

Travel Insurance

Insurance Product Information Document

Company: AWP P&C S.A. - Dutch Branch, trading as Allianz Global Assistance Europe, Corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France

Product: Allianz Global Assistance Annual multi-trip and Single Trip Insurance

This document provides a summary of key information about the insurance product and doesn't take into consideration your specific demands and needs. The full terms and conditions are shown on the policy document, which you should read carefully to ensure you have the cover you need.

Full pre-contractual and contractual information are provided in the documents relating to the insurance contract.

What is this type of insurance?

This is travel insurance which covers you while travelling, for various events such as: medical emergencies, recall, personal liability, legal expenses, missed departure and delayed departure. The events covered are described in the policy Terms and Conditions.



What is insured?

- ✓ **Emergency Medical** – for hospital fees, repatriation, extra travel and accommodation costs, dental, funeral, search and rescue.
- ✓ **Recall**- For additional transport charges if you or your travel companion learns of the death, serious injury or life-threatening illness of a relative; or if your property in Denmark suffers significant damage that requires immediate presence.
- ✓ **Personal Liability**– For damage you cause to a third party or their property (including your journey accommodation if not owned by you, a family member or friend).
- ✓ **Legal expenses** – For Legal costs for you to have a lawyer take legal action when an action is brought against you and the facts of which you are accused do not fall under the criminal law of that country.
- ✓ **Delayed luggage** – For essential replacement items if your personal belongings are temporarily lost or delayed by the transport provider on your outward journey for more than 12 hours from when you arrive at your destination.
- ✓ **Missed departure** - For extra transport or accommodation costs to continue your journey, if you miss your outbound or return transport.
- ✓ **Delayed departure** –If your booked transport is delayed at the departure point for more than 6 hours and for your part of unused travel and accommodation costs if you abandon your trip having been delayed for more than 24 hours at your outward departure point.

Bronze cover has excess of DKK 750 and Silver DKK 450.

Optional cover- Applicable to Silver and Gold Only

Depending on your level of cover chosen, cover includes personal belongings, loss of passport, personal money, personal accident, abandonment in case of delayed departure. In addition replacement holiday and car rental excess apply to Gold only.

Optional cover- Applicable to All cover levels

Ski and Wintersports.

Please note variable sub limits apply subject to the level of cover you have chosen.



What is not insured?

- ✗ Claims where you cannot provide sufficient supporting evidence.
- ✗ Taking part in a sports, leisure, study or work activity that is listed as not covered (see terms and conditions).
- ✗ More than the maximum benefit limits (and sub limits when these apply) shown in each section.
- ✗ Claims that are caused as a direct or indirect result of something you are claiming for such as loss of earnings as a result of being delayed in returning.
- ✗ Loss or theft of personal baggage while in the possession of your accommodation or transport provider if not reported to them within 7 days and without a Property Irregularity Report (PIR). Applies to Silver and Gold cover only.



Are there any restrictions on cover?

- ! Cover is only available to residents of Denmark.
- ! Claims relating to existing medical conditions may be excluded if diagnosed or unstable in the 2 months prior to paying for the policy.
- ! You will only be covered if you are aged 70 or under at the date your policy was issued.
- ! There is a limit on the length of the journey that can be covered (Single trip to last no longer than 180 days and Annual trip bronze 31 days or less, silver, 45 days or less and gold 60 days or less per trip).
- ! A rental of motor vehicle which is booked to last longer than 31 days is not covered.
- ! General exclusions apply to the whole policy and each section contains exclusions specific to that section. For example claims caused by: war, terrorism, epidemic, your criminal or fraudulent acts, use of alcohol or drugs.



Where am I covered?

- ✓ Extended Europe (please refer to countries listed in the Glossary of the policy)

Optional cover: Worldwide (all countries in the world)

Cover will not apply if you travel outside the area that you have chosen. The area you have chosen will be shown on your insurance confirmation. You will not be covered if you travel to a country or region where the Ministry of Foreign Affairs, World Health Organization (WHO) or any government or other official authority has advised against all travel or all but essential travel. Assistance cannot be provided in war zones or countries listed as excluded by the insurer.



What are my obligations?

To avoid the policy being cancelled and claims being reduced or refused, the insured must:

When taking out this policy

- Provide the insurer with relevant, true and complete information allowing the insurer to underwrite the policy,
- Provide the insurer with supporting documents when requested,
- Pay the premium in full.

Once the policy is in effect

- The insured must tell the insurer as soon as possible of any changes that arise and that may affect the cover.

In the event of a claim

- The insured must contact the insurer to make the claim immediately after an event arises, in accordance with the terms and conditions and provide the insurer with all supporting documents enabling the processing of the claim.
- Inform the insurer in case of dual insurance and tell the insurer if the insured has received payment from another insurer for all or part of the claim.



When and how do I pay?

You will need to pay your policy premium in full in order for cover to apply.

All cover will end if payment is incomplete or rejected, or if the policy is cancelled.

The premium can be paid using one of the payment options given to you by the seller of this insurance.



When does the cover start and end?

Cover for all sections start at the beginning of your trip(s) and finishes at the end of your trip(s).

All cover starts on the date shown on the insurance confirmation email and ends on the expiry date shown on the insurance confirmation email, unless you cannot finish your trip as planned because of death, illness or injury or if your booked transport is delayed and this cannot be avoided. In these circumstances, we will extend cover free of charge until you can reasonably finish the trip.



How do I cancel the contract?

If your cover does not meet your requirements, please notify Allianz Global Assistance on info@allianz-assistance.dk within 14 days of paying your premium and receiving the insurance confirmation email.

Your premium will be refunded unless you have travelled, made a claim, or an incident likely to give rise to a claim has occurred, in which case no refund will be due.

Please note that your cancellation rights are no longer valid after this initial 14-day period.

Allianz Global Assistance

Travel Insurance Policy



Allianz 

Global Assistance

Travel Insurance Policy

Cover is only available if **you** are a **resident** of Denmark. Cover is not available to residents of Greenland or the Faroe Islands.

Cover is only available if **you** are:

- Aged 70 or under on the date **your** policy was issued for Single trip, Annual multi-trip and Cancellation insurance
- Aged between 17 and 35 at the date **your** policy was issued for Backpacker insurance.

Not all existing medical conditions are covered. Please see page 5.

Please make sure **you** read this policy carefully and take it with you when you travel.

Important contact details

Customer services: (for queries about **your** travel insurance)

Email: info@allianz-assistance.dk

24-hour emergency medical assistance: (for medical emergencies)

Phone: +45 70 25 04 05

Email: fga@dk.falck.com

Claims:

Phone: +45 70 22 04 70

Email: claims.fga@dk.falck.com

Privacy Notice

Our detailed privacy notice and how we handle your personal data can be found on page 38 and 39 of this document.

Allianz Global Assistance Europe travel insurance is underwritten by AWP P&C S.A. - Dutch Branch, trading as Allianz Global Assistance Europe.

AWP P&C S.A. – Dutch Branch, trading as Allianz Global Assistance Europe, is an insurer licensed to act in all EEA countries and located at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands.

AWP P&C S.A. – Dutch Branch, with corporate identification No 33094603, is registered at the Dutch Authority for the Financial Markets (AFM) No 12000535 and is authorised by L'Autorité de Contrôle Prudentiel et de Résolution (ACPR) in France.

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Important information about your travel insurance policy

Thank **you** for buying Allianz Global Assistance travel insurance.

About this document

Certain words have a special meaning and are highlighted in bold print throughout the policy. The full meanings of these words are explained in the 'Glossary' at the end of this policy.

Your cover

The insurance confirmation email shows the cover **you** have chosen, the **area of cover**, the people who are covered and any special terms or conditions that may apply. Please check it carefully.

After **you** have paid the insurance premium, the insurance is valid during the **period of insurance** in accordance with these terms and conditions, up to the maximum stated amount in the 'Summary of cover'. **Your** claim will be processed by the **claims handler**.

Note

Your policy does not cover everything. **You** should read this policy carefully to make sure it provides the cover **you** need.

Your duty

You must take all reasonable steps to protect **yourself** and **your** property and act as if **you** are not insured. **You** must also take all reasonable steps to minimise any potential claim.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify Allianz Global Assistance on info@allianz-assistance.dk within 14 days of paying **your** premium and receiving the insurance confirmation email.

Your premium will be refunded unless **you** have travelled, made a claim, or an incident likely to give rise to a claim has occurred, in which case no refund will be due.

Please note that **your** cancellation rights are no longer valid after this initial 14-day period.

Governing Law

Unless otherwise agreed, Danish law will apply. In the event of a dispute concerning this policy, the Danish courts shall have jurisdiction.

Renewal of your insurance cover

If **you** have Annual multi-trip cover, **we** will send **you** a renewal notice prior to the expiry date shown on the insurance confirmation email. **We** may vary the terms of **your** cover and the premium rates at the renewal date.

Summary of cover - Annual multi-trip and Single trip insurance

The following table shows the maximum amount **we** will pay for each section of cover. **You** should read the rest of this policy booklet for the full terms and conditions and exclusions.

Cover and benefits: (DKK)	Bronze	Silver	Gold
Excess*	750	450	0
1. Emergency Medical	Unlimited	Unlimited	Unlimited
Treatment	Unlimited	Unlimited	Unlimited
Repatriation	Unlimited	Unlimited	Unlimited
Extra travel and accommodation	Unlimited	Unlimited	Unlimited
Sending for & accompanying	1 person	2 persons	2 persons
Emergency dental treatment	3,000	3,500	5,000
Funeral expenses	10,000	13,500	15,000
Search and rescue	70,000	100,000	150,000
Physiotherapy / Chiropracty		10,000	15,000
2. Recall	30,000	Unlimited	Unlimited
3. Personal liability	1,000,000	2,500,000	3,500,000
4. Legal expenses	75,000	100,000	125,000
5. Delayed luggage (outward journey only)	1,000	2,000	3,000
6. Missed departure	2,500	5,000	Unlimited
7. Delayed departure**	1,500	2,250	3,500
Abandonment		25,000	75,000
8. Personal belongings**		7,500	13,500
9. Loss of passport		1,350	2,500
10. Personal money		2,000	2,500
11. Personal accident**		200,000	400,000
Death		150,000	250,000
Permanent loss of limb or sight		200,000	400,000
Permanent total disablement		200,000	400,000
12. Confinement during trip**		30,000	50,000
Replacement holiday			50,000
13. Car rental excess insurance			22,000
14. Additional ski & wintersports cover: (DKK)	Bronze	Silver	Gold
Skipack	2,500	4,000	4,000
Delayed ski equipment	2,000	2,700	2,700
Ski equipment (own)**	2,500	7,500	7,500
Ski equipment (hired)	1,800	2,700	2,700
Piste closure**		3,000	3,000
Avalanche closure		2,400	2,400

Note

Trip duration limits (Annual multi-trip cover only)

Annual Multi-trip	Bronze	Silver	Gold
Max duration per trip	31 days	45 days	60 days

There is absolutely no cover offered by this policy whatsoever for the part of a **trip** which is due to last longer than the maximum number of days per cover level stated above. If for example **you** hold Bronze coverage and travel for 40 days, **you** would not be covered for any event that occurs beyond day 31.

* Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each person insured, for each section and for each claim incident. The **excess** amount is shown in the 'Summary of cover'. See under the heading 'What you are not covered for' under each individual section for further details.

**Inner limits

Some sections of cover also have extra sub-limits, for example the 'Personal accident' section has a benefit limit depending on the type of incident and the age of the **insured person**. These sub-limits are set out in detail in the relevant sections.

Summary of cover - Cancellation insurance

The following table shows the maximum amount **we** will pay for each section of cover. **You** should read the rest of this policy booklet for the full terms and conditions and exclusions.

Cover and benefits: (DKK)	Cancellation
Excess	0
15. Cancellation	70,000

Note

Cancellation insurance must be purchased separately and is not part of the cover for Single trip, Annual multi-trip or Backpacker insurance.

The Cancellation insurance must be purchased within 48 hours of making the initial payment for **your trip** and more than 14 days before **your** departure date, otherwise the insurance will not be valid. It is not possible to purchase this insurance for **trips** that are booked less than 2 weeks before departure.

Cancellation insurance minimum and maximum trip costs

Minimum **trip** cost: DKK 1,000
Maximum **trip** cost: DKK 70,000

Summary of cover - Backpacker insurance

The following table shows the maximum amount **we** will pay for each section of cover. **You** should read the rest of this policy booklet for the full terms and conditions and exclusions.

Cover and benefits: (DKK)	Backpacker
Excess*	700
1. Emergency Medical	Unlimited
Treatment	Unlimited
Repatriation	Unlimited
Extra travel and accommodation	Unlimited
Sending for & accompanying	1 person
Emergency dental treatment	3,000
Funeral expenses	10,000
Search and rescue	100,000
2. Recall	30,000
3. Personal liability	2,500,000
4. Legal expenses	75,000
5. Delayed luggage (outward journey only)	1,500
6. Missed Departure	5,000
7. Delayed departure**	2,250
Abandonment	25,000
8. Personal belongings**	10,000
9. Loss of passport	1,350
10. Personal money	2,000
11. Personal accident**	150,000
Death	150,000
Permanent loss of limb or sight	150,000
Permanent total disablement	150,000
14. Additional ski & wintersports cover: (DKK)	Backpacker
Skipack	2,500
Delayed ski equipment	2,000
Ski equipment (own)**	2,500
Ski equipment (hired)	1,800

Note

* Policy excess

Under some sections of **your** policy, **you** will have to pay an **excess**. This means that **you** will be responsible for paying the first part of the claim for each person insured, for each section and for each claim incident. The **excess** amount is shown in the 'Summary of cover'. See under the heading 'What you are not covered for' under each individual section for further details.

**Inner limits

Some sections of cover also have extra sub-limits, for example the 'Personal accident' section has a benefit limit depending on the type of incident and the age of the **insured person**. These sub-limits are set out in detail in the relevant sections.

Health exclusions

These apply to 'Section 1 - Emergency medical expenses', 'Section 2 – Recall', 'Section 11 - Personal accident', 'Section 12 – Confinement on trip' and 'Section 15 – Cancellation'.

It is very important that you read the following:

- You** will not be covered for any claims arising from a medical condition if it was diagnosed in the 2 months prior to paying for this insurance.
- You** will not be covered for any claims arising from a medical condition that was not stable* for 2 months prior to paying for this insurance. *This means **you** must not have had any change in **your** medication, had any non-routine medical appointments or further investigations into **your** medical condition.
- You** will not be covered unless **you** are fit to travel and able to undertake **your** planned trip.
- You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your** trip.
- You** will not be covered if **you** know you will need medical treatment or consultation at any medical facility during **your** trip.
- You** will not be covered if **you** had any undiagnosed symptoms for which **you** were awaiting investigations or consultations or the results of investigations and where the underlying cause had not been established at the time of paying for this insurance.
- You** will not be covered if **you** are travelling specifically for the purpose of obtaining and/or receiving any elective surgery, procedure or hospital treatment or subsequent complications.

If **we** are unable to cover a medical condition, this will mean that **you** and any other person insured by **us** will not be covered for any directly or indirectly related claims arising from the medical condition (or conditions). This may even apply if the person with the medical condition (or conditions) purchases cover from another provider.

Each person insured by **us** would still be covered for any unrelated medical condition (or conditions) that arise after **you** bought **your** policy and other sections of cover subject to the terms and conditions of this policy.

Note

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of accident or unexpected illness occurring during **your** trip.

General exclusions

These exclusions apply to the whole of your policy.

1. **We** will not pay any claim directly or indirectly caused by the following:
 - a. **You** not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
 - b. War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'etat, terrorism or weapons of mass destruction (for example, nuclear, chemical or biological).
 - c. **You** not enjoying **your trip** or not wanting to travel.
 - d. **You** making a fraudulent claim. **We** may in these instances report the matter to the police.
 - e. The effect of **your** alcohol, solvent or drug dependency or long term abuse.
 - f. **You** being under the influence of alcohol, solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
 - g. **You** not following any advice or recommendations made by the Ministry of Foreign Affairs, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
 - h. Claims arising from childbirth when **your trip** is booked to start or end within 8 weeks of **your** due date.
 - i. **You** taking part in a sports, leisure, study or work activity that is listed as not covered (see page 7).
 - j. **You** travelling outside the **area of cover** shown on **your** insurance confirmation e-mail.
 - k. **You** committing suicide, injuring **yourself** or needlessly putting **yourself** at risk (unless **you** were trying to save another person's life).
 - l. **You** carrying out any illegal, malicious or criminal acts (including those where **you** are under the influence of alcohol), or **you** breaking the local road traffic regulations.
 - m. **You** travelling on a motor cycle, unless the driver holds an appropriate and valid license and **you**, and **your** passenger if applicable, are wearing crash helmets.
 - n. Travelling in an aircraft, unless **you** are a passenger in a fully-licensed, passenger-carrying aircraft.
 - o. Changes in the currency exchange rate.
 - p. **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
 - q. Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
 - r. Any epidemic or pandemic.
 - s. The failure of any equipment or computer program, whether **you** own it or not, to function correctly.
2. **We** will not pay claims for something that has been covered by another insurance policy. If **you** have more than one insurance that covers **you** for the same loss, **you** should only submit the claim to one company and provide details of any other insurance to that company. They will then contact anyone else who would have insured the event for a contribution towards the costs.
3. **We** will not pay any claim for losses that are not directly covered by the terms of this policy (for example, loss of earnings due to **you** not being able to work following an illness or injury during **your trip**, or replacing locks if **you** lose **your** keys).

Sports, leisure, study and work activities

The following sports and leisure activities are automatically covered:

Badminton, banana boating, basketball, cycling, deep sea fishing, fell walking, football, glacier walking, golf, handball, hiking, horse riding (not competitions, show jumping, hunting, eventing, polo or rodeo), jet skiing, marathon running, mountain biking, orienteering, parascending over water, ringos, running, safari trekking in a vehicle (must be an organised tour), scuba diving to a depth of 30 metres (if **you** hold a certificate of proficiency or **you** are diving with a qualified instructor), snorkelling, surfing, swimming, tennis, trekking, wakeboarding, walking, water skiing, windsurfing, zorbing.

If unsure if a sports or leisure activity will be covered under this policy, please email info@allianz-assistance.dk

There is no cover for:

- taking part in a sporting activity where the organiser's guidelines have not been followed;
- any sporting activity which requires affiliation to a governing body;
- any professional sporting activity;
- any kind of racing, except racing on foot; or
- any kind of **wintersports** activity. **You** will only be covered for taking part in **wintersports** activities when the extra premium for 'Ski & wintersports' has been paid and this is shown on the insurance confirmation email.

The following study, work and volunteering activities are automatically covered:

Studying, research, service, food preparation, teaching/coaching, cleaning, entertaining, guide or tour leader, farm work or occasional light manual labour (not including the use of power tools or machinery).

There is no cover for:

- Mining or working from oil-rigs, work involving the usage of power tools and heavy machinery, construction work, working with wild animals, similar types of work.
- Claims incurred under 'Section 3 – Personal liability' while engaging in activities relating to: **Your** business, trade, profession, job or any other activity **you** do for financial benefit.

If unsure if a study, work or volunteer work activity will be covered under this policy, please email info@allianz-assistance.dk

Note

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of accident or unexpected illness occurring during **your trip**.

24-hour emergency medical assistance

24-hour emergency medical assistance

Phone: +45 70 25 04 05 or email: fga@dk.falck.com

Quote **your** policy number.

You must contact **us** immediately about any serious illness or **accident** where **you** have to go into hospital, return **home** early or extend **your** stay. **We** are open 24 hours a day, 365 days a year.

For minor illnesses or **accidents** needing simple outpatient treatment where the medical expenses are under DKK 2,700, please pay the bills, keep the receipts and make a claim when **you** return **home**.

Please check the 'Health exclusions' on page 5 to see if an existing condition will be covered.

Emergency medical assistance service

Our experienced multi-lingual medical assistance team will take full details of the emergency and can help in the following ways:

- Contacting hospitals and the **doctors** who are treating **you**.
- Monitoring **your** treatment with our medical advisers.
- Contacting **your doctor** to confirm **your** medical history, where necessary.
- Making sure hospital and medical bills are guaranteed, where **you** have a valid claim.
- Making sure **relatives** or **travelling companions** are kept up to date.
- Arranging travel and accommodation for someone to stay with **you** (where medically necessary).
- Deciding and arranging the most suitable, practical and reasonable way to bring **you** back **home**. This will normally be by regular airline or road ambulance but, where medically necessary, an air ambulance or air taxi with trained medical escorts will be organised. **We** can also arrange for **you** to be admitted into a hospital in Denmark.

Note

This is not a private medical insurance policy and only gives cover for emergency medical treatment if **you** have an **accident** or suffer an unexpected illness.

Reciprocal health arrangements

European Health Insurance Card (The Blue Card)

- The Blue Card entitles **you** to medical treatment, at a reduced cost (or sometimes free), while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA is made up of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
- It is important to have the Blue Card and travel insurance. The Blue Card is important as in some facilities **you** will receive quicker treatment with it, in others they will expect **you** to leave a deposit before they treat **you** if **you** do not have a Blue Card. Insurance is important as the Blue Card only entitles **you** to the same government-provided medical treatment as a resident of the country that **you** are visiting. The Blue Card will not cover any medical treatment in a private hospital or clinic, or the cost of bringing **you** back to Denmark.
- **You** can apply for a Blue Card online at www.borger.dk or by calling **70101881**.

Making a claim

To obtain a claim form please contact the claims handler:

Phone: +45 70 22 04 70

Email: claims.fga@dk.falck.com

Write to: Falck Global Assistance, Sydhavnsgade 18, 2450 Copenhagen SV, Denmark

Claims service

Please fill in and return the claim form with all the information and documents **we** have asked for, as soon as possible.

For all claims we will need the following:

- **Your** original **trip** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have paid.
- Original bills or invoices.
- Details of any other insurance **you** may have that may cover the same loss, such as home or private medical insurance policies.
- As much evidence as possible to support **your** claim.

Note

You will often need to gather some information about **your** claim while **you** are away.

Under each section of cover there is a box called 'What we will need if you make a claim'. This gives details of the extra information **we** need for each type of claim.

Making a complaint

We always aim to provide **you** with first-class service. However, **we** know that things can sometimes go wrong and there may be times when **you** feel **we** have not done so. If this is the case, please tell **us**, so that **we** can do **our** best to resolve the problem.

Please write to: The Managing Director, Falck Global Assistance, Sydhavnsgade 18, 2450 Copenhagen SV, Denmark.

Or email: claims.fga@dk.falck.com with "COMPLAINT" in the subject.

To help Falck Global Assistance deal with **your** complaint as quickly and efficiently as possible, please tell them **your** name, address, phone number, policy number and claim reference and enclose copies of relevant correspondence.

If **you** are not satisfied with the handling of a complaint **you** should write to: Ankenævnet for Forsikring, Anker Heegaardsgade 2, 1572 Copenhagen, Denmark.

Section 1 - Emergency medical and associated expenses

If you are taken into hospital or you think you may have to come home early or extend your trip, you must contact us immediately. Phone +45 70 25 04 05.

✓ [What you are covered for](#)

We will pay **you** or **your** personal representatives the following necessary and unforeseen emergency expenses if **you** die, are injured, have an **accident** or are taken ill during **your trip**.

Expenses outside Denmark:

Treatment

Actual costs for medical, surgical, medication costs, hospital, nursing home or nursing services.

Repatriation

Actual costs for **your** repatriation to Denmark if medically necessary or for transporting **your** body to Denmark if **you** die during **your trip**.

Extra travel and accommodation & sending for and accompanying

Actual costs for extra travel and accommodation for **you** and the number of persons shown in the 'Summary of cover', who stays with **you** or travels to **you** from Denmark when medically necessary.

Dental

Up to the amount shown in the 'Summary of cover' for emergency dental treatment to relieve sudden pain.

Funeral expenses

Up to the amount shown in the 'Summary of cover' in total for **your** funeral or cremation expenses in the place where **you** die outside Denmark. This includes the cost of transporting **your** ashes to Denmark in the event of cremation.

Physiotherapy and Chiropracty

Up to the amount shown in the 'Summary of cover' for physiotherapist or chiropracty costs for treatment required as a result of an injury that occurred during the **trip**.

Search and Rescue

Actual costs for mountain or sea search and rescue services when medically necessary.

X [What you are not covered for](#)

- An **excess** of the amount shown in the 'Summary of cover'.
- Any medical condition set out under 'Health exclusions' (see page 5).
- Any claim where **you** do not take **your** prescribed medication or follow vaccinations or other preventative measures (such as malaria tablets) as recommended by:
 - **your doctor** before **you** travel;
 - the **doctor** treating **you** while **you** are away;
 - the Danish Ministry of Foreign Affairs (Udenrigsministeriet), World Health Organisation (WHO) or any government or other official authority.
- Services or treatment that **we** have not agreed, and, in the opinion of the **doctor** treating **you** or **our** medical advisers (or both), can wait until **you** return to Denmark.
- Treatment which is not directly related to the illness or injury that caused the claim.
- Taxi fares and phone calls (including mobile calls).
- Meals, beverages and car hire, unless agreed by **us**.
- Having a single or private room, unless agreed by **us**.

- Travel and accommodation of a higher standard than those originally booked for **your trip**, unless agreed by **us**.
- Replacing any medication **you** were using when **you** began **your trip**.
- Services or treatments **you** receive within Denmark (except emergency dental treatment).
- **Your** burial or cremation within Denmark.
- Dental work not needed in an emergency, replacing or repairing false teeth or artificial teeth (such as crowns), or any work involving the use of precious metals.
- Costs relating to pregnancy except where these arise from complications or early birth (more than 8 weeks prior to **your** due date).

Please read the general exclusions that also apply.

[Special conditions and notes applying to section 1](#)

- This is not a private medical insurance policy and only gives cover for emergency medical treatment if **you** have an **accident** or suffer an unexpected illness.
- With **you** or **your** personal representative's written permission, **we** will contact **your doctor** to confirm **your** medical history to help **us** deal with any claim. **We** can also ask for **you** to be medically examined or for a postmortem to be carried out if **you** die.
- To help **us** to recover any payment **we** have made under this policy, **we** can ask **you** to give **us** information and fill in any forms. **We** can also take **legal action** in **your** name (but at **our** expense).
- If **our** medical advisers think it is medically necessary to bring **you** back **home**, **we** will decide on the most suitable, practical and reasonable way to do this. This will normally be by regular airline or road ambulance, but where medically necessary, an air ambulance or air taxi with trained medical escorts will be arranged. **We** can also arrange for **you** to be admitted into a hospital in Denmark.
- The **doctor** treating **you** must provide a certificate confirming that **you** are fit to travel. Without this, airlines can refuse to carry any ill or injured person.
- If **you** refuse treatment or refuse to return to Denmark when the **doctor** treating **you** and **our** medical advisers agree that **you** are fit to travel, **we** will not pay any further costs or expenses and all cover for this **trip** will end unless **we** agree otherwise.
- If there is a dispute between **our** medical advisers and the **doctor** treating **you**, **we** will ask for an independent medical opinion.

[What we will need if you make a claim](#)

- Medical evidence from the **doctor** treating **you** to confirm the illness or injury and treatment given, including the dates **you** were admitted to and discharged from hospital (if appropriate).
- A medical certificate if **you** cannot go on any pre-booked excursions because of illness or injury.
- Original receipts and accounts for all medical treatment and other expenses **you** have paid or have agreed to pay.
- General information set out in the 'Making a claim' section on page 9.

Section 2 - Recall

[What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' in actual costs for additional transport charges and other travel expenses that cannot be recovered from anywhere else for **you** to return to Denmark, if **you** or a **travelling companion**:

- learn of the death, serious injury or life-threatening illness of a **relative** whilst **you** are on **your trip**; or
- if **your** private property in Denmark suffers significant damage that requires **your** immediate presence as a result of a sudden and unforeseen event.

[What you are not covered for](#)

- An **excess** of the amount shown in the 'Summary of cover'.
- The recall from **your trip**, unless **we** have agreed.
- Travel and accommodation of a higher standard than those originally booked for **your trip**, unless agreed by **us**.

Please read the general exclusions that also apply.

[Special conditions and notes applying to section 2](#)

- **You** must contact the 24-hour emergency assistance service before **you** return **home** and they must agree to the reason and cost for the recall.

[What we will need if you make a claim](#)

- Full details of the reason why **you** had to return **home**.
- A medical certificate, filled in by the **doctor** treating **your relative** in Denmark (or **your travelling companion's relative** in Denmark), confirming the diagnosis.
- In the event of death **we** will require a certified copy of the death certificate.
- Written confirmation from **your** transport and accommodation provider showing all the costs that cannot be recovered from them; or
- A letter from **your** home insurer or the police confirming the damage to **your** property.
- General information set out in the 'Making a claim' section on page 9.

Section 3 - Personal liability

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' if **you** accidentally injure someone or damage someone else's property during **your trip** and are legally liable.

X [What you are not covered for](#)

- An **excess** of the amount shown in **your** 'Summary of cover'.
- Any fines or exemplary damages (fines that punish, or aim to punish, the person responsible, rather than awarding compensation to the victim) **you** have to pay.
- Liability arising from any of the following:
 - Death or injury of people who work for **you**, a **travelling companion** or a **relative**.
 - Loss of or damage to property, including temporary holiday accommodation, that is owned by **you**, a **travelling companion**, a **relative** or someone who works for **you**.
 - **Your** business, trade, profession, job or any other activity **you** do for financial benefit.
 - **You** owning, using or having control of:
 - animals;
 - firearms (except sporting guns used in a controlled environment and suitably supervised - for example, clay pigeon shooting);
 - motorised or mechanical vehicles and any trailers attached to them;
 - aircraft; or
 - motorised watercraft or sailing vessels.
 - Something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 3](#)

- If **you** are using a motorised or mechanical vehicle while on **your trip**, **you** must make sure that **you** get the necessary insurance as this is not covered under this policy.
- **You** or **your** personal representatives must tell **us** as soon as **you** or **your** personal representatives are aware of a possible legal claim, prosecution, inquest or injury, which might lead to a claim under this section.
- **You** must not negotiate, pay, settle, admit or deny any liability to anyone else, without first getting **our** written permission.

[What we will need if you make a claim](#)

- A detailed account of the circumstances surrounding the claim including photographs, video and medical evidence, where appropriate.
- Full details of any police report and witnesses (providing written statements where available).
- Any writ, summons or other correspondence **you** receive from anyone else about **your** claim.
- General information set out in the 'Making a claim' section on page 9.

Section 4 - Legal expenses

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' in legal costs for **you** to have a lawyer take **legal action** when an action is brought against **you** and the facts of which **you** are accused do not fall under the criminal law of that country.

X [What you are not covered for](#)

- Any claim:
 - not reported to **us** within 90 days after the event causing the claim;
 - involving **legal action** between members of the same household, a **relative**, a **travelling companion**, a **business colleague** or one of **your** employees;
 - where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
 - against a travel agent, **trip** provider or carrier, **us**, the **insurer**, another **insured person** or **our** agents;
 - related to **your** occupation; or
 - involving **your** use or control of a motorised vehicle.
- Legal costs awarded as a personal penalty against **you** or **your** lawyer (for example, for not keeping to court rules).

Please read the general exclusions that also apply.

[What we will need if you make a claim](#)

- A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if available) within 90 days of the event causing the claim.
- Any writ, summons or other correspondence **you** receive from anyone else about **your** claim.
- Full details of any witnesses, providing written statements where available.
- The invoice and receipt for any cost paid to **your** lawyer within 30 days of payment.
- General information set out in the 'Making a claim' section on page 9.

Section 5 - Delayed luggage

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' in total for essential replacement items, if **your personal belongings** (this does not include **valuables, golf equipment, business equipment, business samples or ski equipment***) are temporarily lost or delayed by **your** transport provider on **your** outward **trip** for more than 12 hours from when **you** arrive at **your** destination.

*When the extra premium for 'Ski & wintersports' cover has been paid and this is shown on the insurance confirmation email, **ski equipment** that has been delayed will be covered up to the amount shown in the 'Summary of cover' for 'Delayed Ski equipment'.

X [What you are not covered for](#)

- Temporary loss or delay of **valuables** or **golf equipment**.
- Items purchased after **your luggage** is returned to **you**.
- Temporary loss or delay of **luggage** on **your** return **trip** to Denmark.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 5](#)

- **You** must get a property irregularity report (PIR) or other similar written confirmation from the transport provider within 7 days of discovery detailing the temporary loss.
- **You** might be able to claim directly with the transport provider, by writing to them within 21 days of the temporary loss.
- The coverage amount can only be paid once per **insured person** (even if more than one piece of **luggage** is delayed). Only the person named on the baggage tag can make a claim (even if the **luggage** contains more than one person's belongings).
- If the items are permanently lost, **we** will take off any amount that **you** are due to be paid under this section from the final claim settlement under 'Section 8 - Personal belongings'. This will only be done where Silver, Gold or Backpacker cover has been purchased.

📄 [What we will need if you make a claim](#)

- **You** must send **us** the receipts for any essential replacement items **you** buy.
- A property irregularity report (PIR) or other similar written confirmation from the transport provider detailing the temporary loss.
- General information set out in the 'Making a claim' section on page 9.

Section 6 - Missed departure

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' in total for the cost of extra transport and accommodation which **you** have to pay to get to **your trip** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) as a result of:

- public transport (including scheduled flights) not running to its timetable;
- the vehicle **you** are travelling in having an accident or breaking down; or
- the vehicle **you** are travelling in being involved in a traffic jam.

X [What you are not covered for](#)

- Any claim:
 - if **you** did not leave enough time to arrive at **your departure point**, taking into account prevailing or expected weather or traffic conditions;
 - if **you** did not leave more than three hours between the arrival of **your** flight or other transport and the departure of any connecting flight or other transport;
 - if **you** could reasonably have made other travel arrangements to reach **your departure point** in time; or
 - unless **you** get written confirmation of the reason for the delay.
- Any delay or failure of public transport caused by a riot, strike or industrial action which began or was announced before **you** bought **your** policy or booked **your trip** (whichever is later).
- Any costs which are recoverable directly from the travel or accommodation providers or the tour operator.
- Travel and accommodation of a higher standard than those originally booked for **your trip**, unless agreed by **us**.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 6](#)

- **You** must get written confirmation of the reason for the delay - for example, a breakdown service report if **your** vehicle breaks down or is involved in an accident, police confirmation of unexpected motorway or road closures, or a public transport provider's confirmation that the service did not run on time.
- **You** must plan to arrive at the check-in desk of **your departure point** at least 3 hours before the scheduled departure time or the time shown in the carriers written instructions (whichever is the longer).

📄 [What we will need if you make a claim](#)

- Full details of the circumstances causing **you** to miss **your** departure.
- Written confirmation of the reason for the delay - for example, a breakdown service report if **your** vehicle breaks down or is involved in an accident, police confirmation of unexpected motorway or road closures or public transport provider's confirmation that the service did not run on time.
- General information set out in the 'Making a claim' section on page 9.

Section 7 - Delayed departure

✓ What you are covered for

Delayed departure

If **your** booked transport is delayed at the **departure point** for more than 6 hours because of:

- a serious fire, storm or flood damage to the departure point;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel; or
- the grounding of the aircraft due to a mechanical or a structural defect.

We will pay the amounts shown in the table below for each delay duration, up to the total amount shown in the 'Summary of cover':

Delayed departure: (DKK)	Bronze	Silver	Gold	Backpacker
First full 6 hours	150	200	300	200
Each extra full 12 hours	150	200	300	200

Abandoning your trip

We will pay up to the amount shown in the 'Summary of cover' (but no more than the original **trip** cost) for **your** part of unused travel and accommodation costs if **you** abandon **your trip** having been delayed for more than 24 hours at **your** outward **departure point** because of reasons described under 'Delayed departure' above.

✗ What you are not covered for

Under 'Delayed departure' and 'Abandoning your trip'

- Claims for both 'Delayed departure' and 'Abandoning your trip'.
- Anything that is caused by **you** not checking in at the **departure point** when **you** should have done.
- Any delay caused by a strike or industrial action which began or was announced before **you** booked **your trip** or bought **your** policy (whichever is later).
- Any claim where **you** do not get written confirmation from the transport provider confirming the reason for the delay and the actual departure time.
- Any costs which are recoverable directly from the travel or accommodation providers or the tour operator.

Under 'Abandoning your trip'

- Claims unless the actual departure time of the delayed transport was more than 24 hours later than the time shown in **your trip** booking.
- More than the minimum market value of equivalent admission or travel tickets, if **you** originally bought them using an airline mileage or similar points reward scheme.

Please read the general exclusions that also apply.

📄 Special conditions and notes applying to section 7

- **You** can only claim for either 'Delayed departure' or 'Abandoning your trip'.

📄 What we will need if you make a claim

- Written confirmation from the transport provider or their handling agent, which gives details of the scheduled and actual departure times and why the departure was delayed.
- For 'Abandoning your trip' claims **we** will also need written confirmation from **your** transport and accommodation provider showing all the costs that cannot be recovered from them.
- General information set out in the 'Making a claim' section on page 9.

Section 8 - Personal belongings

✓ [What you are covered for](#)

Up to the amount shown in the 'Summary of cover' for **your personal belongings** which are damaged, stolen, lost or destroyed on **your trip** (this does not include **ski equipment***, **golf equipment**, **business equipment** or **business samples**).

*When the extra premium for 'Ski & wintersports' cover has been paid and this is shown on the insurance confirmation email, **ski equipment** will be covered up to the amount shown in the 'Summary of cover' for 'Ski equipment (own)'.

The most **we** will pay for **valuables**, a single article, **pair or set**; tobacco, alcohol, fragrances and perfumes in total whether jointly owned or not is shown in the summary below:

Personal belongings: (DKK)	Bronze	Silver	Gold	Backpacker
Valuables	No cover	2,500	3,500	2,500
Single article, pair or set	No cover	2,500	3,500	2,500
Tobacco, alcohol, fragrances and perfumes	No cover	500	750	500

X [What you are not covered for](#)

- An **excess** of the amount shown in the 'Summary of cover'.
- Loss or theft of **personal belongings**, unless **you** have reported it to the police within 24 hours of discovery and been given a written police report.
- Loss or theft of, or damage to, the following:
 - **Personal belongings** while in the possession of **your** transport or accommodation provider, unless **you** have reported it to them within 7 days of discovery and they have given **you** a property irregularity report (PIR) or other similar written confirmation detailing the damage or the permanent loss;
 - Items where **you** are unable to provide receipts or other proof that **you** bought or own the items and proof of the value;
 - **Unattended personal belongings**;
 - **Valuables** unless they are on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your trip**;
 - **Valuables** packed in suitcases, trunks or similar containers;
 - **Valuables** left in a **motor vehicle** or tent;
 - Narcotics, motorised vehicles, valuable documents or animals.
- More than the value of the part of the **pair or set** that is lost, stolen or damaged.
- Claims for more than one mobile phone for each **insured person**.
- Breakage or damage to **fragile items** or to sports equipment while it is being used.
- Loss or damage due to climate, wear and tear, depreciation, moths, vermin or the process of cleaning.
- Losses that may arise as a result of use of credit/debit cards, cheques, bills of exchange and utilisation of accounts.
- Damage caused by the contents of bottles or other containers leaking or breaking.
- The cost of replacing or repairing false teeth.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 8](#)

- This policy covers the value of the items at the time they were lost or stolen, and not the cost of replacing them. This means **we** will take off an amount for wear and tear from the original cost. **We** may choose to repair the item or replace it with an equivalent item.
- There is a limit for single items (or **pair or set** of items) and a **valuables** limit, and this policy may not provide enough cover for expensive items such as jewellery or computer, audio or photographic equipment. These items can usually be insured under **your** home contents policy.
- If **your personal belongings** are lost, stolen or damaged while in the possession of the transport or accommodation provider, **you** must get a property irregularity report (PIR) or other similar written confirmation from them within 7 days of discovery detailing the damage or the permanent loss.
- **You** might be able to claim directly with the transport provider, by writing to them within 21 days of the damage or loss.
- **You** should keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the damaged item will then belong to **us**.

[What we will need if you make a claim](#)

- A written police report confirming full details of the loss or theft.
- A written report from **your** travel representative or accommodation manager, if appropriate.
- A property irregularity report (PIR) or other similar written confirmation from the transport or accommodation provider detailing the damage or the permanent loss.
- For lost, stolen or damaged items, original receipts or other suitable proof that **you** bought or own the items, and proof of the value.
- An estimate of the costs of repairing all damaged items.
- General information set out in the 'Making a claim' section on page 9.

Section 9 - Loss of passport

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' for the following if **your** passport is lost or stolen during **your trip**:

- A temporary replacement passport.
- Any extra costs for travel and accommodation to obtain the temporary replacement passport.
- The remaining value of **your** original passport.

X [What you are not covered for](#)

- Any claim unless **you** get a letter from the local embassy or consulate where **you** reported the loss to.
- The cost of replacing any visa.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 9](#)

- The remaining value of **your** passport will be based on the current cost of a new passport and how long **your** original passport would have been valid for.

[What we will need if you make a claim](#)

- Written confirmation from the local embassy or consulate where the loss happened, which gives details of the date the passport was lost, and when it was reported and replaced. **You** should also get a written report from the police.
- Original receipts for the temporary passport and, if appropriate, any extra costs for travel and accommodation.
- A photocopy of the missing passport if available.
- General information set out in the 'Making a claim' section on page 9.

Section 10 – Personal money

✓ [What you are covered for](#)

We will pay up to the amount shown in the 'Summary of cover' if **your personal money** (cash, cards, tickets or vouchers which have a monetary value, for example phone-cards, gift vouchers, admission and travel tickets) is lost, stolen or damaged during **your trip**.

X [What you are not covered for](#)

- An **excess** of the amount shown in the 'Summary of cover'.
- Loss or theft of **personal money** unless:
 - **you** have reported it to the police within 24 hours of discovery and been given a written police report;
 - it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your trip**; or
 - **you** are able to provide foreign exchange receipts, withdrawal slips or statements from a bank or bureau de change confirming the amount, currency and when and where **you** got the **cash**.
- Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.
- Loss or theft of travellers cheques if a replacement service is provided.
- More than the minimum market value of equivalent admission or travel tickets, if **you** originally bought them using an airline mileage or similar points reward scheme.

Please read the general exclusions that also apply.

[What we will need if you make a claim](#)

- A written police report confirming full details of the loss or theft.
- A written report from **your** travel representative or accommodation manager, if appropriate.
- Original foreign exchange receipts, **cash** withdrawal slips or statements from a bank or bureau de change confirming the amount, currency and when and where **you** got the **cash**.
- General information set out in the 'Making a claim' section on page 9.

Section 11 – Personal Accident

✓ [What you are covered for](#)

We will pay **you** or **your** personal representative if **you** have an **accident** during **your trip** which results in one of the following:

Death

Up to the amount shown in the 'Summary of cover' (**we** will not pay more than DKK 25,000 if **you** are aged 15 or under at the time of the **accident**).

Permanent loss of limb or sight

Up to the amount shown in the 'Summary of cover' for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

Physical disablement

Up to the amount shown in the 'Summary of cover' for a permanent total physical disability (**we** will not pay any compensation if **you** are aged 15 or under or aged 65 or over at the time of the **accident**).

X [What you are not covered for](#)

- Any medical condition set out under 'Health exclusions' (see page 5).
- Any claim that has not arisen as a result of an **accident**.
- Any claim **you** make more than one year after the **accident**.
- More than one of the payments shown in the summary of cover, resulting from the same **accident**.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 11](#)

- **We** will make death benefit payments to **your** legal heir.

📄 [What we will need, if you make a claim](#)

- A detailed account of the circumstances surrounding the **accident**, including photographs and video evidence, police report, witness details and statements, where appropriate.
- Medical evidence from the **doctor** who has treated **you** to confirm the seriousness of the injury and treatment given (including dates of when **you** were admitted to and discharged from hospital).
- A certified copy of the death certificate and confirmation of the legal heir, where appropriate.
- General information set out in the 'Making a claim' section on page 9.

Section 12 – Confinement during trip

✓ [What you are covered for](#)

Confinement on medical advice during your trip

We will pay **your trip** cost per day (excluding **ski pack**, see section 14) up to the amount shown in the 'Summary of cover' in total for the number of days **you** are admitted to hospital, are unable to leave **your trip** accommodation or ordered to cease **your** planned **trip** activities (for example an excursion, swimming or sunbathing) on the advice of the treating **doctor**, as a result of an injury or illness **you** sustain during **your trip**. Cover will include the costs for one **travelling companion** who is insured under this policy to stay with **you** if medically necessary or if **you** are aged 11 years or under.

Replacement holiday

If **you** have been admitted to hospital or are unable to leave **your trip** accommodation for more than half of the length of **your trip**, **you** can choose a replacement holiday for **you** and either one **travelling companion**, or the **family** members that were with **you** on **your** original **trip** and are insured under this policy. **We** will pay in total up to the original **trip** cost but not more than the amount shown in the 'Summary of cover' in total.

X [What you are not covered for](#)

- Any medical condition set out under 'Health exclusions' (see page 5).
- More than one of the benefits resulting from the same incident, injury or illness.
- Something the company or person **you** booked the **trip** with (or their agents) are responsible for.
- More than the minimum market value of equivalent admission or travel tickets, if **you** originally bought them using an airline mileage or similar points reward scheme.

Under Confinement on medical advice during your trip

- More than the corresponding number of days shown in the table below if **your** treating **doctor** diagnosed **you** with one of the listed medical conditions, but did not specify the number of days **you** should be confined on any medical certificate.

Medical condition	Maximum benefit payable
Cold / Upper Bronchial infection with fever	3 days
Intestinal infection / Stomach illness	2 days
Tonsillitis	5 days
Influenza	5 days
Sinusitis	3 days
Inflammation of the ear with fever	3 days
Pneumonia	7 days
Sunburn injuries	3 days
Bronchitis	4 days
Urinary tract infection with fever	2 days
Lumbago / Sciatica	3 days
Chicken pox	7 days
Inflammation of the eye	3 days
Tooth ache	2 days

Under Replacement holiday

- Any claim that occurs on the replacement holiday **we** have paid for.

Please read the general exclusions that also apply.

[Special conditions and notes applying to section 12](#)

- For package trips, the **trip** cost per day is calculated by dividing the total cost of **your trip** by the planned length of **your trip** in days.
- If **you** choose a replacement holiday, **we** will deduct any payments already made for **your** original **trip** costs under this policy from the payment towards the replacement holiday.
- The replacement holiday must be booked within one year of **your** original departure date after agreement with **us** and is not transferable to another person.

[What we will need if you make a claim](#)

Under Confinement on medical advice during your trip

- Full details of the reason why **you** were confined on medical advice.
- A medical certificate, filled in by the **doctor** treating **you** or **your travelling companion** confirming where appropriate:
 - the diagnosis;
 - the dates and number of full days **you** were confined to hospital / **your trip** accommodation;
 - the dates and number of full days **you** were ordered to refrain from undertaking **your** planned holiday activity (including number of days care is required);
 - the need for a **relative** or **travelling companion** to stay with **you** while **you** are confined during **your trip**.
- Written confirmation from **your** transport and accommodation provider showing all the costs that cannot be recovered from them.

Under Replacement holiday

- All details listed under 'under confinement on medical advice during your trip'.
- The **trip** booking invoice for the replacement holiday.

For all claims

- General information set out in the 'Making a claim' section on page 9.

Section 13 – Car rental excess insurance

[What you are covered for](#)

We will pay up to the amounts stated in **your** 'Summary of cover' for the reimbursement of the excess applied to **your** car rental insurance or for loss of deposit due to damage to windows, tyres, roof and undercarriage, if the **motor vehicle** is accidentally damaged, involved in an accident, stolen, damaged by fire or vandalised during the **rental period**.

[What you are not covered for](#)

- Damage to **your** rented **motor vehicle**, whilst participating in any race or professional sporting activity.
- Any claim resulting from **you** not following the terms and conditions of **your** hire company's rental agreement.
- More than the excess stated on **your** rental agreement.
- Damages caused when driving off a Public Highway.
- Loss of keys.
- Damage to the vehicle's interior.
- Misfuelling.
- Mechanical failure of the insured vehicle and associated recovery costs.
- General wear and tear.

Please read the general exclusions that also apply.

[Special conditions and notes applying to section 13](#)

We only consider the excess or loss of deposit as a result of the costs to repair **your** damaged **motor vehicle** in the settlement. Costs such as courtesy hire car, loss of no-claims bonus or compensation for loss of use of the **motor vehicle** are not considered. This is not car insurance. The 'Car rental excess insurance' cover is designed to complement the car insurance policy issued by the rental company to **you**.

[What we will need if you make a claim](#)

- A copy of **your** rental agreement.
- The damage report and repair invoice from the rental company confirming the details of the damage and the cost of repair.
- A copy of the driving licence of the person driving the **motor vehicle** at the time of the accident.
- Detailed account of the circumstances that led to the accident / damage to the **motor vehicle** including photographs and video evidence (if available) and, where appropriate, a written police report.
- Full details of any witnesses, providing written statements where available.
- As much evidence as possible to support **your** claim.
- General information set out in the 'Making a claim' section on page 9.

Section 14 - Ski & wintersports cover

✓ [What you are covered for](#)

Ski pack

We will pay up to the amount shown in the 'Summary of cover' in total for **your ski pack** costs (hired **ski equipment**, ski school fees and lift passes) that have been paid for and that cannot be recovered from anywhere else, if **you** cannot ski because of an injury or illness during **your trip**.

Delayed ski equipment

We will pay up to the amount shown in the 'Summary of cover' for the hire of alternative **ski equipment** if **yours** is temporarily lost or delayed on **your** outward journey for more than 12 hours from when **you** arrive at **your** destination.

Ski equipment (own)

We will pay up to the amount shown in the 'Summary of cover' in total for **your own ski equipment** that is damaged, stolen, lost or destroyed on **your trip**.

The most **we** will pay for a single article, **pair or set** is shown in the summary below:

Ski equipment own: (DKK)	Bronze	Silver	Gold	Backpacker
Single article, pair or set	2,000	3,000	3,000	2,000

Ski equipment (hired)

We will pay up to the amount shown in the 'Summary of cover' in total for **your hired ski equipment** that is damaged, stolen, lost or destroyed on **your trip**.

Piste closure

We will pay the amount set out in the summary below (up to the maximum amount shown in the 'Summary of cover') for each day it is not possible for **you** to ski or snowboard at your pre-booked ski resort, because the ski-lifts and ski schools that **you** are due to use are closed as a result of adverse weather conditions:

Piste closure: (DKK)	Bronze	Silver	Gold	Backpacker
Per day	No cover	225	225	No cover

Avalanche closure

We will pay up to the amount shown in the 'Summary of cover' for extra transport and accommodation costs **you** need to pay for the following if there is an avalanche in **your** resort:

- Before **you** arrive: to get **you** to **your** resort when it is safe to do so within **your trip** dates;
- During the **trip**: to get back home if it is not safe to stay at the resort.

X [What you are not covered for](#)

Under ski pack

- Anything mentioned under 'What you are not covered for' within 'Section 1 - Emergency medical and associated expenses'.

Under Delayed ski equipment

- Anything mentioned under 'What you are not covered for' within 'Section 5 - Delayed luggage'.

Under Ski equipment (own)

- Anything mentioned under 'What you are not covered for' within 'Section 8 - Personal belongings'.

Under Ski equipment (hired)

- Loss or theft, unless **you** have reported it to the police within 24 hours of discovery and been given a written police report.
- More than the **excess** stated on **your** equipment rental agreement.

Under Piste closure

- Any compensation for the first full 24 hours at **your** booked ski resort.
- Any claim unless **you** have a letter from the ski-lift or ski school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your trip**.
- Compensation which **you** can get from **your** tour operator or anywhere else.
- Costs if the ski-lifts or ski schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your trip** were issued, if this is less than 14 days before the beginning of **your trip**.
- Any **trip** that takes place outside a recognised ski resort or the official resort opening dates.

Under Avalanche closure

- Any claim unless **you** have a letter from the relevant authority or **your** tour operator's representative confirming the dates and location of the avalanche.
- Compensation which **you** can get from **your** tour operator or anywhere else.

Please read the general exclusions that also apply.

i [Special conditions and notes applying to section 14](#)

Under 'Ski equipment (own)' it will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

📄 [What we will need if you make a claim](#)

Under ski pack

- Full details of the reason why **you** were confined on medical advice.
- A medical certificate, filled in by the **doctor** treating **you** confirming where appropriate:
 - **your** diagnosis; the dates and number of full days **you** were confined to hospital / **your trip** accommodation;
 - the dates and number of full days **you** were ordered to refrain from undertaking **your** planned **trip** activity.
- Written confirmation from **your** lift pass, ski school and/or tour provider showing all the costs that cannot be recovered from them.

Under Delayed ski equipment

- Anything mentioned under 'What we will need if you make a claim' within 'Section 5 - Delayed luggage'.

Under Ski equipment (own)

- Anything mentioned under 'What we will need if you make a claim' within 'Section 8 - Personal belongings'.

Under Ski equipment (hired)

- A copy of **your** equipment rental agreement
- The damage report and repair or replacement invoice from the rental company confirming the details of the damage and the cost of the repair or replacement.
- A written police report confirming full details of the loss or theft, if appropriate.
- A written report from **your** travel representative or accommodation manager, if appropriate.

Under Piste closure

- Written confirmation from **your** lift pass and/or ski school provider stating the number of days you were unable to ski due to piste closure.

Under Avalanche closure

- A letter from the relevant authority or **your** tour operator's representative confirming the dates and location of the avalanche.
- The invoice and receipt for any additional costs paid to **your** transport and accommodation provider.

For all claims

- General information set out in the 'Making a claim' section on page 9.

Section 15 – Cancellation

✓ What you are covered for

We will pay up to the amount shown in the 'Summary of cover' for **your** part of unused personal accommodation, transport charges, excursions, tickets and other travel expenses **you** have paid, or where there is a contract to pay, that cannot be recovered from anywhere else if **you** cancel **your trip** before it begins. **We** will pay this in the following necessary and unavoidable circumstances which were not known at the time **you** bought **your** policy or booked **your trip** (whichever is later):

- **You** or a **travelling companion** being advised not to travel by a **doctor** due to death, injury or illness.
- A person **you** were going to stay with, or **your** or a **traveling companion's** close **relative** or **business colleague's** life-threatening illness, injury or death.
- **You** or a **travelling companion** being advised not to travel by a **doctor** as a result of pregnancy.
- **You** or a **travelling companion** cannot comply with the transport provider's terms of carriage because of a pregnancy that **you** found out about after **you** bought **your** policy.
- **You** or a **travelling companion** is called for jury service in Denmark or as a witness in court in Denmark.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their **home** or usual place of business in Denmark.
- **You** have to re-sit an educational exam that forms part of **your** full time study course, if **you** find out **you** failed the original examination after **you** bought **your** policy and the re-sit is scheduled for during **your trip** or in the 2 weeks immediately after **your** return to Denmark.
- **Your** divorce, legal separation or termination of cohabitation.
- **You** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance services and **your** employer withdraws **your** previously agreed leave for operational reasons.
- **Your unemployment** through no fault of **your** own.

X What you are not covered for

- Any medical condition set out under 'Health exclusions' (see page 5).
- Anything caused by:
 - **you** not having the correct passport or visa;
 - **your** transport provider's refusal to allow **you** to travel for whatever reason;
 - **you** not wanting to travel; or
 - the company or person **you** booked the **trip** with (or their agents) being made bankrupt.
- Something the company or person **you** booked the **trip** with (or their agents) are responsible for.
- More than the minimum market value of equivalent admission or travel tickets, if **you** originally bought them using an airline mileage or similar points reward scheme.
- Any extra charges, because **you** did not tell the company or person **you** booked the **trip** with, as soon as **you** knew **you** had to cancel.
- Termination of cohabitation unless **you** have been registered at the same address as **your** partner for at least 12 months.
- **You** not being able to afford the **trip**, except where **you** are made unemployed and were only made aware of this after the date **you** bought **your** policy or booked **your trip** (whichever is later).
- **You** resigning from **your** employment.

Please read the general exclusions that also apply.

[What we will need if you make a claim](#)

For medical and pregnancy claims

- A medical certificate filled in by **your doctor** in Denmark confirming the pregnancy, illness or injury of the person causing **you** to cancel **your trip**.
- A certified copy of the death certificate where appropriate.

For jury service or court witness claims

- Copy of the letter from the court confirming what dates **you** are expected to be available and when **you** were notified.

For burglary and property damage claims

- Letter from the police confirming **you** were unable to leave **your home**.

For failed exam claims

- Evidence of the failed exam and the date of **your** re-sit.

For separation claims

- Copy of **your** divorce or legal separation documentation or evidence from the population register that **you** and **your** partner were living together for at least 12 months and are now registered at different addresses.

For cancellation of leave claims

- A letter from **your** employer confirming the dates of **your** previously approved leave and when **you** were notified that this had been withdrawn.

For unemployment claims

- Letter from **your** employer confirming the reason for **your unemployment** and the date **you** were notified.

For all claims

- **Your trip** booking invoice (or invoices) and travel documents showing the dates and times of travel.
- **Your** original cancellation invoice (or invoices) showing all cancellation charges.
- Full details of the reason why **you** had to cancel **your trip**.
- Details of any other insurance **you** may have that may cover the same loss, such as home or private medical insurance policies.
- As much evidence as possible to support **your** claim.
- General information set out in the 'Making a claim' section on page 9.

Legal and regulatory information

This policy is available to **residents** of Denmark only. This is not available to residents of Greenland or The Faroe Islands.

Insurer

Your Allianz Global Assistance travel insurance is underwritten by AWP P&C S.A. - Dutch branch, trading as Allianz Global Assistance Europe, offices at Poeldijkstraat 4, 1059 VM Amsterdam, the Netherlands. Registered at The Netherlands Authority for the Financial Markets (AFM) N° 12000535, Corporate Identification no 33094603.

Cancellation rights

If **your** cover does not meet **your** requirements, please notify Allianz Global Assistance on info@allianz-assistance.dk within 14 days of paying **your** premium and receiving the insurance confirmation email.

Your premium will be refunded unless **you** have travelled, made a claim, or an incident likely to give rise to a claim has occurred, in which case no refund will be due.

Please note that **your** cancellation rights are no longer valid after this initial 14-day period.

Data protection

The personal data provided on the application for an insurance policy, are processed by **us** for entering into and executing insurance agreements and managing the ensuing relations, which includes preventing and combating fraud and marketing activities. **You** should understand that the sensitive health and other information **you** provide will be used by **us**, **our** representatives (if appropriate), other insurers and industry governing bodies and regulators to process **your** insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). **We** have taken steps to ensure **your** information is held securely. If **you** do not want to receive marketing information please email us at info@allianz-assistance.dk. **You** have the right to access **your** personal records.

Governing law

Unless agreed otherwise, Danish law will apply and all communication in relation to this policy will be in Danish or English. In the event of a dispute concerning this policy, the Danish courts shall have exclusive jurisdiction, unless the parties agree to another way to resolve the conflict. Enquiries or complaints must first be made to The Managing Director of Falck Global Assistance. If **you** are not satisfied with the handling of a complaint **you** should write to Ankenævnet for Forsikring, Anker Heegaardsgade 2, 1572 Copenhagen, Denmark.

Glossary

When the following words and phrases appear in the policy, they have the meanings given below. These words appear in bold print.

Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

Area of cover

You will not be covered if **you** travel outside the area **you** have chosen, as shown on the insurance confirmation email.

- Extended Europe: Continental Europe, Mediterranean islands, Albania, Algeria, Andorra, Armenia, Austria, Azerbaijan, Azores, Balearic Islands, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland (Republic of), Isle of Man, Israel, Italy, Kosovo, Lapland, Latvia, Libya, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russia-West of Urals, San Marino, Serbia, Slovenia, Slovakia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine and the United Kingdom.
- Worldwide: All countries in the world.

Business colleague

Anyone **you** work closely with, and whose unexpected absence from work means that a senior manager or director of **your** business needs **you** to cancel **your trip**.

Business equipment

Computer, television, fax and phone equipment (including mobile phones, PDAs) and any other equipment which is needed to carry out **your** business duties.

Business samples

Demonstration goods or samples of goods sold by **your** company.

Cash

Coins and notes that can legally be used as currency in any country.

Claims handler

Falck Global Assistance who provide medical assistance and process the claims on behalf of the **insurer**.

Couple

The main policyholder and his/her spouse, civil partner (including same-sex, in a common law relationship or who have co-habitated for at least 6 months) or fiancé(e), together in a domestic relationship residing at the same address.

Departure point

The airport, station or port where:

- **your** outward journey to **your** destination begins;
- any connecting or other pre-booked flights or other transport begins if **your trip** has more than one destination or connection; or
- **your** return journey back **home** begins (including any connecting transport **you** take later).

Doctor

A legally qualified **doctor** who holds the necessary certification in the country they are currently practising in. This person must not be related to **you** or anyone **you** are travelling with.

Excess

The deduction **we** will make for the amount otherwise payable under this policy for each person insured, for each section and for each claim incident. For example a **couple** that both have **personal belongings** stolen from their bag and both incur a medical expense during the same **trip**, will have a total of 4 **excesses** deducted. 2 of these will be for the 2 claims under 'Section 8 - Personal belongings' - and 2 of these will be for the 2 claims under 'Section 1 - Medical expenses'.

Family

One or 2 adults and all of their children (including foster children) aged up to 18. All members of the **family** must live at the same address (see the note below). Children may not travel independently but must travel with at least one adult named on the policy.

Note: If **you** are divorced or separated and **your** children do not live permanently with **you** they can still be covered under this policy.

Fragile items

China, glass, pottery or other **fragile items** that are likely to break easily.

Golf equipment

Golf clubs, golf bag, golf trolley and golf shoes.

Home

Where **you** normally live in Denmark.

Insurer

AWP P&C S.A. - Dutch branch, trading as Allianz Global Assistance Europe.

Legal action

Work carried out by **your** lawyer in **your** defence.

Luggage

Clothes, footwear, toiletries and sports equipment (not including ski or snowboard equipment) and any other items that **you** wear, use or carry that belong to **you** or that **you** are legally responsible for that have been checked in to the transport provider.

Motor vehicle

A moped, motorcycle, car, light van or people carrier owned by a licensed rental company or agency, which **you** have agreed to hire from them according to the terms of **your** rental agreement. The vehicle must:

- be no more than 10 years old and have no more than 9 seats;
- not be a motor home, camper van, commercial vehicle, minibus, taxi or driving school vehicle;
- be valued with a retail purchase price of less than DKK 550 000.

Pair or set

A number of items of **personal belongings** that belong together or can be used together (for example, matching necklace and earrings, photographic equipment or a set of golf clubs).

Period of insurance

Cancellation insurance cover begins on the date **you** purchased the insurance as shown on the insurance confirmation email and ends when the first part of **your** pre-paid arrangements (e.g. transport or accommodation) begins.

Cover for all sections (excluding Cancellation) start at the beginning of **your trip(s)** and finishes at the end of **your trip(s)**. All cover starts on the date shown on the insurance confirmation email and ends on the expiry date shown on the insurance confirmation email, unless **you** cannot finish **your** trip as planned because of death, illness or injury or if **your** booked transport is delayed and this cannot be avoided. In these circumstances, **we** will extend cover free of charge until **you** can reasonably finish the **trip**.

Personal belongings

Luggage, clothes, **valuables**, sports equipment (not including ski or snowboard equipment) and any other items that **you** wear, use or carry that belongs to **you** or that **you** are legally responsible for.

Personal money

Cash, cards, tickets or vouchers which have a monetary value (for example phone-cards, gift vouchers, admission and travel tickets). These must all be held for private and not business purposes.

Relative

Your mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

Rental period

The dates **you** have arranged to hire the **motor vehicle**, as confirmed on **your** rental agreement. A rental which is booked to last longer than 31 days is not covered.

Resident

A person who has their main **home**, and is registered with a **doctor**, in Denmark and has not spent more than 6 months abroad during the year before the policy was issued.

Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

Ski pack

Hired **ski equipment**, ski school fees and lift passes.

Travelling companion

Any person who has booked to travel with **you** on **your trip**.

Trip

A **trip** that takes place during the **period of insurance** which begins when **you** leave **home** and ends when **you** get back **home** or to a hospital or nursing home in Denmark, whichever is earlier. If **you** purchase insurance after **you** leave **home**, the purchase must take place in Denmark prior to departure (e.g. at the airport). In this instance, the **period of insurance** will begin from the time **you** first board the transport taking **you** to **your** destination (aircraft, ferry etc). If **your trip** is within Denmark then **you** must purchase the cover before **you** leave **your home** for **your** policy to be valid.

- For Single trip cover:
 - **you** will only be covered if **you** are aged 70 or under on the date **your** policy was issued.
 - a **trip** which is booked to last longer than 180 days is not covered.
 - any other **trip** which begins after **you** get back is not covered.
- For Annual multi-trip cover:
 - **you** will only be covered if **you** are aged 70 or under on the date **your** policy was issued.
 - Bronze Policy
 - Cover is for **trips** of 31 days or less per **trip** only. **We** will not insure **you** for any part of a **trip** that exceeds 31 days in duration.
 - Silver Policy
 - Cover is for **trips** of 45 days or less per **trip** only. **We** will not insure **you** for any part of a **trip** that exceeds 45 days in duration.
 - Gold Policy
 - Cover is for **trips** of 60 days or less per **trip** only. **We** will not insure **you** for any part of a **trip** that exceeds 60 days in duration.

Trip (continued)

- For Backpacker cover:
 - **you** will only be covered if **you** are aged between 17 and 35 on the date **your** policy was issued.
 - a **trip** which is booked to last longer than 18 months is not covered.
 - any other **trip** which begins after **you** get back is not covered.
- For all policy cover types:
 - **Trips** within Denmark must be for at least 2 nights and have:
 - pre-booked transport or accommodation; or
 - be more than 30 km from **your home** (unless it involves a sea crossing).
 - **You** will only be covered for taking part in **wintersports** activities when the extra premium has been paid and this is shown on the insurance confirmation email.

Unattended

Personal belongings that are not in **your** full view unless they are locked in the accommodation **you** are using on **your trip** or they are out of sight in the locked boot, locked roof box or in the glove compartment or covered luggage area of a locked **motor vehicle**.

Unemployment

Loss of permanent paid employment through no fault of **your** own, after continuously working with the same employer for at least 6 months.

Valuables

Jewellery, watches, items made of or containing precious metals, or precious or semi-precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer (including tablets and e-readers, memory sticks and cards), television, fax and phone equipment (including mobile phones), personal media players (including MP3s and MP4s), PDAs, satellite navigation equipment, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

We, our, us

Allianz Global Assistance Europe.

Wintersports

The following activities are covered if **wintersports** cover is shown on the insurance confirmation email during the **period of insurance**:

- Skiing, snowboarding, big-foot skiing, cross-country skiing, glacier skiing, mono-skiing, sledging, snow blading and tobogganing.
- Off piste skiing is covered when **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines.

There is no cover for:

- Bobsleighting, heli skiing, lugging, ski acrobatics, ski flying, ski jumping, ski racing, ski stunting or snow cat skiing, any **wintersports** activity when performed against local authority warning or advice.

You, your, yourself, insured person

Each person shown on the insurance confirmation email, for whom the appropriate insurance premium has been paid.

Privacy Notice

We care about your personal data

AWP P&C S.A. – Dutch Branch (“we, “us” “our”), a part of Allianz Partners SAS, is an authorised insurance company providing insurance products and services on a cross-border basis. Protecting your privacy is a top priority for us. This privacy notice explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed. Please read this notice carefully.

1. Who is the data controller?

A data controller is the individual or legal person who controls and is responsible to keep and use personal data in paper or electronic files. We are the data controller for personal data related to your insurance, as defined by relevant data protection laws and regulation.

2. What personal data will be collected?

We will collect and process the following personal data of you: name, personal ID, address, residency, date of birth, gender, nationality, telephone number, email address, bank account details, medical information, passport details, travel location and the results of fraud and sanction screening.

Medical information is processed when we assist you in case of an admission to hospital, serious accidents or decease. If it is deemed necessary the assistance team can request personal data from the insured, family or relevant others. They can provide this information to the people performing the medical support.

3. How will we obtain and use your personal data?

We will collect and use your personal data that you provide to us and that we receive about you (as explained below) for a number of purposes and with your express consent unless applicable laws and regulations do not require us to obtain your express consent, as shown below:

Purpose	Your express consent?
Insurance contract administration (e.g., quotation, underwriting, claims handling)	No
To send you a renewal proposal prior to the expiry date of your insurance policy. If you do not wish to receive such information, then you can object by contacting us as specified in section 9.	No
To administer debt recoveries	No
Statistical analyse and product or service improvement	No
For automated decision making to determine the premium based on your age or address and to make decisions about you using computerised technology such as assessing which products might be most suitable for you.	Yes, where needed. However, where we need to process your personal data in order to underwrite your insurance and/or process your claim we will not obtain your express consent.
Fraud, Money Laundering and Terrorist Financing prevention and detection	No
Meet any legal obligations (e.g., tax, accounting and administrative obligations)	No
To redistribute risk by means of reinsurance and co-insurance	No

As mentioned above, for the purposes indicated above, we will process personal data we receive about you from public databases, third parties such as brokers and business partners, other insurers, credit reference and fraud prevention agencies, , analytics providers, search information providers, loss adjustors, surveyors, intermediaries, , delegated authorities, lawyers.

For those purposes indicated above where we have indicated that we do not require your express consent, we will process your personal data based on our legitimate interests and/or to comply with our legal obligations. For example if processing is necessary:

For the performance of a contract or if you request the processing in order to enter into the contract;
For the protection of your vital interests or the vital interests of another natural person
To comply with a legal obligation to which you are subject
For the public interest or in the exercise of official authority of us; and
For the legitimate interests of AWP P&C S.A – Dutch Branch or a third party (unless overridden by your interests, rights or freedoms). If you would like to receive more information refer to section 9.

We will need your personal data if you would like to purchase our products and services. If you do not wish to provide this to us, we may not be able to provide the products and services you request, that you may be interested in, or to tailor our offerings to your particular requirements.

4. Who will have access to your personal data?

We will ensure that your personal data is processed in a manner that is compatible with the purposes indicated above. For the stated purposes, your personal data may be disclosed to parties who operate as third party data controllers, such as: Public authorities, other Allianz Group companies, other insurers, re-insurers, insurance intermediaries/brokers, and banks

For the stated purposes, we may also share your personal data with the parties who operate as data processors under our instruction, such as: other Allianz Group companies, technical consultants, experts, lawyers, loss adjustors, repairers, medical doctors; and service companies to discharge operations (claims, IT, postal, document management).

Finally, we may share your personal data In the event of any contemplated or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in any insolvency or similar proceedings) and to meet any legal obligation, including to the relevant ombudsman if you make a complaint about the product or service we have provided to you.

5. Where will my personal data be processed?

Your personal data may be processed both inside and outside of the European Economic Area (EEA) by the parties specified in section 4 above, subject always to contractual restrictions regarding confidentiality and security in line with applicable data protection laws and regulations. We will not disclose your personal data to parties who are not authorized to process them.

Whenever we transfer your personal data for processing outside of the EEA by another Allianz Group company, we will do so on the basis of Allianz’ approved binding corporate rules known as the Allianz Privacy Standard (Allianz’ BCR) which establish adequate protection for personal data and are legally binding on all Allianz Group companies. Allianz’ BCR and the list of Allianz Group companies that comply with them can be accessed here www.allianz-assistance.dk/corporate/dk/ Where Allianz’ BCR do not apply, we will instead take steps to ensure that the transfer of your personal data outside of the EEA receives an adequate level of protection as it does in the EEA. You can find out what safeguards we rely upon for such transfers (for example, Standard Contractual Clauses) by contacting us as detailed in section 9 below.

6. What are your rights in respect of your personal data?

Where permitted by applicable law or regulation, you have the right to:

- Access your personal data held about you and to learn the origin of the data, the purposes and ends of the processing, the details of the data controller(s), the data processor(s) and the parties to whom the data may be disclosed;
- Withdraw your consent at any time where your personal data is processed with your consent;
- Update or correct your personal data so that it is always accurate;
- Delete your personal data from our records if it is no longer needed for the purposes indicated above;
- Restrict the processing of your personal data in certain circumstances, for example where you have contested the accuracy of your personal data, for the period enabling us to verify its accuracy;
- Obtain your personal data in an electronic format for you or for your new insurer; and
- File a complaint with us and/or the relevant data protection authority.

You may exercise these rights by contacting us as detailed in section 9 below providing your name, email address, identification, the insurance contract number and purpose of your request.

7. How can you object to the processing of your personal data?

Where permitted by applicable law or regulation, you have the right to object to us processing your personal data, or tell us to stop processing it (including for purposes of direct marketing). Once you have informed us of this request, we shall no longer process your personal data unless permitted by applicable laws and regulations.

You may exercise this right in the same manner as for your other rights indicated in section 6 above.

8. How long do we keep your personal data?

We will retain your personal data for seven years from the date the insurance relationship ends or from the settlement of the claim or complaint, unless a longer retention period is required or as permitted by law.

We will not retain your personal data for longer than necessary and we will hold it only for the purposes for which it was obtained.

9. How can you contact us?

If you have any queries about how we use your personal data, you can contact us by email or post as follows:

AWP P&C S.A. – Dutch Branch
Data Protection Officer
Postbus 9444
1006 AK Amsterdam

Email: privacy.dk@allianz.com

10. How often do we update this privacy notice?

We regularly review this privacy notice. We will ensure the most recent version is available on our website www.allianz-assistance.dk/corporate/dk/ and we will tell you directly when there’s an important change that may impact you. This privacy notice was last updated on 15th May 2018.