

INDIVIDUAL SOLUTION

# ALLIANZ TRAVEL PROTECT PLUS



POLICY WORDING

## COVERAGE SUMMARY

| Coverage                          | When It Applies  | Maximum Benefit       |                       |                       |                       |                       |                       |
|-----------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                   |  | Silver                |                       | Gold                  |                       | Platinum              |                       |
|                                   |  | Individual            | Family                | Individual            | Family                | Individual            | Family                |
| Trip Cancellation Coverage        | You have to cancel your trip before you depart.  | \$5,000               | \$12,500              | \$10,000              | \$25,000              | \$15,000              | \$37,500              |
|                                   | Travel Agency Insolvency sublimit:   | \$2,000               | \$5,000               | \$2,000               | \$5,000               | \$2,000               | \$5,000               |
|                                   | Deductible:  | \$0                   | \$0                   | \$0                   | \$0                   | \$0                   | \$0                   |
| Trip Interruption Coverage        | Your travel plans are interrupted while you are on your trip.  | \$5,000               | \$12,500              | \$10,000              | \$25,000              | \$15,000              | \$37,500              |
|                                   | Deductible:  | \$0                   | \$0                   | \$0                   | \$0                   | \$0                   | \$0                   |
| Travel Delay Coverage             | Your travel plans are delayed while you are on your trip.  | \$1,000               | \$1,000               | \$2,000               | \$2,000               | \$2,000               | \$2,000               |
|                                   | Maximum reimbursement per 24-hour period of delay:   |                       |                       |                       |                       |                       |                       |
|                                   | No Receipts Daily Limit:<br>(Min. Required Delay - 6 hours)  | \$200                 | \$200                 | \$200                 | \$200                 | \$200                 | \$200                 |
|                                   | With Receipts Daily Limit:<br>(Min. Required Delay - 6 hours)  | \$400                 | \$400                 | \$400                 | \$400                 | \$400                 | \$400                 |
| Baggage Coverage                  | Your baggage is lost, damaged, or stolen while on your trip overseas.                                  | \$3,000               | \$6,000               | \$5,000               | \$10,000              | \$10,000              | \$20,000              |
|                                   | Maximum benefit for all high value items:  | \$1,000               | \$2,000               | \$2,000               | \$4,000               | \$3,500               | \$7,000               |
| Baggage Delay Coverage            | Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.        | \$800                 | \$1,600               | \$1,000               | \$2,400               | \$1,200               | \$3,200               |
|                                   | No Receipts Sublimit:  | \$200                 | \$200                 | \$200                 | \$200                 | \$200                 | \$200                 |
|                                   | Minimum Required Delay – 6 hours   | (outbound only)       |
| Emergency Medical/Dental Coverage | You have to pay for emergency medical or dental treatment while on your trip.                          | \$250,000             | \$1,000,000           | \$500,000             | \$1,500,000           | \$1,000,000           | \$3,000,000           |
|                                   | Dental Care maximum sublimit:  | \$500                 | \$1,250               | \$500                 | \$1,250               | \$500                 | \$1,250               |
|                                   | Hospitalisation abroad daily benefit:  | \$150 per day maximum | \$150 per day maximum | \$200 per day maximum |
|                                   | Continuation of treatment in Singapore (31 days maximum)   | \$15,000              | \$40,000              | \$20,000              | \$55,000              | \$20,000              | \$55,000              |
|                                   | Sub-limit for traditional Chinese medicine expenses in Singapore                                       | \$12,500              | \$25,000              | \$50,000              | \$100,000             | \$50,000              | \$100,000             |
|                                   |  | \$250                 | \$500                 | \$500                 | \$1,200               | \$750                 | \$1,800               |
| Emergency Transportation Coverage | Transportation is needed following a medical emergency while on your trip.                             | \$500,000             | \$500,000             | \$1,000,000           | \$1,000,000           | \$1,000,000           | \$1,000,000           |
|                                   | Search and Rescue sublimit:  | \$10,000              | \$10,000              | \$10,000              | \$10,000              | \$10,000              | \$10,000              |
| Personal Liability Coverage       | You are financially liable for damage you cause to a third party or their property while on your trip. | \$500,000             | \$500,000             | \$1,000,000           | \$1,000,000           | \$1,000,000           | \$1,000,000           |
| Travel Accident Coverage          | You suffer a death or disability as a result of a travel accident during your trip.                    | \$150,000             | \$600,000             | \$200,000             | \$800,000             | \$500,000             | \$1,500,000           |
|                                   | Loss of sight or limb(s):  | \$75,000              | \$300,000             | \$100,000             | \$400,000             | \$250,000             | \$750,000             |
|                                   | Permanent disablement:   | \$150,000             | \$600,000             | \$200,000             | \$800,000             | \$500,000             | \$1,500,000           |
| Missed Port of Call               | Your cruise line skips or replaces a port of call listed on your original itinerary.                   | Not Covered           | Not Covered           | Not Covered           | Not Covered           | \$10,000              | \$10,000              |
|                                   | Maximum per port:  |                       |                       |                       |                       | \$1,500               | \$1,500               |
| Cabin Confinement                 | You are advised not to leave your cabin while on a cruise ship during your trip.                       | Not Covered           | Not Covered           | Not Covered           | Not Covered           | \$1,000               | \$1,000               |
| Low or High Water                 | Your river cruise is interrupted by insufficient or excess water levels during your trip.              | Not Covered           | Not Covered           | Not Covered           | Not Covered           | \$1,000               | \$1,000               |
|                                   | Maximum per occurrence:  |                       |                       |                       |                       | \$200                 | \$200                 |

|   |  |             |             |             |             |          |          |
|---|--|-------------|-------------|-------------|-------------|----------|----------|
| Shore Excursion(s) coverage                 | You miss shore excursions booked separately from <i>your</i> cruise.   | Not Covered | Not Covered | Not Covered | Not Covered | \$1,500  | \$1,500  |
| Denied Boarding                             | You are denied boarding <i>your</i> cruise ship during <i>your</i> trip.   | Not Covered | Not Covered | Not Covered | Not Covered | \$15,000 | \$15,000 |
| Missed Activity                             | You miss a prepaid activity during <i>your</i> trip.   | Not Covered | Not Covered | \$1,500     | \$1,500     | \$1,500  | \$1,500  |
| Sporting Equipment coverage                 | <i>Your sporting equipment</i> is lost, damaged, or stolen while on <i>your</i> trip.  | Not Covered | Not Covered | \$5,000     | \$5,000     | \$7,500  | \$7,500  |
| Sporting Equipment Rental coverage          | You need to rent <i>sporting equipment</i> when <i>your personal sporting equipment</i> is lost, damaged, or stolen while on <i>your</i> trip. | Not Covered | Not Covered | \$5,000     | \$5,000     | \$7,500  | \$7,500  |
| Search and Rescue coverage                  | You are reported missing or need to be rescued from a physical emergency while on <i>your</i> trip.  | Not Covered | Not Covered | \$10,000    | \$10,000    | \$10,000 | \$10,000 |
| Rental Car Damage and Theft Excess Coverage | <i>Your rental car</i> is damaged or stolen while on <i>your</i> trip.   | \$500       | \$500       | \$1,000     | \$1,000     | \$1,500  | \$1,500  |
| ID/Doc Protection                           | <i>Your ID or travel document</i> is stolen, lost or damaged while on <i>your</i> trip.  | \$650       | \$2,000     | \$1,000     | \$4,000     | \$1,200  | \$6,000  |
| My Money                                    | <i>Your means of payment</i> is lost or stolen or <i>your cash</i> is stolen while on <i>your</i> trip.  | Not Covered | Not Covered | \$1,000     | \$1,000     | \$1,200  | \$1,200  |

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. The definitions of the terms in the Definitions section of the policy will also apply to this Coverage Summary.

**Important Notice:** This policy does not cover pre-existing medical conditions.

## OUR PROMISE TO YOU

*Since your satisfaction is our priority, we are pleased to give you 14 days to review your policy. If, during this 14-day period, you are not completely satisfied for any reason, you may cancel your policy and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated.*

### For customer service, please:

Call: 1800 222 1818 (Toll Free) or +65 6222 3350  
 Mon – Fri, 09:00 – 17:30 (Singapore Time)  
 E-mail: [scb.enquiry@allianz.com](mailto:scb.enquiry@allianz.com)

### To file a claim, please visit:

<https://www.allianz-travel-insure.com.sg/claims.html>

### For claims enquiries, please:

Call: 1800 222 1818 (Toll Free) or +65 6222 3350  
 Mon – Fri, 09:00 – 17:30 (Singapore Time)  
 E-mail: [scb-claims@allianz.com](mailto:scb-claims@allianz.com)

### For 24-hour emergency assistance during your trip, please:

Call: +65 6222 3350 (Reverse call for those outside Singapore)

## GENERAL CONDITIONS

### WHO IS YOUR INSURER?

This *policy* is underwritten by Allianz Insurance Singapore Pte. Ltd., as the insurer. The insurer may be referred to as “we”, “our” and “us” in this policy wording.

AWP Services Singapore Pte. Ltd. (operating under the consumer-facing branding of Allianz Travel) has been appointed by Allianz Insurance Singapore Pte. Ltd. to act as agent to arrange the policy and provide general advice and as service provider to provide other services on our behalf.

### ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. If *you* have any questions, *we* are available during our working hours listed in Coverage Summary. Just visit *us* online or give *us* a call using the contact information listed in Coverage Summary. And, if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

Before commencing this contract of insurance, *you* have a duty to disclose to *us* every matter that *you* know, or could reasonably be expected to know, is relevant to *our* decision whether to accept the risk of the insurance and if so, on what terms. *You* have the same duty to disclose those matters to *us* before *you* extend or vary this contract. Otherwise *you* may not receive any benefit from this *policy*.

*We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the “Definitions” section. Words that are capitalized refer to the document and coverage names found in this *policy*. Headings are provided for convenience only and do not affect *your* coverage in any way.

### WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the sudden and unexpected specific situations, events, and losses included in this *policy*, and only under the conditions described. Please review this *policy* carefully.

*Your policy* consists of three parts:

1. The Certificate of insurance document, which provides the particular list of individuals covered under *your policy*.
2. The Coverage Summary document, which provides the particular list of coverages and benefits covered under *your policy*; and
3. This Policy document, which describes the coverages, main provisions, and conditions that govern this *policy*.

#### NOTE:

Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this Policy document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all coverages under *your policy*.

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## DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

|                            |   |
|----------------------------|---|
| <b>Accident</b>            | An unexpected and unintended event that causes <i>injury</i> , property damage, or both.  |
| <b>Accommodation</b>       | A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.   |
| <b>Adoption proceeding</b> | A mandatory legal proceeding or other meeting required by law to be attended by <i>you</i> as a prospective adoptive parent(s) in order to legally adopt a minor child.   |
| <b>Baggage</b>             | Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .  |
| <b>Chinese physician</b>   | A registered herbalist, acupuncturist and bone setter duly licensed under any applicable laws. <i>You</i> should not be the attending <i>Chinese physician</i> nor <i>your family member</i> or <i>your</i> business partner or <i>your</i> employer or employee or <i>your</i> agent or a person booked to accompany <i>you</i> on the <i>trip</i> .   |
| <b>Climbing sports</b>     | An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.   |
| <b>Cohabitant</b>          | A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.  |
| <b>Computer system</b>     | Any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.   |
| <b>Covered reasons</b>     | The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .   |
| <b>Cyber risk</b>          | Any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of the following: <ol style="list-style-type: none"> <li>1. Any unauthorised, malicious, or <i>illegal act</i>, or the threat of such act(s), involving access to, or the processing, use, or operation of, any <i>computer system</i>;</li> <li>2. Any error or omission involving access to, or the processing, use, or operation of any <i>computer system</i>;</li> <li>3. Any partial or total unavailability or failure to access, process, use, or operate any <i>computer system</i>; or</li> <li>4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.</li> </ol> |
| <b>Departure date</b>      | The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> Certificate of Insurance.   |
| <b>Doctor</b>              | Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>travelling companion</i> , <i>your family member</i> , a <i>travelling companion's family member</i> , or the sick or <i>injured person's family member</i> .   |
| <b>Epidemic</b>            | A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.   |

|                                    |   |
|------------------------------------|---|
| <b>Family member</b>               | <p>Your:</p> <ol style="list-style-type: none"> <li>1. Spouse (by marriage, common law, domestic partnership, or civil union);</li> <li>2. <i>Cohabitants</i>;</li> <li>3. Parents and stepparents;</li> <li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li> <li>5. Siblings;</li> <li>6. Grandparents and grandchildren;</li> <li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li> <li>8. Aunts, uncles, nieces, and nephews;</li> <li>9. Legal guardians and wards;</li> <li>10. Paid, live-in caregivers; and</li> <li>11. <i>Service animals</i>.</li> </ol> |
| <b>High-altitude activity</b>      | An activity that includes, or is intended to include, going above 4500 meters in elevation, other than as a passenger in a commercial aircraft.   |
| <b>First responder</b>             | Emergency personnel (such as a police officer, emergency medical technician, or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.  |
| <b>High value items</b>            | Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, <i>sporting equipment</i> , mobile devices, smartphones, computers, radios, drones, robots, and other electronics, including parts and accessories for the aforementioned items.  |
| <b>Hospital</b>                    | <p>An acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> <li>1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;</li> <li>2. Have organized departments of medicine and major surgery; and</li> <li>3. Be licensed where required.</li> </ol>   |
| <b>Illegal act</b>                 | An act that violates law where it is committed.   |
| <b>Injury</b>                      | Physical bodily harm.   |
| <b>Local public transportation</b> | Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>travelling companion</i> less than 150 kilometres.  |
| <b>Mechanical breakdown</b>        | A mechanical issue, which prevents the vehicle from being driven normally, including running out of fluids (except fuel).   |
| <b>Medical escort</b>              | A professional person contracted by <i>our</i> medical team to accompany an ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>travelling companion</i> , or <i>family member</i> .   |
| <b>Medically necessary</b>         | Treatment that is required for your illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.   |
| <b>Natural disaster</b>            | A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.   |

|                                       |   |
|---------------------------------------|---|
| <b>Pandemic</b>                       | An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.  |
| <b>Policy</b>                         | The travel insurance coverage purchased. The <i>policy</i> includes this General Conditions document and the certificate of insurance document.   |
| <b>Political risk</b>                 | Any kind of events, organized resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to: <ul style="list-style-type: none"> <li>• Nationalization;</li> <li>• Confiscation;</li> <li>• Expropriation (including Selective Discrimination and Forced Abandonment);</li> <li>• Deprivation;</li> <li>• Requisition;</li> <li>• Revolution;</li> <li>• Rebellion;</li> <li>• Insurrection;</li> <li>• Civil commotion assuming to proportion of or amounting to an uprising;</li> <li>• Military and usurped power.</li> </ul>  |
| <b>Primary residence</b>              | Your permanent, fixed home address in Singapore for legal and tax purposes.   |
| <b>Pre-existing medical condition</b> | An <i>injury</i> , illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i> : <ol style="list-style-type: none"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed).</li> </ol> <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p> |
| <b>Public place</b>                   | Any area to which the public has access (whether authorised or not) including but not limited to hotel foyers and grounds, restaurants, public toilets, beaches, airports, railway stations, bus terminals, taxi stands and wharves.  |
| <b>Quarantine</b>                     | Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>travelling companion</i> has been exposed.  |
| <b>Reasonable and customary costs</b> | The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.  |

|                             |  |
|-----------------------------|--|
| <b>Refund</b>               | Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.   |
| <b>Rental Car</b>           | An automobile or other vehicle designed for use on public roads that <i>you</i> have rented for the period of time shown in a <i>rental car agreement</i> for use on <i>your trip</i> .  |
| <b>Rental car agreement</b> | The contract issued to <i>you</i> by the rental car company that describes all of the terms and conditions of renting a <i>rental car</i> , including <i>your</i> responsibilities and the responsibilities of the rental car company.   |
| <b>Service animal</b>       | Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf, and pulling a wheelchair. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship are not considered work or tasks under this definition. |
| <b>Severe weather</b>       | Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.   |
| <b>Sporting equipment</b>   | Equipment or goods used to participate in a sport.   |
| <b>Terrorist event</b>      | An act carried out by an organized terrorist group recognized by the government authority and applicable law of <i>your</i> country of residence that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.   |
| <b>Traffic accident</b>     | An unexpected and unintended traffic-related event, <i>other than mechanical breakdown</i> , that causes <i>injury</i> , property damage, or both.   |
| <b>Travel agency</b>        | A travel agency with a current license issued by the Singapore Tourism Board.  |
| <b>Travel carrier</b>       | A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include: <ol style="list-style-type: none"> <li>1. Rental vehicle companies;</li> <li>2. Private or non-commercial transportation carriers;</li> <li>3. Chartered transportation, except for group transportation chartered by <i>your</i> tour operator; or</li> <li>4. <i>Local public transportation</i>.</li> </ol>   |
| <b>Travel supplier</b>      | A travel agent, tour operator, airline, cruise line, hotel, railway company, or other travel service provider.   |
| <b>Travelling companion</b> | A person or <i>service animal</i> traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>travelling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.   |
| <b>Trip</b>                 | <i>Your</i> travel to, within, and/or from a location away from <i>your primary residence</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, or moving, or commuting to and from work.<br>For Single Trip policies, the maximum duration of any <i>trip</i> cannot exceed 180 days.<br>For Annual Trip policies, the maximum duration of any <i>trip</i> cannot exceed 90 days.   |
| <b>Unattended</b>           | Leaving <i>your</i> baggage and any personal effects including money and ID documents: <ol style="list-style-type: none"> <li>1. With a person who is not named on <i>your</i> Certificate of Insurance or who is not a <i>travelling companion</i> or who is not a <i>family member</i>; or</li> </ol>  |

2. With a person who is named on *your* Certificate of Insurance or who is a *travelling companion* or a *family member* but who fails to keep *your* baggage and effects under close supervision; or
3. Where they can be taken without *your* knowledge; or
4. At such a distance from *you* or outside of *your* line of sight that *you* are unable to prevent them from being taken.

**Uninhabitable**

A *natural disaster*, fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.

**We, Us, or Our**

Allianz Insurance Singapore Pte. Ltd., or its agent AWP Services Singapore Pte. Ltd.

**You or Your**

All persons listed as insureds in the Certificate of Insurance.

## WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if we accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated in *your* Certificate of Insurance. The *policy* is effective the day the order is received and the full premium is paid.

If you have a Single Trip policy, the order must be received and the full premium must be paid on or before the *departure date*.

If you have an Annual Trip policy, the order must be received and the full premium must be paid on or before the *departure date* of *your first trip*.

Coverage is only provided for losses that occur while *your policy* is in effect.

The *departure date* and return date for any *trip* are counted as two separate days of travel when we calculate the duration of *your trip*.

*Your policy* ends on the Coverage End Date listed in *your* Certificate of Insurance. However, there are situations where *your policy* may end on a different date.

If you have a Single Trip policy, *your policy* will end on the earliest of:

1. 23:59 on the day *you* cancel *your policy*; or
2. 23:59 on the day *you* file a trip cancellation claim with *us*; or
3. 23:59 on the day *you* end *your trip*, if *you* end *your trip* early; or
4. 23:59 on the day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. 23:59 on the 180<sup>th</sup> day of the *trip*.

If you have an Annual Trip policy, *your policy* will end on your Coverage End Date, or at 23:59 on the day you cancel your policy, whichever happens first.

However, if *your* return travel is delayed due to a *covered reason*, we will extend *your* coverage period until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption claim.

## DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply.

**Specific exclusions may apply to individual coverages, and *you* must check the GENERAL EXCLUSIONS for exclusions applying to all coverages under this *policy*.**

**We will only provide cover under this *policy* for events and *covered reasons* that are sudden, unforeseeable and outside of *your* control occurring during *your* period of insurance.**

## A. TRIP CANCELLATION COVERAGE

This coverage only applies before *you* have left for *your trip*.

If *your trip* is cancelled or rescheduled for a covered reason listed below, we will reimburse *you* for *your* non-refundable trip payments, deposits, cancellation fees, and change fees (less available *refunds*), up to the maximum benefit for Trip Cancellation Coverage listed in *your* Coverage Summary. Please note that this coverage only applies before *you* have left for *your trip*.

Also, if *you* prepaid for shared *accommodations* and *your travelling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees *you* are required to pay.

**IMPORTANT:** *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

### Covered reasons:

1. *You* or a *travelling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* cancel *your trip* (including being diagnosed with an epidemic or pandemic disease such as COVID-19).

The following conditions apply:

- a. A *doctor* advises *you* or a *travelling companion* to cancel *your trip* before *you* cancel it.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an epidemic or a pandemic disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.
3. *You*, a *travelling companion*, or *family member* dies on or after *your policy's* Coverage Effective Date and before *your trip*.
4. *You* or a *travelling companion* is *quarantined* before *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.

5. *You or a travelling companion is in a traffic accident on the departure date.*

One of the following conditions must apply:

- a. *You or a travelling companion need medical attention; or*
- b. *Your or a travelling companion's vehicle needs to be repaired because it is not safe to operate.*

6. *You are legally required to attend a legal proceeding during your trip.*

The following condition applies:

- a. *The attendance is not in the course of your occupation (for example, if you are attending in your capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).*

7. *Your primary residence is uninhabitable.*

8. *Your travel carrier cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:*

- A. *A natural disaster; or*
- B. *Severe weather.*

However, if you can get to your original destination another way, we will reimburse you for the following, up to your policy's trip cancellation coverage maximum benefit:

- i. *The reasonable cost of the alternative transportation, less available refunds; and*
- ii. *The cost of any lost prepaid accommodations caused by your delayed arrival, less available refunds.*

The following condition applies:

- a. *Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your travel carrier.*

9. *You or a travelling companion is terminated or laid off by a current employer after your policy's purchase date.*

The following conditions apply:

- a. *The termination or layoff is not your or your travelling companion's fault;*
- b. *The employment must have been permanent (not temporary or contract); and*
- c. *The employment must have been for at least 12 continuous months.*

10. *You or a travelling companion secures permanent, paid employment, after your policy's purchase date, that requires presence at work during the originally scheduled trip dates.*

11. *Your or a travelling companion's primary residence is permanently relocated by at least 150 kilometres due to a transfer by your or a travelling companion's current employer. This coverage includes relocation due to transfer by your spouse's current employer.*

12. *You or a travelling companion serving as a first responder is called in for duty due to an accident or emergency (including a natural disaster) to provide aid or relief during the originally scheduled trip dates.*

13. *You or a travelling companion receives a legal notice to attend an adoption proceeding during your trip.*

14. *You, a travelling companion, or a family member* serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.
15. *You or a travelling companion* is medically unable to receive an immunization required for entry into a destination.
16. *Your or your travelling companion's* travel documents required for the *trip* are stolen

The following condition applies:

- a. *You* must provide evidence of *your* efforts to obtain replacement documents that would allow *you* to keep the originally scheduled *trip* dates

17. A *terrorist event* happens within 30 days of *your departure date* within 100 kilometres of any city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 40 kilometres of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

18. *You or a traveling companion* become ill or *injured*, or develop a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) disabling enough to prevent *you* from participating in the activity that is the main purpose of *your trip*.

The following condition applies:

- a. A *doctor* advises *you* not to participate in the activity before *your departure date*.

19. If the *travel agency* to whom *you* made non-refundable payments becomes insolvent.

The following conditions apply:

- a. Such insolvency must occur within sixty (60) days before the commencement date of *your trip* overseas.
- b. This event is subject to a maximum sublimit listed in the Coverage Summary.
- c. The insolvency must have been filed after *you* purchased this *policy*.

## **B. TRIP INTERRUPTION COVERAGE**

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, we will reimburse *you*, less available *refunds*, up to the maximum benefit for trip interruption coverage listed in *your* Coverage Summary, for:

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, if *you* prepaid for shared *accommodations* and *your travelling companion* has to interrupt their *trip*.
- iii. Reasonable transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
  - We will reimburse *you* either for the return *travel carrier* ticket to *your primary residence* or for the non-refundable portion of *your* original return ticket, but not both.

- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. **There is a per *policy* maximum of \$500 per day for 5 days.**

**IMPORTANT:** *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72-hour period, *you* must notify them as soon as *you* are able.

**Covered reasons:**

1. *You* or a *travelling companion* becomes ill or *injured*, or develops a medical condition disabling enough to make *you* interrupt *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. A *doctor* must either examine or consult with *you* or the *travelling companion* before *you* make a decision to interrupt the *trip*.
  - b. *You* must not have travelled against your home country's government advice or against local authority advice at your trip destination.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, or require hospitalization.
3. *You*, a *travelling companion*, or *family member* dies during *your trip*.
  4. *You* or a *travelling companion* is *quarantined* during *your trip* due to having been exposed to:
    - a. A contagious disease other than an *epidemic* or *pandemic*; or
    - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
      - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
      - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
  5. *You* or a *travelling companion* is in a *traffic accident*

One of the following conditions must apply:

- a. *You* or a *travelling companion* needs medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

6. You are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. *Your primary residence is uninhabitable.*

8. *Your travel carrier cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:*

- a. *A natural disaster; or*  
b. *Severe weather.*

However, if *you* can get to *your* original destination another way, we will reimburse *you* for the following, up to *your policy's* maximum trip interruption coverage maximum benefit:

- i. The reasonable cost of alternate transportation, less available *refunds*; and  
ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.

9. *You or a travelling companion serving as a first responder is called in for duty due to an accident or emergency (including a natural disaster) to provide aid or relief during the originally scheduled trip dates.*

10. *You or a travelling companion is a traveller on a hijacked aircraft, train, vehicle, or vessel.*

11. *You, a travelling companion, or a family member serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.*

12. *You miss at least 50% of the length of your trip due to one of the following:*

- a. *A travel carrier delay (this does not include a travel carrier's cancellation prior to your departure date);*  
b. *A strike, unless threatened or announced prior to the purchase of your policy;*  
c. *A natural disaster;*  
d. *Roads are closed or impassable due to severe weather;*  
e. *Lost or stolen travel documents that are required and cannot be replaced in time for continuation of your trip;*  
i. *You must provide evidence of your efforts to obtain replacement documents*  
f. *Civil disorder, unless it rises to the level of political risk.*

13. *A travel carrier denies you or a travelling companion boarding based on a suspicion that you or a travelling companion has a contagious medical condition (including an epidemic or pandemic disease*

such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to your destination.

14. A *terrorist event* happens within 100 kilometres of any city *you* are traveling to during *your trip*, as indicated on *your* original itinerary from *your travel supplier*.

The following condition applies:

- a. A *terrorist event* must not have occurred within 40 kilometres of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

## C. TRAVEL DELAY COVERAGE

If *your* or a *travelling companion's trip* is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, less available *refunds*, up to the maximum benefit shown in *your* Coverage Summary for travel delay:

- i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and local transportation, subject to a daily (24 hours) limit listed in *your* Coverage Summary.
- ii. If the delay causes *you* to miss the departure of your cruise or tour, reasonable transportation expenses to either help *you* re-join *your* cruise/tour or reach *your* destination.
- iii. If the delay causes *you* to miss the departure of your flight or train due to a *local public transportation* delay on *your* way to the departure airport or train station, reasonable transportation expenses to either help *you* reach *your* destination or return home.

The delay must be for at least the Minimum Required Delay listed in *your* Coverage Summary and due to one of the following *covered reasons*:

1. A *travel carrier* delay (this does not include a *travel carrier's* cancellation prior to your *departure date*);
2. A strike, unless threatened or announced prior to the purchase of *your policy*;
3. *Quarantine* during *your trip* due to having been exposed to:
  - a. A contagious disease other than an *epidemic* or *pandemic*; or
  - b. An *epidemic* or *pandemic* (such as COVID-19), but only when the following conditions are met:
    - i. The *quarantine* is specific to *you* or a *travelling companion*, meaning that *you* or a *travelling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic* or *pandemic*; and
    - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the quarantine order or directive specifically designates *you* or a *travelling companion* by name to be *quarantined*.
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking;
7. Civil disorder, unless it rises to the level of *political risk*; or
8. A *traffic accident*.

## D. BAGGAGE COVERAGE

If *your baggage* is lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lowest of the following, up to the maximum benefit listed for baggage loss in *your Coverage Summary*:

- i. Cost to repair the damaged *baggage*; or
- ii. Cost to replace the lost, damaged, or stolen *baggage* with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken reasonable steps to keep *your baggage* safe and intact and to recover it;
- b. *You* have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must provide original receipts or another proof of purchase for the lost, damaged, or stolen items. **For items without an original receipt or a proof of purchase, we will cover up to 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item;** and
- d. *You* must report theft or loss of a cellular device to *your* network provider and request to block the device

The following items are not covered:

1. **Animals, including remains of animals;**
2. **Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;**
3. **Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);**
4. **Hearing aids, prescription eyewear, and contact lenses;**
5. **Artificial teeth, prosthetics, and orthopaedic devices;**
6. **Wheelchairs and other mobility devices;**
7. **Consumables, medicines, medical equipment/supplies, and perishables;**
8. **Tickets, passports, deeds, blueprints, stamps, and other documents;**
9. **Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travel cheques, securities, bullion, and keys;**
10. **Rugs and carpets;**
11. **Antiques and art objects;**
12. **Fragile and brittle items;**
13. **Firearms and other weapons, including ammunition;**
14. **Intangible property, including software and electronic data;**
15. **Property for business or trade;**
16. **Property *you* do not own;**
17. ***High value items* stolen from a car, locked or unlocked; and**
18. ***Baggage* while it is:**
  - a. **Shipped, unless with *your travel carrier*;**
  - b. **In or on a car trailer;**
  - c. **Unattended in an unlocked motor vehicle; or**
  - d. **Unattended in a locked motor vehicle, unless *baggage* cannot be seen from the outside;**
19. ***Baggage* left unattended in a public place.**

## E. BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Coverage Summary for baggage delay.

The following conditions apply:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under baggage delay in *your* Coverage Summary.
- b. Only available for *your* outbound travel (not *your* return travel).

## F. EMERGENCY MEDICAL/DENTAL COVERAGE ABROAD

If *you* receive emergency medical or dental care while *you* are on *your trip* for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for emergency medical/dental coverage in *your* Coverage Summary (dental care is subject to the maximum sublimit listed for dental care):

1. While on *your trip* abroad, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated before *your* return home (including being diagnosed with an *epidemic or pandemic* disease such as COVID-19).
2. While on *your trip* abroad, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

### Hospitalisation daily benefit

If *you* are confined to a hospital abroad because of an unexpected illness, *injury*, or medical condition, we will pay *you* the maximum amount shown in *your* Coverage Summary for each continuous 24 hour period *you* are hospitalised.

### Continuation of treatment in Singapore

In addition, we will pay *up to* the maximum benefit listed in *your* Coverage Summary for *your* continuing medical treatment in Singapore.

The following conditions apply:

- a. We will not pay for continuation of medical treatment for longer than 31 days after the date *you* return to Singapore;
- b. The illness, *injury* or condition must have occurred during *your trip*, and *you* must have sought medical treatment abroad;
- c. For claims related to COVID-19, *you* must have received a positive COVID-19 test abroad; and
- d. We will not pay more than the amounts shown in *your* Coverage Summary for treatment by a *Chinese physician*.

If *you* need to be admitted to a *hospital* as an inpatient, we may be able to guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

The following conditions and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor, dentist, hospital, or other provider authorized to practice medicine or dentistry.*
- b. This coverage will not pay for any care for any illness, *injury*, or medical condition that did not originate during *your trip* abroad;
- c. This coverage will not pay for non-emergency care or services, such as:
  1. Elective cosmetic surgery or care;
  2. Annual or routine exams;
  3. Long-term care;
  4. Allergy treatments (unless life threatening);
  5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
  6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you* to transport);
  7. Experimental treatment; and
  8. Any other non-emergency medical or dental care.
- d. *You must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which you are travelling on your trip.*

## G. EMERGENCY TRANSPORTATION COVERAGE

**IMPORTANT:** If *your* emergency is immediate and life threatening, seek local emergency care at once. *We* act in compliance with all national and international laws and regulation, and *our* services are subject to approvals by appropriate local authorities and active travel & regulatory restrictions.

### Emergency Evacuation (Transporting *you* to the nearest appropriate medical facility)

If *you* become seriously ill or *injured* or develop a medical condition (including being diagnosed with an *epidemic or pandemic* disease such as COVID-19) while on *your trip*, *we* will pay for local emergency transportation from the location of the initial incident to a local *doctor* or local medical facility. If *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor*;
2. *We* will identify the closest appropriate *hospital* or other appropriate facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply to items 1, 2, and 3 above:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements;
- b. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility;
- c. *You* must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

**Medical Repatriation (Getting you home after you receive care)**

If *you become seriously ill or injured* or develop a medical condition (including being diagnosed with an *epidemic or pandemic* disease such as COVID-19) while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, we will:

1. Arrange and pay for *you* to be transported via a commercial transportation carrier in the same class of service that *you* originally booked, unless otherwise *medically necessary*, for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
  - a. *Your primary residence*;
  - b. A location of *your* choice in *your* country of residence; or
  - c. A medical facility near *your primary residence* or in a location of *your* choice in *your* country of residence. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical team as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.
- c. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to *your* chosen destination.
- d. *You* must not have travelled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

**Transport to Bedside (Bringing a friend or family member to you)**

If *you are* told by the treating *doctor* that *you* will be hospitalized for more than 120 hours or that *your* condition is life-threatening during *your trip*, we will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and we must make all transportation arrangements in advance. If we did not authorize and arrange the transportation, we will only pay up to what we would have paid if we had made the arrangements.

**Return of Dependents (Getting minors and dependents home)**

If *you* are told by the treating *doctor* that *you* will be hospitalized for more than 24 hours during *your trip*, we will arrange and pay to transport *your travelling companions* who are under the age of 18, or dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*; or
2. A location of *your* choice in *your* country of residence.

We will arrange and pay for an adult *family member* to accompany *your travelling companions* who are under the age of 18 or dependents requiring *your* full-time supervision and care, if we determine that it is necessary.

Transportation will be on a *travel carrier* in the same class of service that was originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the *travelling companions* under the age of 18 or dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

### **Repatriation of Remains (Getting *your* remains home)**

*We* will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in *your* country of residence

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
- b. The death must occur while on *your trip*.

If a *family member* decides to make funeral, burial, or cremation arrangements for *you* at the location of *your* death, *we* will reimburse the necessary expenses up to the amount it would have cost *us* to transport *your* remains to a funeral home near *your primary residence*.

### **Search and Rescue**

*We* will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your trip* or have to be rescued from a physical emergency.

## **H. PERSONAL LIABILITY COVERAGE**

*We* will cover *your* legal liability for payment of compensation in respect of:

- i. Death, bodily injury or illness, and/or
- ii. Physical loss of damage to property, occurring during *your journey*, which is caused by an accident or a series of accidents attributable to one source or originating cause.

*We* will also reimburse *your* reasonable legal costs and legal expenses for settling or defending the claim made against *you*. *We* will decide whether the costs were reasonable. *You* must not accept liability without prior written approval from *us*.

***You* are not covered for expenses:**

1. **Relating to bodily injury to *you*, *your* travelling companion, or to a relative or employee of either of *you*.**
2. **Relating to damage to property belonging to *you*, or in *your* care or control, or belonging to, or in the care or control of, a relative of *yours*, or *your* travelling companion, or to an employee of either of *you*.**
3. **Arising out of the ownership, custody or use of any animal, aerial device, watercraft or mechanically propelled vehicle.**

4. Arising out of the conduct of a business, profession or trade.
5. Relating to any loss, damage or expenses which are covered or should have been covered under a statutory or compulsory insurance policy, statutory or compulsory insurance or compensation scheme or fund, or under workers' compensation legislation, an industrial award or agreement, or accident compensation legislation.
6. Relating to any fine, penalty or aggravated, punitive or exemplary or liquidated damages.
7. Caused by disease that is transmitted by *you*.
8. Concerning any relief or recovery other than monetary amounts.
9. Relating to liability arising from a contract that imposes on *you* a liability which *you* would not otherwise have.
10. Due to assault and/or battery committed by *you* or at *your* direction.
11. Relating to conduct intended to cause personal injury, property damage or liability with reckless disregard for the consequences of *you* or any person acting with *your* knowledge, consent or connivance.

## I. TRAVEL ACCIDENT COVERAGE

We will pay in the event an accident occurs during *your journey*, which causes death or permanent disablement within 90 days from the occurrence, or the transport vessel you are aboard disappears, sinks or crashes and *you* are presumed dead and *your* body is not found within 12 months from the occurrence, we will pay according to the following Schedule of Compensation.

| Schedule of Compensation                                  | Percentage of Capital Benefit |
|---|-------------------------------|
| 1. Death  | 100%                          |
| 2. Permanent total disablement                            | 100%                          |
| 3. Permanent and Incurable paralysis of all limbs         | 100%                          |
| 4. Permanent total loss of sight of both eyes             | 100%                          |
| 5. Permanent total loss of or the of use of two limbs     | 100%                          |
| 6. Permanent total loss of speech                         | 100%                          |
| 7. Permanent total loss of hearing in:                    |                               |
| a) both ears  | 75%                           |
| b) one ear  | 15%                           |
| 8. Permanent total loss of sight in one eye               | 50%                           |
| 9. Loss of or the permanent total loss of use of one limb | 50%                           |

The following conditions apply:

- a. The accident must take place outside Singapore.
- b. If the accident is during a commercial flight, the flight must be operated by a commercial airline company and be between two commercial airports.

## J. CRUISE COVERAGE

### Missed port of call

If *you* are on a cruise that misses a scheduled port of call indicated on *your* original itinerary or replaces it with another port of call, we will pay *you* the per port amount listed on your Coverage Summary for each port *you* missed, up to the maximum benefit listed for Missed Port of Call Coverage on *your* Coverage Summary.

### Low/High water

We will pay *you* the per occurrence amount listed on your Coverage Summary, up to the maximum limit listed for Low/High Water coverage on your Coverage Summary, for each cruise interruption of *your* river cruise caused by insufficient or excess water levels, where the *travel supplier* provides only land-based alternative accommodations or requires that *you* change ships.

We will not pay for covered losses caused by the same event under more than one of: Low/High Water coverage, Missed Port of Call coverage, or Travel Delay coverage.

### Cabin confinement

We will pay *you* the amount listed on your Coverage Summary if a *doctor* on board *your* cruise ship advises *you* not to leave *your* cabin because of an *injury* or illness during *your* trip.

We will not pay for covered losses caused by the same event under more than one of: Cabin Confinement coverage, Travel Delay coverage, or Trip Interruption coverage.

### Shore excursions coverage

We will reimburse *you*, less available *refunds*, up to the amount listed on your Coverage Summary for the cost of excursions *you* have pre-paid but cannot go on during *your* trip because

- a. a *doctor* on board *your* cruise ship has advised *you* not to go on the excursion because of *your* illness, *injury*, or a medical condition during *your* trip; or
- b. *your* cruise ship cannot make a scheduled stop at a port because of bad weather or other restrictions;

We will not pay for covered losses caused by the same event under more than one of: Missed Port of Call coverage, Trip Interruption coverage, or Shore Excursions coverage.

### Denied boarding

We will pay *you* the amount listed on *your* Coverage Summary for meals, communication, and local transportation, if *you* are denied boarding the cruise ship that *you* are scheduled to travel on for *your* trip, based on a suspicion that *you* have a contagious medical condition.

## K. SPORTS COVERAGE

### Missed activity

If *you* cannot participate in one or more of *your* prepaid activities during *your* trip for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable costs that *you* paid for the activities, less available *refunds*, up to the maximum benefit for Missed Activity Coverage. Please note that this coverage only applies before the start of the activity.

Covered reasons:

1. *You, a travelling companion, or a family member who is participating in the activity* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not participate in the activity; and
  - b. A *doctor* advises *you* or a *companion* not to participate in the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you* or the *companion* within 72 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.
2. *Your family member* who is not participating in the activity becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or a *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require hospitalization, or require *your* care.
3. *Your* or a *travelling companion's* death.
  4. The death of *your family member* on or within 30 days prior to the scheduled start date of the activity.
  5. *Your* prepaid activity is cancelled by the supplier of the activity due to *severe weather*.
  6. *Your* ski resort closes 75% or more of its ski trails due to lack or excess of snow.

The following condition applies:

- a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

### **Sporting equipment coverage**

If *your sporting equipment* is lost or damaged by a *travel supplier*, or stolen, while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lowest of the following, up to the maximum benefit listed for Sporting Equipment Damage, Loss, or Theft in *your* Coverage Summary:

- i. Cost to repair the damaged *sporting equipment*; or
- ii. Cost to replace the lost, damaged, or stolen *sporting equipment* at the current market price for the same or similar item, reduced by 10% for each full year of use since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

- a. *You* have taken reasonable steps to keep *your sporting equipment* safe and intact and to recover it;
- b. *You* have filed and have a copy of a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must provide original receipts or another proof of purchase for the lost items. **For items without an original receipt or a proof of purchase, we will cover up to 50% of the current market price of each item;** and

The following are not covered:

1. **Items other than *sporting equipment*;**
2. Animals, including remains of animals;
3. **Cars, motorcycles, motors, drones, aircraft, watercraft, and other vehicles and related accessories and equipment;**
4. **Hearing aids, prescription eyewear, and contact lenses, unless specifically designed for use in a particular sport;**
5. **Prosthetics, and orthopaedic devices, unless specifically designed for use in a particular sport;**
6. **Wheelchairs and other mobility devices, unless specifically designed for use in a particular sport;**
7. **Intangible property, including software and electronic data;**
8. **Property for business or trade;**
9. **Property you do not own;**
10. **Gross negligence or wilful and wanton conduct; and**
11. ***Sporting equipment* while it is:**
  - a. **Shipped, unless with *your travel carrier*;**
  - b. **In or on a car trailer; or**
  - c. **Unattended in an unlocked motor vehicle.**

### **Sporting equipment rental coverage**

If *your sporting equipment* is lost, damaged, or delayed by a *travel supplier* during *your* outbound travel, or stolen while on *your trip*, we will reimburse the reasonable costs for renting replacement *sporting equipment* to use during *your trip*, up to the maximum benefit listed for Sporting Equipment Rental Coverage in *your* Coverage Summary. This coverage does not include motorized equipment or vehicles.

The following condition applies:

- a. *You* have filed a report giving a description of the property with the appropriate local authorities, *travel supplier*, hotel, or tour operator within 24 hours of discovery of the loss.

### **Search and Rescue**

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit listed for search and rescue coverage in *your* Coverage Summary, if *you* are reported missing during *your* trip or have to be rescued from a physical emergency. The maximum benefit listed for this coverage is in addition to any other search and rescue benefit that this policy provides.

## **L. RENTAL CAR DAMAGE AND THEFT EXCESS COVERAGE**

**IMPORTANT: This coverage does not replace any vehicle coverage mandated by law, does not provide bodily injury and property damage liability insurance and does not comply with any financial responsibility law or any other law mandating motor vehicle coverage.**

If *your rental car* is stolen or damaged during the scheduled rental period and while on *your trip*, we will pay *you*, up to the maximum benefit listed for Rental Car Damage and Theft Coverage in *your* Coverage Summary, for:

- i. The specified excess, deductible or damage liability fee *you* are liable to pay under *your rental car agreement*.

The following conditions apply:

- a. If the *rental car* is damaged while being operated, the driver at the time the damage occurs must be listed on the *rental car agreement*;
- b. *You* must file a report with the rental car company, either within 24 hours of the loss or damage or when *you* return the *rental car* (whichever comes first); and
- c. If the *rental car* is stolen, *you* must promptly notify the police.

*Rental cars* do not include:

1. Vehicles used for peer-to-peer car sharing
2. Trucks or moving vans;
3. Campers, trailers, or recreational vehicles;
4. Motorcycles, motorbikes, snowmobiles, kit-cars, or all-terrain vehicles;
5. Vehicles when used off-road;
6. Vehicles that are more than 10 years old;
7. Vehicles that seat more than nine persons, including the driver;
8. Vehicles that do not have to be licensed or are not legal where used;
9. Vehicles that are rented for commercial or for-hire purposes, including limousines; and
10. Vehicles that have a manufacturer's suggested retail price of more than [\$75,000].

*You* are not covered for any loss that results directly or indirectly from any of the following specific exclusions:

1. Any obligation *you* assume under any agreement, (e.g. *you* pay for the car rental agency's supplemental insurance), except a collision or comprehensive *deductible* for *your* primary insurance;
2. Violating the *rental car agreement*;
3. Leases or rentals for [31] consecutive days or longer;
4. *Rental car's* loss of value; or
5. *Mechanical breakdown* or ordinary wear and tear;

## M. ID AND DOCUMENT PROTECTION

If *your ID document* is lost, stolen or damaged, we will reimburse *you* for the cost of replacing it, up to the maximum benefit listed for Key and ID protection in *your Coverage Summary*.

The following conditions apply:

- a. *ID documents* are covered only if the ID expiration date expires over 6 months after the triggering event.
- b. For theft, *you* need to report the robbery or theft within 24 hours to the police and if applicable to an office of the carrier, *you* were travelling on when the theft occurred.

The following definition applies:

**ID Document:** national identity card, residence permit, driving licence, registration certificate, passport, boat licence, fishing and hunting licence. For natural persons acting as individual entrepreneurs and in the context of their professional activity, the registration certificates for vehicles for professional use.

## N. MY MONEY

If *your bank or credit card* is lost or stolen, we will reimburse *you* for the financial losses (as well as out of pocket expenses such as telephone costs) in the event of payment or withdrawal transactions carried out fraudulently by a third party using the lost or stolen means of payment.

The following conditions apply:

- a. The fraudulent transactions must occur between the time of the loss or Theft and the receipt by the bank of confirmation of the cancellation of *your* lost or stolen payment means.
- b. The guarantee applies only to *your* Bankcard.

If cash is stolen from *you* during a duly proven assault, from a malaise, from dizziness, loss of consciousness, or a traffic Accident, as well as during a burglary by breaking and entering at your *accommodation*, we will reimburse *you* for the cash withdrawn from your account at an ATM.

The following conditions apply:

- a. *You* must provide proof of the event (witness statement, police statement).
- b. The event must occur within four (4) hours following the withdrawal of the cash and prior to the Assault or illness or traffic Accident.

*You* are not covered for any theft of cash other than that which was withdrawn with the card or from the bank account.

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no payment or service would be available.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *travelling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-existing medical conditions*;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal, complication-free pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. A mental or nervous health disorder, such as Alzheimer’s disease, anxiety, dementia, depression, neurosis, psychosis, or their related physical symptoms. This exclusion applies only to trip cancellation coverage and trip interruption coverage;
7. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a *doctor* and used as prescribed;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional or semi-professional sporting competition;
11. Participating in or training for any amateur sporting competition while on *your trip*. This does not include participating in informal recreational sporting competitions, such as tournaments organized by hotels, resorts, or cruise lines to entertain their guests.
12. Participating in extreme, high-risk sports and activities, such as:
  - a. Any *high-altitude activity*, BASE jumping, or free climbing;
  - b. Rafting/kayaking above Class V rapids or canoeing above Class III rapids;
  - c. Heli-skiing or skiing or snowboarding in an area designated unsafe by the resort management;
  - d. Personal combat or fighting sports, Running of the Bulls, or rodeo activities;
  - e. Racing any motorized vehicle or watercraft other than go-karts; or
  - f. Free diving at a depth greater than 30 feet (10 meters) or scuba diving at a depth greater than 100 feet (30 meters) or, for uncertified divers, diving without a certified dive master

For high-risk sports and activities that are not expressly excluded to be covered, they must be:

- i. Arranged as part of *your trip*;
- ii. Provided by a company that is regulated or licensed where required; and
- iii. Not otherwise prohibited by law.

*You* must wear all recommended safety equipment while participating in *your* sporting activities in order to be eligible for coverage.

13. An *illegal act* resulting in a conviction, except when *you*, a *travelling companion*, or a *family member* is the victim of such act;
14. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage or Emergency Medical/Dental Coverage;

15. *Natural disaster*, except as expressly covered under Trip Cancellation Coverage, or Trip Interruption Coverage, or Travel Delay Coverage;
16. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination;
17. Nuclear reaction, radiation, or radioactive contamination;
18. War (declared or undeclared) or acts of war;
19. Military duty, except as expressly covered under Trip Cancellation Coverage or Trip Interruption Coverage;
20. *Political risk*;
21. *Cyber risk*;
22. Civil disorder or unrest, except when civil disorder or unrest is expressly referenced in and covered under Trip Interruption Coverage or Travel Delay Coverage;
23. *Terrorist events*, except when *terrorist events* are expressly referenced in and covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage. This exclusion does not apply to Emergency Medical or Emergency Transportation Coverage.
24. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except as expressly covered under trip cancellation coverage or Trip Interruption Coverage;
25. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy, unless expressly referenced in and covered under Trip Cancellation Coverage;
26. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
27. Ordinary wear and tear or defective materials or workmanship;
28. An act of gross negligence by *you* or a *travelling companion*;
29. *Your* intent to receive health care or medical treatment of any kind while on *your* trip; or
30. Travel against the orders or advice of any government or other public authority.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

**IMPORTANT:** *You* are not eligible for reimbursement under any coverage if:

1. *Your travel carrier* tickets do not show travel date(s); or
2. The travel dates in *your* Certificate of insurance do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking).

## CLAIMS INFORMATION

Before you file a claim, please review *your policy* details and the Coverage Summary to ensure that *your* situation meets the criteria for a covered claim. Please note that not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control.

### To File *Your Claim Online*, please:

- Go to <https://www.allianz-travel-insure.com.sg/claims.html>
- Provide *policy* details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

### To File *Your Claim by Contacting Us by Phone or Email*, please:

Email : [scb-claims@allianz.com](mailto:scb-claims@allianz.com)

Call : **1800 222 1818 (Toll Free) or +65 6222 3350**

We need supporting documentation in order to collect information, confirm, and validate claims. General supporting documentation requirements for different claim types are listed below. Please note, that, in some cases, we may request additional documentation if what is provided is insufficient.

### For all claims, we will need:

- *Your trip* booking invoice(s) and travel documents showing the dates and times of travel and all *trip* costs
- Original invoices, receipts, and proof of payment for all claimed expenses
- Information on any other insurance *you* may have, such as home or private medical insurance, that may cover the same loss
- Any other evidence and supporting documentation that helps support *your* claim

### For trip cancellation and trip interruption claims, we will need:

- For all claims:
  - The original *trip* invoice, ticket, or itinerary
  - The original cancellation invoice (or invoices) showing all cancellation charges
  - A full explanation of why *you* had to cancel or interrupt your *trip*
  - A proof of payment for all claimed expenses
  - Information on any *refunds* issued to you
- If caused by a medical reason:
  - A medical certificate provided by *your doctor* that contains diagnosis confirming *your* illness, *injury*, pregnancy, or medical condition
  - A certified copy of the death certificate, if applicable
  - Medical records, if requested
  - *Hospital* admission/discharge papers, if applicable
- If caused by *quarantine*:
  - A letter from the appropriate authorities confirming the times and dates of *your* *quarantined*

- If caused by a *traffic accident*:
  - A police report that confirms and describes the *traffic accident*
- If caused by legal proceedings:
  - A copy of the letter from the court containing the dates of *your* required appearance
- If caused by home being *uninhabitable*:
  - A letter from the appropriate authorities confirming that *your* home was *uninhabitable*
- If caused by a *terrorist event*:
  - Information about the *terrorist event* that caused you to cancel or interrupt *your trip*
- If caused by termination of employment:
  - A letter from *your* employer confirming the reason for *your* termination and the date when *you* were notified
- If caused by military reassignment of leave revocation:
  - A copy of the military order

**For loyalty program redeposit fee claims, we will need:**

- A proof of payment of the redeposit fee

**For emergency medical claims, we will need:**

- Medical evidence from *your* treating *doctor* that confirms the illness or *injury* and treatment given
- Original receipts and accounts for all medical treatment and other related expenses that *you* paid or agreed to pay

**For travel delay claims, we will need:**

- An explanation of why *your* trip was delayed
- Supporting information, such as flight numbers, airlines, and dates, that would help *us* confirm flight delays, if applicable
- Original receipts for additional transportation and/or *accommodation* expenses
- The original *trip* invoice, ticket, or itinerary

**For baggage loss/damage/theft claims, we will need:**

- A written police report for the loss or theft
- A written report from your travel representative or accommodation manager, if appropriate.
- A written confirmation from your *travel carrier* or accommodation provider detailing the damage or loss
- Original receipts or other suitable proof of ownership and monetary value
- An estimate of repair costs, if applicable

**For baggage delay claims, we will need:**

- A written confirmation from the *travel carrier* detailing the temporary loss and when *your* luggage was returned to *you*
- Original receipts for any items purchased while waiting for *your* luggage to be returned to *you*

## GENERAL PROVISIONS AND CONDITIONS

In addition to the conditions, limitations, and exclusions specified above, the below general provisions and conditions apply to all coverages under *your policy*.

### Proof of Loss

As with any insurance, *you* are responsible for proving *your* loss. *We* require that *you*:

1. Notify *us* of *your* claim within 90 days of the date of loss or as soon as reasonably possible (except as otherwise allowed by law). If *you* do not report *your* claim within this time, *we* will not invalidate or reduce it unless the delay impairs *our* rights;
2. Make all reasonable efforts to minimize *your* loss (including without limitation making reasonable efforts to start, catch up to, or continue *your trip*; and promptly notifying *your travel supplier* upon discovering that *you* need to cancel or interrupt *your trip*, including being advised to cancel or interrupt *your trip* by a doctor);
3. Provide to *us* a signed proof of loss upon *our* request;
4. Retain the original invoice and any other supporting documentation
5. Provide all requested documentation listed in the Claims Information section;
6. Cooperate with *us* in the investigation of *your* claim.

### Residency requirement

This *policy* is only available to *you* if *you* ordinarily reside in Singapore. Your *trip* must commence in Singapore and end in Singapore.

The *policy* is issued in Singapore and is subject to the Insurance Act (Cap 142) (the “Act”) and all rules, regulations, subsidiary legislation and government orders enacted thereunder. For this *policy* to be treated as a Singapore *policy*, *you* should be ordinarily resident in Singapore at the date of *your* application for this *policy*. The Act provides that *you* are treated as being ordinarily resident in Singapore if:

- a. *You* are a citizen of Singapore, unless *you* have resided outside Singapore continuously for 5 or more years preceding the application date of the *policy* and are not currently residing in Singapore;
- b. *You* are a permanent resident, unless *you* have resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the *policy*;
- c. *You* have a work pass or permit required under the Employment of Foreign Manpower Act (Cap. 91A), unless *you* have resided in Singapore for less than a total of 183 days in the 12 months preceding the application date of the *policy*; or
- d) *You* have a pass or permit required under the Immigration Act (Cap. 133) that has duration longer than 90 days and *you* have resided in Singapore continuously for at least 90 days in the 12 months preceding the application date of the *policy*.

If *you* do not satisfy any one of the aforesaid definitions of being “ordinarily resident in Singapore”, *you* must notify *us* immediately.

The insurance will be invalid if *we* have previously informed *you* that *we* do not want to insure *you* (anymore). In this case, *we* will refund any premium paid by *you*.

### **International sanctions**

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

### **Emergency assistance**

1. If *you* require assistance, *you* should contact *our* emergency centre, which can be reached 24 hours a day.
2. The emergency centre will provide the required assistance as soon as possible and practical, in mutual consultation with *you*.
3. Government regulations or other circumstances may limit *our* ability to provide assistance.
4. Assistance that *you* have arranged for *yourself* is *your* responsibility.
5. The emergency centre is not liable for the acts and omissions of others.

### **Multiple insurances**

If *you* are entitled to compensation under another insurance policy, public scheme or obligation arising from a law or a regulation then *we* will not compensate *you* under this *policy*:

1. *We* will, however, compensate *you* for the damage not covered by the other insurance policy, public scheme or legal obligation arising from a law or a regulation;
2. This limitation does not apply to payments in the event of death and/ or disability by an accident;
3. If *we* compensate *you* for damage or pay costs up front at *your* request, *you* assign *your* right to compensation under another insurance policy, public scheme or any legal obligation arising from a law or regulation to *us*.

### **False declaration and non-disclosure**

*You* have an obligation to provide complete and accurate information during the application process and when making a claim. *We* may not provide assistance or compensation, if *you* intentionally or carelessly provide *us* incorrect information when taking out the insurance *policy* or when making a claim. This includes failure to cooperate in the settlement of the claim or failing to pass on important information or changes.

### **Fraud and Misrepresentation**

*You* are responsible for all statements or other representations *you* make. Any materially misleading or inaccurate information in any statements or representations *you* make may result in *us* voiding *your policy* or reducing benefits, or *we* may use them to defend *our* decision about a claim.

Fraud is illegal and may subject *you* to criminal prosecution and civil penalties. *We* will deny *your* claim if *you* or someone acting on *your* behalf:

1. Makes any false statements or statements that are deliberately misleading or deceptive;
2. Conceals or misrepresents any material fact; or
3. Otherwise attempts or commits fraud.

### **Option to withdraw**

*You* have a right to withdraw from this *policy* in certain circumstances. Please refer to *your* Certificate of insurance for further information.

### **Policy cancellation by us**

*We* may be entitled to cancel or change the terms of *your* insurance *policy*, if *you*:

1. mislead *us* through dishonesty or incomplete information when taking out the insurance *policy*;
2. purposely misrepresent or fail to disclose the facts when submitting a claim;
3. commit fraud, cheat, or deceive *us*.

In the event that we choose to cancel or to change *your* insurance *policy*, we will notify *you* in writing.

### **Subrogation**

When someone is responsible for *your* loss, we have the right to recover any payments we have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, we may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment.

In consideration for the payment of compensation and, up to its limit amount, we become beneficiaries of the rights and actions that *you* have or are entitled to against anyone liable for the claim. If, by *your* act, we are no longer able to perform this action, we can be discharged of all or part of our obligations towards *you*.

### **Recovery**

We have the right to recover any amount *you* receive from *us* that exceeds the total amount of *your* loss unless prohibited by law. If we compensate for loss of an insured item, we may request *you* to make such refund back to us.

### **Claim settlement period**

As soon as *your* case is complete, compensation will be paid within 10 days following the agreement between *us* or following an enforceable court ruling.

### **Complaints**

If *you* have a complaint, please contact *us*. If *you* are not satisfied with our solution, *you* may have a right to submit the complaint to *your* local complaints authority. Please see *your* Certificate of insurance for further details.

### **Governing law**

*Your* insurance *policy* is subject to the law of Singapore.

### **Duplication of cover**

If *you* are covered under more than one travel insurance policy underwritten by *us* for the same trip, cover will be effective only under one policy. *You* must let *us* know which policy *you* want to claim under and henceforth, all the benefits under the policy *you* elected will apply. The other policy/policies for the same trip is/are deemed to be void

In the event that *you* are covered under more than one insurance policy for the same peril underwritten by other insurance companies, including *us*, *you* must seek compensation from other companies before submitting *your* claim to *us*. We will reimburse the balance if *you* do not get full compensation from other companies.

### **Interpretation**

This policy, certificate and the schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this policy, certificate or schedule shall bear such meaning wherever it may appear.

### **Clerical error**

A clerical error by AWP Services Singapore Pte. Ltd or Allianz Insurance Singapore Pte. Ltd., shall not invalidate an insurance which is otherwise validly in force, nor would it continue insurance otherwise not validly in force.

### **Arbitration**

Any dispute about any matter arising under, out of, or in connection with this *policy* shall first be referred to the Financial Industry Disputes Resolution Centre Ltd (“FIDReC”). This applies as long as the dispute can be brought before FIDReC. If the dispute cannot be referred to or resolved by FIDReC, it shall be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre (“SIAC Rules”) for the time being in force, which rules are deemed to be incorporated by reference in this clause. The tribunal shall consist of one (1) arbitrator.

### **Exclusion of Rights under Contracts (Rights of Third Parties) Act**

Any person or entity who is not a party to this *policy* shall have no rights under the Contracts (Right of Third Parties) Act (Cap. 53B) to enforce any terms of the *policy*.

### **Policy Owners’ Protection Scheme**

This *policy* is protected under the Policy Owners’ Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for the *policy* is automatic and no further action is required. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Company or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

### **Personal Data Use**

Any information collected or obtained in relation to this policy, whether contained in the application or otherwise obtained may be used and/or disclosed to Allianz Insurance Singapore Pte. Ltd. associated individuals/companies within Allianz Group or any independent third parties (within or outside Singapore) for any matters relating to the application, any policy issued and to provide advice or information about Allianz Insurance Singapore Pte. Ltd.’s products and services which Allianz Insurance Singapore Pte. Ltd. believes may be of the policyholder and/or the insured person’s interest and to communicate with the policyholder and/or the insured person for any purpose. Such data may also be used for audit, business analysis and reinsurance purposes, amongst others.

Allianz Insurance Singapore Pte. Ltd. may collect, use, disclose and/or process such data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Allianz Insurance Singapore Pte. Ltd.’s Privacy Policy. The Privacy Policy can be found at Allianz Insurance Singapore Pte. Ltd.’s website.

Assistance services are arranged and managed by AWP Services Singapore Pte. Ltd. of 79 Robinson Road, #09-01 Singapore 068897, a subsidiary company of Allianz Partners SAS.

This insurance is underwritten by Allianz Insurance Singapore Pte. Ltd. with assistance services provided by AWP Services Singapore Pte. Ltd. (operating under the consumer-facing branding of Allianz Travel).



**ALLIANZ INSURANCE SINGAPORE PTE. LTD.**  
UEN 201903913C

79 Robinson Road #09-01  
Singapore 068897  
+65 6714 3369 | [www.allianz.sg](http://www.allianz.sg)

**ALLIANZ CONTACT CENTRE**

1800 222 1818 (local)  
+65 6222 1919 (Overseas)  
Monday to Friday between 9am and 5pm  
(excluding Public Holidays)  
[customerservice@allianz.com.sg](mailto:customerservice@allianz.com.sg)