fines which a Court awards against **you**.
- Claims by **you** other than in **your** private capacity.
- Claims occurring within **your country of residence**.

SECTION M – PURCHASE PROTECTION

DEFINITIONS - Applicable to this section (shown in Italics)

Eligible item

– an item, purchased by the **Cardholder** solely for personal use (including gifts), not used for business purpose which has been charged fully (100%) to the **covered card** and is not listed under WHAT IS NOT COVERED in this section.

Purchase price

– the lower of the amounts shown on either the **covered card** billing statement or the store receipt for the *eligible item*.

WHAT IS COVERED

In the event of theft and/or accidental damage to an *eligible item* within 90 days of purchase, **we** will, at **our** option, replace or repair the *eligible item* or credit the **Cardholder** account an amount not exceeding the *purchase price* of the *eligible item*, or the single item limit shown in the **Benefit Table** whichever is lower. **We** will not pay more than the amount shown in the **Benefit Table** for any one event, or more than the maximum amount shown in the **Benefit Table** in any one 365 day period.

SPECIAL CONDITIONS

- Purchase Protection provides cover only for claims or portions of claims that are not covered by other applicable guarantees, warranties, insurance or indemnity policies, subject to the stated limits of liability
- Claims for an *eligible item* belonging to a **pair or set**, will be paid up to the full *purchase price* of the **pair or set**, provided the items are not useable individually and cannot be replaced individually.
- If **you** purchase the *eligible item* as a gift for someone else, **we** will if **you** wish, pay a valid claim to the recipient, subject to **you** making the claim.
- You** must exercise due diligence and do all things reasonably practicable to avoid any direct physical theft or damage to an *eligible item*.
- You** will need to transfer to **us**, on **our** request and at **your** expense, any damaged *eligible item* or part of a **pair or set**, and assign the legal rights to recover from the party responsible up to the amount **we** have paid.
- You** must document that the claim has not been sent to other insurance company.

- You must provide us with the original sales receipt from store, original of card receipt, original of account showing the transaction and the police report.

WHAT IS NOT COVERED

- The **excess** of US\$50, applying to each and every item.
- Events not connected to theft, fire or damage caused by accident.
- Mysterious disappearance of *eligible items*.
- Events caused by fraud, mistreatment, carelessness or not following the manufacturers manual.
- Eligible items* which were used before purchase, second-hand, altered, or bought fraudulently.
- Damage to *eligible items* caused by product defects or error during production.
- Theft not reported to the police within 48 hours of discovery and a written report obtained.
- Eligible items* left **unattended** in a place accessible to the public.
- Theft of or damage due to *eligible items* in a motor vehicle as a result of theft of the motor vehicle.
- Theft from any item of any property, land or premises unless entry or exit to the property or premises was gained by the use of force, resulting in visible physical damage to the property or premises.
- Mobile telephones.
- Jewellery, watches, precious metals and gemstones and any item made from precious metals and gemstones
- Motor vehicles, motorcycles, bicycles, boats, caravans, trailers, hovercraft, aircraft and their accessories.
- Service, cash, travel checks, tickets, documents, currency, silver and gold, art, antiques, rare coins, stamps and collector's items.
- Animals, living plants, consumables, perishable goods or permanent installations.
- Electronic items and equipment, including but not limited to, personal stereos, MP3/4 players, mobile telephones, computers or computer-related equipment whilst at **your** place of employment, items used for business purpose.
- Damage due to normal wear and tear, normal use or normal activity during sports and games (example golf or tennis balls).
- Theft or damage when the *eligible item* is under the supervision, control or safe keeping of, a third party other than required according to safety regulations.
- Eligible items* not received by the **Cardholder** or other party designated by the **Cardholder**.
- Mail order items or courier delivered item(s) until item(s) are received, checked for damage and accepted at the nominated delivery address.
- Expenses due to repairs not performed by workshops approved by **us**.
- Damage due to water, damp or earthquake.
- Loss caused by declared or undeclared war, confiscation order of any government or public authority, or arising from illegal acts.
- Theft or accidental damage to any *eligible item* where there is any other insurance covering the same theft or accidental damage, or where the terms and conditions of such other insurance have been broken or for the reimbursement of any evident excess.

SECTION N – EXTENDED WARRANTY

DEFINITIONS - Applicable to this section (shown in Italics)

Brown goods

- audio and video equipment including televisions (LCD and plasma), DVD players/recorders, home cinema projectors, HiFi systems, MP3 players, iPods, cameras, video cameras, GPS systems.

Eligible item

- a *brown good* or a *white good* with a minimum purchase price of US\$50 including VAT, purchased new by **you** solely for personal use, which has been charged fully (100%) to **your covered card**, in a store located in **your country of residence** (other than a Duty-Free Zone) or via an Internet site where the sales company is registered in **your country of residence** and the item is meant for use in **your country of residence** market and is not listed as an item which is not covered. The manufacturer must provide an original warranty of no less than 12 months in respect of the *eligible item* in the country of purchase.

Extended warranty period

- the period starting the day after the original manufacturer's warranty expires. The *extended warranty period* will match the original warranty period up to a maximum of 24 months.

Mechanical breakdown

- an internal malfunction of an *eligible item* which would have been covered by the terms of the original manufacturer's warranty, which is due solely to a defect in material or workmanship and which results in a failure of the *eligible item* to operate for the purpose for which it was designed.

White goods

- electrical household appliances including washing machines, tumble/washer dryers, dishwashers, cookers, ovens, refrigerators, vacuum cleaners, clothes-irons, toasters, electric toothbrushes.

WHAT IS COVERED

You are covered for repair costs of an *eligible item* after *mechanical breakdown* during the *extended warranty period*.

Repair expenses will be paid up to the original purchase price paid for the *eligible item*, up to the limit shown in the **Benefit Table**. If repair expenses exceed the original purchase price paid, **we** will replace the *eligible item* with an equivalent model of similar specification with a value of no more than the original purchase price, up to the limit shown in the **Benefit Table**. If no equivalent model of similar specification is available, **you** will be credited with an amount equal to the original purchase price, up to the limit shown in the **Benefit Table**. The maximum paid per 365 day period is as shown in the **Benefit Table**.

Where an *eligible item* is part of a **pair or set**, cover will extend only to the *eligible item* in respect of which there has been a *mechanical breakdown* and not to the rest of the **pair or set**.

IN THE EVENT OF A CLAIM

If an *eligible item* breaks down, please call **AXA Assistance**, giving **your** name, **covered card** number, *eligible item* brand and model and the *mechanical breakdown* date. **We** will confirm that the *eligible item* is covered and **you** will be directed to an authorised service centre. **We** will also send **you** a claim form. Please retain the repair receipt from the service centre specifying the *mechanical breakdown* and price for repair. Claim forms and all documentation must be sent to **us** within 90 days of the repair date. All payments to be made by **us** will be made to **you**. **We** may appoint an expert or investigator to assess the circumstances of the claim and the amount to be paid to **you**.

SPECIAL CONDITIONS

- You** must keep the original sales receipt from store, original of card receipt, original of account statement showing the transaction was paid in full with the **covered card** and the original manufacturer's warranty card.
- Extended Warranty only covers *mechanical breakdown* - repair expenses if **your** product breaks down after the manufacturer's original warranty has expired.

3. If **we** replace the *eligible item*, the item becomes **our** property and the replacement item will not benefit from cover under these benefits.

WHAT IS NOT COVERED

1. The **excess** of US\$50, applying to each and every item.
2. Non-electrical items.
3. Motorised vehicles of any kind, bicycles, watercraft, caravans, trailers, hovercraft aircraft and parts or accessories for any of these items and consumable products necessary for their use and maintenance.
4. Mobile telephones, electric gardening tools, communication and computing items described as 'Grey Goods' (such as desktop PCs, laptops, monitors, printers, photocopiers, fax machines, scanners, game consoles, modems, notebooks, tablet computers), computer software and other accessories to computers not fully assembled by the manufacturer.
5. Boilers or furnaces.
6. Genuine goods sold through unauthorized channels in direct competition with authorized distributors.
7. Items which do not have an original manufacturer's warranty valid in **your country of residence**.
8. Items which do not meet the specifications of **your country of residence** specification or that are not available in the **country of residence**.
9. Items not bought as new, or modified, rebuilt or refurbished items.
10. Items which are purchased for resale.
11. Items that are specified by supplier as a consumable item or items that shall be thrown away after usage, included, but not limited to bulbs, fuses, batteries, filters, belts, bags and printing cartridges.
12. Installation expenses or changes on an item.
13. Cleaning expenses, including but not limited to filter on a washing machine, video and cassettes.
14. The cost of rectifying blockages (except in the cooling system of refrigeration equipment).
15. Costs incurred in disposing of an item.
16. Any costs incurred in gaining access for repair to any appliance that has been incorporated into fitted units.
17. Expenses linked to supplier's withdrawal of a product.
18. Items used for business, professional or commercial purposes.
19. Items permanently affixed to the **home** or office.
20. Expenses linked to repairs caused by routine service, inspections or installations, or call out charges and other expenses where an authorised repairer cannot find any fault with the item.
21. Damage caused by not following the supplier's manual, instructions or installations, or the use of unapproved accessories.
22. Corrosion.
23. Damage caused by mistreatment or carelessness.
24. Lightning, storm or flood.
25. Expenses due to repairs not performed by workshops approved by **us**.
26. Any costs other than those specifically covered under the terms of the original manufacturer's written repair warranty.
27. Any costs associated to the disposal or removal of the items regardless of whether the item can be repaired or replaced.

CLAIMS PROCEDURE

1. Please read the appropriate section in the benefits to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.
2. Making a claim.
 - a) In the event of an emergency **you** should first call **AXA Assistance** on telephone +44 (0)207 649 9029.

- b) For all other claims telephone **our** Claims Helpline on +44 (0)207 649 9029 (Monday – Friday 9:00 – 17:00) to obtain a claim form. **You** will need to give:
 - **your** name,
 - **your covered card** number,
 - brief details of **your** claim.

Alternatively **you** can email **our** Claims Helpline on claims@axa-assistance-claims.com

You will need to provide:

- **your** name,
- **your covered card** number,
- **your** address including the postcode,
- the section under which **you** wish to make a claim.

We ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

3. Additional Information.

You must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**. It is always advisable to keep copies of all the documents that **you** send to **us**.
4. Claims Handling Agents.

To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standard of service. If on any occasion **our** service falls below the standard **you** would expect us to meet, the procedure below explains what **you** should do.

You can write to the Quality Manager, who will arrange an investigation on behalf of the General Manager at: AXA Travel Insurance, 106-118 Station Road, Redhill, Surrey, RH1 1PR, United Kingdom.

Or **you** may use email: claimcomplaints@axa-assistance.co.uk
Or telephone: +44 (0)207 649 9029

If it is impossible to reach an agreement, **you** may have the right to make an appeal to the Financial Ombudsman Service by writing to:
Financial Ombudsman Service
Exchange Tower, Harbour Exchange Square, London, E14 9SR, United Kingdom
Telephone: +44 (0) 20 7964 0500
Email: enquiries@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

These procedures do not affect **your** right to take legal action.

USE OF YOUR PERSONAL DATA

In using these benefits **you** also agree **we** may:

- a) disclose and use information about **you** and **your** benefits – including information relating to **your** medical status and health – to companies within the AXA Assistance Group of companies worldwide, **our** partners, service providers and agents in order to administer and service **your** benefits, process and collect relevant payments and for fraud prevention;
- b) undertake all of the above within and outside the European Union (EU). This includes processing **your** information in countries in which data protection laws are not as comprehensive as in the EU. However, **we** have taken

redefining / service

appropriate steps to ensure the same (or equivalent) level of protection for **your** information in other countries as there is in the EU; and

- c) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

We use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by the AXA Assistance Group, please write to:

AXA Travel Insurance, Data Protection Officer, The Quadrangle, 106-118 Station Road, Redhill, RH1 1PR

There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly.

CANCELLATION OF BENEFITS

These benefits are included with **your covered card**, the benefits cannot be cancelled separately. If **you** cancel the **covered card** the cover will end and all benefits will stop. Please see **your** Credit Card agreement for full details of how to cancel the **covered card**.