

WorldNomads.com Travel Insurance

PRODUCT GUIDE INCLUDING LIST OF BENEFITS AND POLICY CONDITIONS

Valid from 2017

Thank **you** for buying a travel insurance policy from **Bupa Global Travel** through WorldNomads.com. **Your insurance** policy is insured by **Bupa Global Travel**, which is a trading name of Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England). Your insurance policy is described in the following documents:

- This Product Guide including List of Benefits and **Policy Conditions**, which explains how **our** travel **insurance** works, including the coverage and the benefit limits.
- The **Certificate of Insurance**, which confirms the type of **insurance** purchased and any special terms applying to **your insurance**.

This travel **insurance** covers **you** for unexpected events while **you** are travelling outside **your country of permanent residence**, including medical emergencies, baggage and cancellation or interruption of **your** trip.

Please make sure **you** read these documents carefully to understand what **your insurance** policy covers. They will explain the coverage of your insurance policy, what it includes and does not include and any special conditions and limits to **your** cover. Contact World Nomads (infoRTW@worldnomads.com) immediately if **you** think there is a mistake on **your Certificate of Insurance**.

You should also give a copy of **your Certificate of Insurance** and Product Guide to a family member or friend so they can contact **us** immediately if you are unable to contact **us**.

WE CAN HELP

In case of death, sickness, injury or accident while travelling

Our emergency medical assistance team Bupa Global Assistance are multi-lingual and can help **you** 24 hours a day, 7 days a week, during **your** trip.

Tel: +45 70 23 24 61 (Denmark)

Fax: +45 33 32 25 60

E-mail: emergency@ihi.com

Bupa Global Assistance must always be notified immediately in case of death or if **you** are sick or injured, in an **accident**, need **hospitalisation**, emergency repatriation, accompaniment in hospital or need to return **home** for a compassionate emergency visit. Physician's bills and medicine expenses must be reported to **Bupa Global Travel** as soon as possible or as soon as **you** have returned from **your** trip. **You** can **claim** the call costs when **you** submit **your claim**.



For all non-medical issues while travelling or to make a claim

Tel.: +45 70 20 70 48 (Denmark)

Fax: +45 33 32 25 60

E-mail: worldnomads@ihi.com

More details: <https://www.worldnomads.com/travel-insurance/travel-insurance-claims>

If it is not a medical emergency and **you** need to submit a **claim**, **you** can do this while travelling or when you return home. Login to **your** WorldNomads.com membership and submit **your claim** online. Once **you** have submitted a **claim**, ([Section 30](#)) you can contact **us** during Denmark business hours: open 9am - 5pm(CET) weekdays.

For general travel insurance policy advice

If **you** have questions or need advice on what is covered on **your** travel **insurance** policy, please contact the World Nomads Customer Service team (infoRTW@worldnomads.com).

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YOUR PLAN OPTIONS

You can choose between the World Nomads Standard Plan and the World Nomads Explorer Plan, and the **insurance** policy will be issued in either United States Dollars (USD) or Euros (EUR) depending on **your country of permanent residence**. The **insurance** can be purchased with or without cover for travel in the United States of America. (See section 4.2 if **you** are only transiting the USA).

Your Certificate of Insurance will state which cover option **you** have purchased. Once **you** have chosen **your** plan and the **insurance** policy has started, **you** cannot change the type of plan, the region of cover or make changes to any specified high value items:

Cover is available for:

Single: One (1) person who is under 66 years of age on the **commencement date**.

Couple/Duo: Two (2) people travelling together on the same itinerary, both under 66 years of age on the **commencement date** and from the same **country of permanent residence**.

Family: One (1) or two (2) adults under 66 years of age on the **commencement date** travelling together with up to three (3) dependant children who are under 18 years of age on the **commencement date** who are travelling together on the same itinerary and from the same country of permanent residence. One (1) of the adults must be the legal guardian of the child/children. If you have more than three (3) children or children 18 years of age or older, you can purchase an additional plan/s for your extra family members.

LIST OF BENEFITS

The List of Benefits below provides a summary of the cover only and the **insurance** limits per person. This List of Benefits forms part of the **Policy Conditions**.

Excess: the amount which **you** are required to pay per person for each **claim** arising from any one **event** (please see glossary for an example of how the excess is applied)

Benefits and limits of Insurance	World Nomads Standard Plan (EUR)	World Nomads Explorer Plan (EUR)	Excess per person per event (EUR)
Emergency Assistance			
24 hour multi-lingual emergency medical assistance	Unlimited	Unlimited	Nil
Medical and Dental Expenses			
Overseas medical expenses and hospitalisation	EUR 3,500,000	Unlimited	EUR 70
- Pain relieving dental treatment	EUR 250	EUR 350	EUR 70
- Prescribed medicines by a doctor or specialist	100% of expenses	100% of expenses	EUR 70



- Daily emergency cash allowance in hospital	EUR 1,500 (EUR 35 per day)	EUR 2,000 (EUR 70 per day)	EUR 70
- Outpatient treatment by a doctor or specialist	100% of expenses	100% of expenses	EUR 70
- Treatment by physiotherapists and chiropractors as prescribed by an authorised physician	Not Included	EUR 1,500	EUR 70
- Alternative treatment by registered and licensed acupuncturist or osteopath	Not Included	EUR 350	EUR 70
- Counselling costs after mugging or assault	EUR 200	EUR 200	EUR 70
Emergency Medical Transport, Evacuation, Repatriation and Travel Expenses			
Medical evacuation or repatriation home (must be pre-approved by us)	EUR 350,000	EUR 350,000	Nil
- Ambulance transportation			
- Compassionate emergency repatriation			
- Non-medical evacuation (war, terrorism or natural disaster)			
Personal support and accompaniment (additional expenses for flights, accommodation, local transport, meals / accommodation, meals and local transport for an insured under Section 9.5)	EUR 3,500 (EUR 200 per day)	EUR 3,500 (EUR 200 per day)	Nil
Accidental death, repatriation of remains	EUR 10,000	EUR 10,000	Nil
Pre-Trip Cancellation, Trip Interruption and Travel			
Pre-trip cancellation	EUR 3,500	EUR 7,000	EUR 70
Trip interruption - travel provider insolvency	EUR 2,500	EUR 3,500	EUR 70
Resumption of trip	EUR 1,000	EUR 2,000	EUR 70
Travel delay	EUR 350 (EUR 70 per day)	EUR 700 (EUR140 per day)	EUR 70
Missed flight connection	Not Included	EUR 700	EUR 70
Hijacking	Not Included	EUR 700	EUR 70
Special event cover	Not Included	EUR 350	EUR 70
Baggage and personal effects			
Baggage and personal effects - overall maximum cover	EUR 1,700	EUR 2,500	EUR 70
- Theft of baggage			
- Loss or damage to checked in baggage			
- Loss or damage by fire or natural disaster			

- Baggage and personal items	EUR 350/single item limit	EUR 350/single item limit	EUR 70
- Laptop computers, mobile and handheld electronic devices	EUR 350/single item limit	EUR 500/single item limit	EUR 70
- Digital and video cameras	EUR 350/single item limit	EUR 500/single item limit	EUR 70
- Digital storage devices	EUR 35/single item limit	EUR 70/single item limit	EUR 70
- Cash	Not Included	EUR 200	EUR 70
- Loss or theft of passport, credit cards and travel documents	EUR 350	EUR 700	EUR 70
- Theft of sporting equipment or damage to checked in sporting equipment	Not Included	EUR 350	EUR 70
- Delayed baggage	EUR 300 (EUR 100 /24hrs up to 3 days)	EUR 500 (EUR 100/24hrs up to 5 days)	EUR 70
Personal Liability			
Physical injury and property damage	EUR 700,000	EUR 1,750,000	EUR 70
Rental Vehicles			
Rental vehicle insurance excess	Not Included	EUR 1,500	EUR 70
Personal Accident			
Accidental death, loss of eye(s), limb(s), permanent total disablement*	Not Included	EUR 15,000	EUR 70
Student loan and credit repayment	Not Included	EUR 3,750	EUR 70

*cf., however, Section 26.3

Optional benefits and limits (per policy)	World Nomads Standard Plan (EUR)	World Nomads Explorer Plan (EUR)	Excess per person per event (EUR)
High value personal items			
High value specified items, including cameras, laptop computers and mobile devices	EUR 1,400	EUR 1,400	EUR 70
-Single item limit	EUR 700	EUR 700	EUR 70



Sports and Adventure activities, Study, Work and Volunteer	World Nomads Standard Plan	World Nomads Explorer Plan
Sports and adventure activities	Standard sports and adventure activities : Cover for medical and medical evacuation/repatriation expenses. Snowsports, paragliding or parachuting, mountaineering, base jumping, professional sports, races, competitions or motorsports: No cover.	Standard and higher risk sports and adventure activities : Cover for medical and medical evacuation/repatriation expenses including parachuting. Paragliding, mountaineering, base jumping, professional sports, races, competitions or motorsports: No cover.
Study, work and volunteer	Non-manual work : Cover for medical and medical evacuation/repatriation expenses.	Non-manual work and manual work : cover for medical and medical evacuation/repatriation expenses.

POLICY CONDITIONS

Our Policy Conditions have been prepared in accordance with Danish Law and the Danish Insurance Contracts Act. Along with the **Certificate of Insurance**, these **Policy Conditions** outline all the terms, conditions, limitations and exclusions that apply to the cover you purchase.

Glossary

Words which are found in bold throughout the policy document have special meanings. These form part of the **Policy Conditions: Abroad (including overseas)**: Any country **you** travel to, outside **your country of permanent residence**.

Accident/accidental: a fortuitous event occurring without **your** intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily/physical injury.

Acute serious illness: an "acute serious illness" is a sudden and unexpected illness that requires immediate treatment. An "acute serious illness" shall be determined to exist only after review and agreement by both the attending physician and **our** medical consultant.

Acute serious injury: an "acute serious injury" shall be determined to exist only after review and agreement by both the attending physician and our medical consultant.

Additional expenses: expenses over and above the amount **you** would have spent if the covered **event** had not occurred.

Arctic Circle: the Arctic Circle includes the following regions: the Arctic Ocean; Iceland (offshore island of Grímsey); Greenland; and the far northern parts of Norway, Sweden, Finland, Russia (Siberia), USA (Alaska) and Canada.

Baggage: personal items **you** bring or buy on **your** trip including, but not limited to, suitcases, clothing, toiletries, books, photo equipment, mobile phones. If **you** have purchased the World Nomads Explorer Plan the **baggage** definition includes sporting equipment.

Bupa Global Travel (including we/us/our): Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England), the insurer of **your insurance** policy.



Certificate of Insurance: the document issued to **you** confirming the type of **insurance** purchased and any special terms applying to **your insurance**.

Claim: the claim for coverage of expenses under the **insurance**.

Close relative: a spouse, partner (residing and registered at the same address as **you**), your child or legal guardian, **your** partner's child or legal guardian, a son-in-law or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.

Commencement date: the nominated start date indicated on the Certificate of Insurance or the date you depart your country of **permanent residence** to begin **your** trip where this date is later than the date indicated in the **Certificate of Insurance**.

Common carrier: a transport company that is licensed to carry passengers on land, water or in the air for a fee, not including taxis or rental vehicle companies.

Country of permanent residence: the country where **you** have **your** permanent **home** or principal establishment and to where, whenever **you** are absent, **you** intend to return.

Event: eg. one course of illness, one baggage related incident etc.

Excess: the amount which **you** are required to pay per person for each **claim** arising from any one **event**. E.g. if you have pain relieving treatment and you pay EUR 250, you will be reimbursed EUR 250 minus the excess EUR 70, thus you will receive EUR 180.

Home: your country of permanent residence.

Hospitalisation/hospitalised: surgery or medical treatment in a hospital or clinic as an **inpatient** when it is medically necessary to occupy a bed overnight.

Indirect loss: a loss or expense which is subsequent and consequential to and contingent upon a loss which is incurred as a direct result of a primary insured event; it may also be intangible and on which a value cannot be placed.

Inpatient: a person who is treated as a registered bed patient in a hospital or other facility and for whom a room and board charge is made, including day surgery.

Insurance: the **Policy Conditions**, List of Benefits and **Certificate of Insurance** representing the **insurance** contract with **us** and setting out the **insurance** terms, the premium payable, cover and benefits.

Insurance period: the period of cover stated on your Certificate of Insurance.

Issue date: the date and time of issue of the insurance, as shown on your Certificate of Insurance.

Not effectively supervised:

- a. leaving **your baggage** unsupervised in a public place,
- b. leaving **your baggage** with a person **you** have not previously met,
- c. leaving **your baggage** in any position where it can be taken without **your** knowledge, or
- d. leaving **your baggage** such a distance from **you** that **you** are unable to prevent it being taken.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed.



Policy Conditions: the terms and conditions of the **insurance** purchased.

Pre-existing medical condition/pre-existing condition: a pre-existing medical condition/pre-existing condition is defined as:

- a. An ongoing, chronic or recurring illness or disorder, injury or physical disability, medical or dental condition of which **you** are aware, or related to a complication **you** have, or the symptoms of which **you** are aware prior to the **commencement date**;
- b. A medical or dental condition that is currently being, or has been, investigated or treated by a health professional (including dentist or chiropractor) at any time in the past, prior to the **commencement date**;
- c. Any condition for which **you** take or have taken prescribed medicine;
- d. Any condition for which **you** have had surgery; or
- e. Any condition for which **you** see or have seen a general practitioner or a medical specialist.

This definition applies to **you**, **your** travelling companion or a **close relative**.

Securities: Entrance tickets eg. tickets to a museum, football match, theatre performance, opera etc.

Simple theft: a theft which is not observed by **you** at the time the theft is being committed.

Start of the trip: means passing border control or embarking on an aircraft, a ship or a train.

Subrogation: **Our** right to enforce a remedy which **you** have against a third party, and **our** right to require **you** to repay **us** if **we** have paid expenses recouped by **you** from a third party.

We/us/our (including Bupa Global Travel): Bupa Denmark, filial af Bupa Insurance Limited, England (Bupa Denmark, branch of Bupa Insurance Limited, England), the insurer of **your** insurance policy.

You/your: the insured person/s who are covered under this **insurance** policy and who are listed in a valid **Certificate of Insurance**.

Work (Non-Manual Work and Manual Work): Non-manual work is any work which does not include physical labour. Examples including office, hospitality, teaching, care-giving or retail work. **Manual work** is physical labour, usually done with **your** hands or machinery. Examples include fruit picking, hair-dressing, construction or work in a factory assembly line. **You** must be trained and/or licensed to operate machinery and/or to **work** at height. **You** must wear protective clothing as specified by **your** employer or local government regulation. **You** must have the appropriate working visa and/or be allowed to **work** under the local laws of the country **you** will be working in.

SECTION 1 OUR AGREEMENT WITH YOU

1.1: **We** shall decide whether the **insurance** can be accepted. In order for the **insurance** to be accepted and **for us** to become liable, the online application through WorldNomads.com must be approved by **us**.

1.2: In order for the **insurance** to be accepted by **us**, **you** must be under 66 years of age (65 or less) at the **commencement date**. **You** will not be covered if you are 66 years of age or more at the **commencement date** of the insurance.

1.3: All underwriting is authorised from **our** office in Copenhagen, Denmark. The issuance of **your Certificate of Insurance** is completed with **our** authority through WorldNomads.com. **We** may choose to have data processed in or outside the European Union.



1.4: **We** will not cover any of **your pre-existing medical conditions** or any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed before the **commencement date** of the insurance policy.

1.5: It is important that **you** read the **Certificate of Insurance**, List of Benefits and **Policy Conditions** carefully. **You** have a duty to make all reasonable efforts to minimize **your** losses.

1.6: **You** agree that **you** will be repatriated to **your country of permanent residence** if deemed medically necessary by **us**.

1.7: **You** are entitled to cancel **your insurance** within 14 days of purchase. If the **insurance** has entered into force prior to the cancellation, **you** will be charged premium for the time you have been covered. (Section 32.3).

1.8: This policy is to be used for travel purposes and is not a substitute for international private medical insurance.

SECTION 2 DURATION OF COVER

2.1: **You** are not covered until **we** have issued a **Certificate of Insurance** through WorldNomads.com. The duration of cover is shown on **your Certificate of Insurance**, which forms part of the **Policy Conditions**.

2.2 If the **insurance** is purchased while travelling and after **you** have left **your country of permanent residence**, there is a waiting period of three (3) days (72 hours) before the **insurance** coverage takes full effect. If **you** suffer an **acute serious injury** due to an **accident** after the **commencement date**, but within the waiting period, then **you** are covered from the **commencement date** of the insurance.

2.3: Cover for any pre-trip cancellation starts after a 3 day (72 hour) waiting period from the **issue date** shown on **your Certificate of Insurance** and ends on the **commencement date**. Pre-trip cancellation is not available if **you** have purchased **your insurance** after you have left your country of permanent residence.

All other benefits start from the **commencement date** or when **you** leave **your country of permanent residence**, whatever date is latest, and end when the **insurance policy** expires or when **you** return to **your country of permanent residence**, however never later than the end date of the **insurance** (However, see [Section 16](#)).

2.4: The **insurance** can only be taken out for a maximum **insurance** period of 12 months.

2.5: **You** cannot extend your **insurance period** after the **issue date**. However, **you** can purchase another insurance policy to cover an additional **insurance period**. **We** will waive any waiting period as long as the current **insurance period** has not ended and the new **insurance period** has a **commencement date** that immediately follows the end date of the current **insurance period**.

However, any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed, or received treatment for in the previous insurance period(s), shall not be covered in the new **insurance period**, unless the purchase of the new **insurance period** was made before the illness or injury occurred or had shown symptoms.

The insurance can be purchased online while **you** are travelling.

2.6: **You** can make one (1) home visit to **your country of permanent residence** and resume the trip under the same insurance policy. A home visit will not extend the current end date of this insurance. **You** will not be covered under this policy while **you** are in your country of permanent residence ([Section 16](#)).



SECTION 3 WHO IS COVERED BY THE INSURANCE

3.1: The **insurance** covers **you**, the person(s) who are named in the **Certificate of Insurance**.

SECTION 4 WHERE IS COVER PROVIDED

4.1: The **insurance** shall provide cover outside **your country of permanent residence** in accordance with the choice of plan stated on your Certificate of Insurance.

4.2: If **you** are transiting the United States of America and do not leave the airport boundary **you** do not need to choose United States of America as a destination country and, thus, **you** do not need cover for travel in the United States of America.

4.3: The **insurance** does not provide cover within **your country of permanent residence**, including for ongoing treatment that is required for an illness or injury that occurred on the trip.

4.4: There is no cover for expeditions, mountaineering and/or trekking in Antarctica, within the **Arctic Circle** and Greenland.

SECTION 5 WHAT IS COVERED BY THE INSURANCE

5.1: The **insurance** shall cover expenses incurred by **you** in the **insurance** period as stated in the **insurance**, including but not limited to the List of Benefits, **Policy Conditions** and **Certificate of Insurance** and subject to all terms, conditions and exclusions outlined in the **insurance**.

SECTION 6 WHAT IS NOT COVERED BY THE INSURANCE (GENERAL EXCLUSIONS)

6.1: **We** are not liable to pay for **your** expenses which arise from:

- a. a. any illness, disorder or injury, effects thereof and /or effects of any (related) treatment/medication suffered by **you**, **your** fellow traveller or a **close relative**, which has come into existence, or has shown symptoms, or has been diagnosed before the **commencement date**.

Any pre-existing medical condition suffered by you, your fellow traveller or a close relative prior to the commencement date where **you**, **your** fellow traveller or a **close relative**:

- i. have been hospitalised,
- ii. have been treated by a physician (routine check-ups excepted), or
- iii. have had a change of medication, or
- iv. have not received medical treatment, have refused or given up treatment, even though **you** should know that the illness or disorder ought to be treated, or has deteriorated, or



- v. have reached a state where any attempt of further treatment has been abandoned, or **you** have been refused treatment, or
- vi. are waiting to receive treatment, or have been referred to another place of treatment, or
- vi. have not attended planned consultations concerning a **pre-existing medical condition**.

See, however, [Section 13](#)

Any medical condition **you** suffer from or are treated for during the **insurance period** will be considered a **pre-existing medical condition** on any new **insurance period**, unless the new **insurance period** was purchased before the medical condition had shown symptoms.

- b. any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed, or received treatment in the previous **insurance period(s)** before **you** purchased a new **insurance period**, unless the new **insurance period** was purchased before the medical condition had shown symptoms;
- c. cosmetic surgery and treatment and their resulting consequences unless medically prescribed and approved by **us**;
- d. elective treatment and/or recreational treatment including treatment at health spas or resorts, convalescent homes, rehabilitation centres;
- e. pre-existing conditions of the teeth and dental treatment which is not pain relieving and provisional and can await **your** arrival home;
- f. prescription eye glasses (including sunglasses), contact lenses, dentures or hearing aids;
- g. sexually transmitted infections, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive);
- h. medical and maternity assistance after the 26th week of pregnancy and after the 18th week of pregnancy when the pregnancy is the result of fertility treatment and/or **you** are expecting more than one child;
- i. induced abortion which is not medically prescribed;
- j. the use or misuse of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated to such use;
- k. intentional self-inflicted physical/bodily injury, suicide or suicide attempts;
- l. treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,
- m. treatment for illness or injury directly or indirectly caused if **you** actively engage in, participate in or choose to go to a region where there is: a war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not);
- n. nuclear reactions or radioactive fallout;
- o. treatment performed by **you**, your spouse, parents or children or an enterprise owned by any one of these people;
- p. epidemics which have been placed under the direction of the public authorities;
- q. treatment by psychologists, unless prescribed by the treating physician in connection with mugging or assault ([Section 8](#));
- r. medical check-ups, vaccinations and other preventative treatment;
- s. **your** refusal, resistance or failure to comply with the medical directions given by our medical consultant and the treating physician;
- t. **your** refusal or resistance of medical evacuation/repatriation home ([Section 9](#));
- u. transportation which has not been arranged or approved by us;
- v. any search and rescue expenses (including costs charged by a Government, regulated authority or private organisation) in connection with finding and rescuing **you**;
- w. medical treatment and examinations which can wait until **you** arrive or return home or until the end of **your insurance period**, whatever comes first;
- x. private room in hospital unless medically prescribed and approved by us;
- y. any treatment, which is not necessary or which is not directly related to the diagnosis covered by the insurance;

- z. active participation in any motorsport show, motorsport race or motorsport competition, including any training;
- aa. snowsports or parachuting unless **you** have purchased the World Nomads Explorer Plan;
- ab. paragliding, hanggliding, rock climbing, mountaineering that requires specialized climbing equipment and base jumping;
- ac. expeditions, mountaineering and/or trekking in Antarctica, within the Arctic Circle and Greenland;
- ad. any illness or injury resulting from active engagement in any illegal act;
- ae. any indirect loss;
- af. any expenses which are claimable from any other source liable to pay;
- ag. manual work, unless **you** have purchased the World Nomads Explorer Plan. As a condition for cover, under the World Nomads Explorer Plan, **you** must be trained and/or licensed to operate machinery and/or to work at height. **You** must wear protective clothing as specified by your employer or local government regulation. **You** must also have the appropriate working visa and/or be allowed to work under the local laws of the country;
- ah. **your** professional participation or other non-recreational participation in any sports or adventure activities for which **you** receive any kind of payment (such as premium, wages, remuneration, etc.);
- ai. **you** acting with disregard for **your** own safety and/or **you** acting with gross negligence;
- aj. any expenses **you** would usually have as a normal part of a trip such as a return flight home (if travelling on a one way ticket, see Section 9.1).

MEDICAL AND DENTAL EXPENSES

How we can help:

We can arrange admission into a medical facility for treatment if **you** sustain an **acute serious injury** or have an **acute serious illness**. For eligible medical conditions covered by the insurance, **we** will arrange for payment of **your** medical bills directly with the medical facility ([Section 7](#)).

You can submit a **claim** for emergency medical and dental treatment and hospital expenses, including a daily emergency cash allowance if admitted to hospital ([Section 7](#)).

You can also submit a **claim** for medical expenses and counselling costs if **you** require treatment after a mugging or assault ([Section 8](#)).

What you must do:

You must contact **us** immediately if **you** are sick or injured, need **hospitalisation** or emergency medical transportation or repatriation.

Physician's bills and medical expenses must be reported to us as soon as possible or as soon as **you** have returned from **your** trip.

You must also notify **us** immediately if **you** need to arrange for a family member or friend to accompany **you** if you are seriously ill or injured or if **you** need to return **home** for a compassionate emergency visit.



You should also give a copy of **your Certificate of Insurance** and **Product Guide** to a family member or friend so they can contact **us** immediately if **you** are seriously ill, injured or die and are unable to contact **us**.

IN THE EVENT OF AN EMERGENCY CALL BUPA GLOBAL ASSISTANCE

Denmark: +45 70 23 24 61 or email: emergency@ihi.com

Our emergency medical assistance team Bupa Global Assistance are multi-lingual and can help **you** 24 hours a day, 7 days a week, during **your** trip. **You** can submit the phone charges when **you** submit **your claim** to **us**.

SECTION 7 MEDICAL AND DENTAL EXPENSES

7.1: **We** will pay for dental treatment, prescribed medicines, **outpatient** treatment and/or **hospitalisation** expenses according to the List of Benefits if:

- a. **you** have an **acute serious illness** or **acute serious injury** and treatments are certified as medically necessary by an authorised medical practitioner;
- b. **you** have an injury or infection, a lost filling or a broken tooth during **your** trip that requires immediate and provisional pain relieving treatment by a dentist;

7.2: If **you** have purchased the World Nomads Explorer Plan, **we** will also pay for the following if **you** have an **acute serious illness** or **acute serious injury** where you require:

- a. treatment by physiotherapists and chiropractors prescribed by an authorised physician;
- b. alternative treatment by a registered and licensed acupuncturist or osteopath as prescribed by an authorised physician.

7.3: **You** will be entitled to receive a daily emergency hospital cash allowance where **you** are being treated as an **inpatient** in hospital for an eligible medical condition covered by the **insurance**. The daily allowance must be pre-approved by **us**, up to the benefit limit shown on the List of Benefits.

7.4: The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a **pre-existing medical condition**.

7.5: Doctors, physicians, dentists and other specialists performing the treatment must be licensed in the country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by **our** medical consultants.

7.6: **We** have the right to repatriate **you** to **your country of permanent residence** for ongoing medical care, if our medical consultant and the treating physician agree that **you** are medically fit to be transferred **home**. In case of disagreement, the decision of our medical consultant shall prevail. Once **you** are repatriated **home**, **we** will not cover any expenses under this **insurance** ([Section 9](#)).



SECTION 8 MUGGING AND ASSAULT

8.1: **We** will pay for reasonable medical expenses arising from an event of mugging or assault during the **insurance** period. The **insurance** shall cover expenses for counselling by a psychologist **abroad** or in **your country of permanent residence** according to the List of Benefits, if prescribed by the treating physician **abroad**.

8.2: **We** will provide cover subject to the treating physician and **our** medical consultant agreeing on the necessity of repatriating **you** due to an **acute serious injury** or psychological trauma. This includes additional travelling expenses equivalent to the cost of an economy class airplane ticket.

*You should also read [Section 6: What is not covered by the insurance \(General Exclusions\)](#), setting out the general exclusions to coverage under the **insurance**.*

EMERGENCY MEDICAL TRANSPORT, EVACUATION, REPATRIATION AND TRAVEL EXPENSES

How we can help:

We can arrange emergency transport to a medical facility, **your** evacuation to a safe place or repatriation **home** if:

- you unexpectedly suffer an acute serious injury or an acute serious illness ([Section 9](#));
- you unexpectedly die due to an acute serious injury or an acute serious illness ([Section 9](#));
- **you** have to end your trip due to a **close relative's** sudden acute serious illness, injury or death ([Section 10](#));
- **you** are staying in a place affected by a natural disaster, terrorism or an act of war ([Section 12](#)).

If **your** condition is life threatening or **you** will be in hospital for at least five nights, **we** will cover reasonable expenses for a friend or **close relative** to support and accompany **you** while in hospital or during **your** repatriation **home** ([Section 11](#)).

We may decide that **you** should be repatriated to **your country of permanent residence** for ongoing medical treatment if **our** medical consultant and the treating physician agree that **you** are medically fit to be transferred home ([Section 9](#)).

What you must do:

You must contact **us** immediately if **you** are sick or injured, are in an **accident**, require transportation to the nearest medical facility, need evacuation to a safe place or require compassionate emergency repatriation **home**.



IF YOU NEED EVACUATION OR EMERGENCY TRANSPORTATION CALL BUPA GLOBAL ASSISTANCE

Denmark: +45 70 23 24 61 or email: emergency@ihi.com

Our emergency medical assistance team Bupa Global Assistance are multi-lingual and can help **you** 24 hours a day, 7 days a week, during **your** trip. **You** can submit the phone charges when **you** submit **your claim** to **us**.

SECTION 9 MEDICAL EVACUATION OR REPATRIATION HOME

9.1: **We** will pay for reasonable **additional expenses** for **your** medical evacuation, ambulance transport or repatriation **home** in the event of an **acute serious illness**, **acute serious injury** or if **you** die as a result of an **acute serious illness** or **acute serious injury**.

We may decide that **you** should be repatriated to **your country of permanent residence** for ongoing medical treatment if **our** medical consultant and the treating physician agree that **you** are medically fit to be transferred **home**.

If **you** are travelling on a one way ticket or do not have a return airfare booked at the time of **your acute serious illness** or **acute serious injury**, **you** will be liable for the cost of an economy class airfare to return **home** as this is a normal travel expense **you** would have if the illness or injury did not occur; however, if medically necessary, **we'll** pay for any upgrade costs to travel **home**.

9.2: Cover is subject to the treating physician and **our** medical consultant agreeing that transportation is necessary and whether **you** should be transferred to **your country of permanent residence** or to the nearest medical facility or to another place of treatment. In case of disagreement, the decision of **our** medical consultant shall prevail.

We cannot be held liable for expenses for a medical evacuation/repatriation, which has not been pre-approved by us.

9.3: Cover is limited to the necessary transportation required for each illness or injury. Any further transportation expenses incurred as a result of that original medical condition will be excluded as the medical condition which caused **you** to be repatriated will be deemed a pre-existing medical condition.

9.4: In the event of **your** death, **we** will arrange for and pay to transport **your** remains **home**. Any statutory arrangements (such as embalming and a zinc coffin) shall be reimbursed according to the List of Benefits. **Your** next of kin have the following options:

- a. cremation of the deceased and home transportation of the urn, or
- b. home transportation of the deceased.

Expenses shall be reimbursed for a summoned **close relative** or fellow traveller to accompany the deceased on the repatriation **home**. **We** shall pay for expenses for the accompanying person, equivalent to the cost of an economy class airplane ticket, reasonable accommodation and local transportation expenses ([Section 11](#)).

9.5: If **you** are unable to continue the trip due to an **acute serious illness** or **acute serious injury** covered by the **insurance**, when accepted by **us** prior to the change of travel itinerary, additional and reasonable expenses for accommodation, food and local transportation according to the List of Benefits shall be covered until **you** are able to travel again, as well as an



economy class ticket to continue the planned travel. The decision of **our** medical consultant shall prevail as to when **you** are again fit to travel.

9.6: **We** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the transport provider or any other condition beyond **our** control.

SECTION 10 COMPASSIONATE EMERGENCY REPATRIATION

10.1: **We** will pay **your** reasonable additional travel expenses to return **home** if **you** have to terminate **your** stay **abroad** prematurely, because:

- a. a **close relative** is **hospitalised** or dies as a result of an unexpected **acute serious illness** or **acute serious injury**. In case of doubt the decision will be left with **our** medical consultants. In the event of death, a death certificate and a medical report must be submitted to **us**; or
- b. **your** usual place of residence in **your country of permanent residence** has been destroyed by a natural disaster or fire.

This event must occur after **you** have left **home**, after the **commencement date** and after **you** have purchased the **insurance**.

10.2: Cover is limited to the necessary transportation required for each illness, injury, fire, natural disaster or case of death. Any further transportation expenses incurred as a result of that original medical condition or event will be excluded.

10.3: Compassionate repatriation expenses will only be covered if the time of arrival is at least 12 hours earlier than **your** original planned time of arrival home.

10.4: **We** will pay for reasonable **additional expenses** equivalent to the cost of an economy class airplane ticket. If **you** do not have permanent residence in the same country as the **close relative**, the insurance shall cover reasonable additional transport expenses equivalent to the cost of returning you to your **country of permanent residence** or the actual cost of the expenses, whichever is the least.

10.5: **We** will not pay for **your** expenses if the **close relative** was repatriated.

SECTION 11 PERSONAL SUPPORT AND ACCOMPANIMENT

11.1: The **insurance** shall cover the travel costs of one additional person to provide **you** with support in hospital and/or accompany **you** during **your** medical evacuation or repatriation **home** in the event of **your acute serious illness, acute serious injury** or if **you** die as a result of an **acute serious illness** or **acute serious injury**.

It is a condition for cover that **our** medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of five nights, or that **your** condition is life-threatening.



11.2: The accompanying person may either be a fellow traveller or a **close relative** who is summoned from **your country of permanent residence**. This includes one adult to accompany an **insured** child who needs to be accompanied following their **acute serious illness, acute serious injury** and/or medical evacuation/repatriation.

11.3: **We** shall pay for additional reasonable travel expenses equivalent to the cost of a return economy class airplane ticket for the summoned person. **We** will also pay for reasonable additional travel expenses for accommodation, local transportation and daily expenses according to the List of Benefits.

The travel expenses must be pre-approved us.

11.4: The **insurance** shall only cover one (1) compassionate emergency visit in connection with one insured event

SECTION 12 NON-MEDICAL EVACUATION - WAR, TERRORISM OR NATURAL DISASTER

12.1: The **insurance** shall provide for reasonable transportation to the nearest safe destination or **home** for the following situations which arise after **you** have travelled to the area:

- a. war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), rebellion, revolution, civil commotion, civil war, terrorist acts, insurrection, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations (whether war has been declared or not) in the region where you are staying, if the Royal Danish Ministry of Foreign Affairs or British Foreign and Commonwealth Office recommends evacuation;
- b. a natural disaster, provided that the Royal Danish Ministry of Foreign Affairs or the British Foreign and Commonwealth Office recommends evacuation.

12.2: **We** will decide whether **you** shall be transported to the nearest safe destination or to **your country of permanent residence**.

12.3: If **you** are detained by the authorities in a country due to war or impending war, the **insurance** shall provide cover for up to three months for reasonable and documented extra expenses for accommodation and meals plus the costs of necessary domestic transportation according to the List of Benefits.

12.4: **We** cannot be held liable for the extent to which transportation can be carried out, but **we** will cooperate with the Royal Danish Ministry of Foreign Affairs or British Foreign and Commonwealth Office, or other local authority, in such cases where assistance is necessary.

Royal Danish Ministry of Foreign Affairs: <http://www.um.dk>; Phone: +45 33 92 00 00.

British Foreign and Commonwealth Office: <https://www.gov.uk/>

***You** should also read [Section 6](#): What is not covered by the insurance (General Exclusions), setting out the general exclusions to coverage under the **insurance**.*



PRE-TRIP CANCELLATION, TRIP INTERRUPTION AND TRAVEL DELAY

How we can help:

You can make a **claim** for pre-paid, non-refundable travel expenses, tuition/course fees and tours if:

- before **you** leave **home** ([Section 13](#)) or while **you** are travelling ([Section 14](#)) **you**, **your** fellow traveller or a **close relative** requires hospitalisation or dies due to an acute serious illness or acute serious injury;
- while travelling, **your** travel service provider becomes insolvent ([Section 14](#)).

If **you** are repatriated **home** or need to return **home** for an emergency compassionate visit, **we** will cover **your** reasonable travel expenses so **you** can resume **your trip** ([Section 15](#)).

We will let **you** return **home** once (1) for a **home** visit and resume **your** trip under this **insurance** ([Section 16](#)).

You can also make a **claim** for reasonable **additional expenses** for local transportation, meals and overnight hotel accommodation if **your** pre-booked transport is delayed for more than three hours, cancelled or overbooked ([Section 17](#)).

If **you** have purchased the World Nomads Explorer Plan, **you** are also able to make a claim for expenses if **you** miss **your** pre-booked flight connection ([Section 18](#)), in case of a special event ([Section 20](#)) or if **you** are hijacked ([Section 19](#)).

What you must do:

You must contact **your** airline or other **common carrier**, tour operator, accommodation or education provider or travel agent immediately to arrange to reschedule or cancel and refund the expenses for **your** travel arrangements.

You must do what **you** can to minimise **your** travel expenses. **You** should accept any offers to rebook, reschedule or change **your** itinerary or seek a refund of **your** costs before making a **claim**.

In the case of a travel delay, **you** must get written confirmation of the delay from **your** carrier and accept any compensation from the carrier for travel arrangements while **you** are delayed.

SECTION 13 PRE-TRIP CANCELLATION

13.1: **We** will pay for **your** non-refundable, pre-paid travel and accommodation expenses, tuition/course fees and tours (or, if not pre-paid, any such expenses which **you** are liable to pay), change fees and/or cancellation fees, if **you** have to cancel or postpone **your** trip before **you** leave **home** for the following reasons:

- a. **you**, **your** fellow traveller or a **close relative** is unexpectedly hospitalised or dies as a result of an **acute serious illness** or **acute serious injury**;
- b. **you** or a co-insured on the same policy are declared medically unfit to travel.



Furthermore, it is a condition for cover that the death, **acute serious illness** (including any symptoms) or **acute serious injury** was unexpected and occurs after **you** booked and/or paid for the trip and after **you** purchased the **insurance** or there is no possibility of a refund according to the conditions of the travel agency, airline or transportation company for the above mentioned fees or expenses.

The amount reimbursed will be subject to **you** providing satisfactory evidence of actual costs incurred and for the expenses being non-refundable.

13.2: The right to compensation ends on the **commencement date** noted on the **Certificate of Insurance** and/or **when you leave your country of permanent residence** by passing border control or embarking on an aircraft, a ship or a train.

There is a waiting period of three days (72 hours) from the time of purchase until the Pre-trip Cancellation cover takes effect.

13.3: **We** will not pay for trip cancellation or postponement expenses if:

- a. the **acute serious illness** or **acute serious injury** or the cause of death has shown symptoms or was present when **you** booked and/or paid for **your** trip, or within the waiting period, and the need for treatment could therefore be expected before the start of the trip;
- b. **you, your fellow traveller or your close relative** have not received medical treatment, have refused or given up treatment, even though **you, your fellow traveller or your close relative** should know that the illness or disorder ought to be treated, or has deteriorated;
- c. cancellation takes place later than the scheduled time of departure;
- d. **you** cancel only a part of the whole insured trip;
- e. if the cancellation is due to a change of mind, disinclination to travel, changed conditions at the destination, natural disaster, acts of terrorism, war, nuclear disaster or similar situations;
- f. if the loss has occurred directly or indirectly due to **your** intentional actions, gross negligence or omissions, unless it can be proved that the loss has no connection to these actions.

13.4: **You** must notify the travel agency, airline or carrier, accommodation, education provider or tour operator immediately to minimise **your** losses.

13.5: **You** must obtain a written medical diagnosis from the attending physician. Upon request, **you** must also give **our** medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death, the death certificate and a medical report must be included with **your claim**.

SECTION 14 TRIP INTERRUPTION

14.1: **We** will pay for **your** unused, non-refundable, pre-paid travel and accommodation expenses, tuition/course fees, tours, (or, if not pre-paid, any such expenses which **you** are liable to pay) and change to itinerary fees if **your** trip is interrupted or **you** have to terminate **your** stay **abroad** prematurely due to:

- a. you, your fellow traveller or a close relative is unexpectedly hospitalised or dies as a result of an acute serious illness or acute serious injury; or
- b. **your** airline, accommodation provider, car hire company, school or other travel service provider's insolvency.



It is a condition of cover that the death, **acute serious illness** (including any symptoms) or **acute serious injury** occurs after **your** departure from **home** and after **you** purchased the **insurance** policy.

Furthermore, the **insurance** must have been purchased and the travel service booked and paid at least 48 hours before the insolvency is declared.

The amount reimbursed will be subject to **you** providing satisfactory evidence of actual costs incurred.

The **insurance** only covers the actual expenses for the part of the trip which is forfeited as a result of the trip interruption, according to the List of Benefits. Expenses shall only be covered if the ensuing time of arrival is at least 48 hours earlier than **your** original planned time of arrival.

14.2: **We** will not pay for trip interruption or termination expenses if:

- a. the **acute serious illness** or **acute serious injury** or the cause of death, has shown symptoms or was present when **you** booked and/or paid for **your** trip, and the need for treatment could therefore be expected before the **start of the trip**;
- b. **you** have not received medical treatment, have refused or given up treatment, even though **you** should know that the illness or disorder ought to be treated, or has deteriorated;
- c. if it is due to a change in travel plans, change of mind, disinclination to travel, changed conditions at the destination, acts of terrorism, war, nuclear disaster, natural disaster or similar situations;
- d. if the loss has occurred directly or indirectly due to **your** intentional actions, gross negligence or omissions, unless it can be proved that the loss has no connection to these actions;
- e. if the injured in question is a fellow traveller who has already been repatriated;
- f. the travel services provider was insolvent or a reasonable person would expect the travel services provider might become insolvent;
- g. **you** change **your** itinerary and incur additional expenses without **our** consent.
- h. we have covered similar travel expenses under [Section 9](#) in order for you to continue your travel or [Section 10](#) in order for you to return home.

14.3: **You** must notify the travel agency, airline or carrier, accommodation, education provider or tour operator immediately to minimise **your** losses.

14.4: **You** must obtain a written medical diagnosis from the attending physician. Upon request, **you** must also give our medical consultant access to all relevant medical records or reports, including information about previous courses of illness. In case of death, the death certificate and a medical report must be included with **your claim**.

SECTION 15 RESUMPTION OF TRIP

15.1: **We** will pay for travel expenses for **you** to resume **your** trip to the destination **abroad** if **you** have been medically evacuated or repatriated **home** due to an **acute serious illness** or **acute serious injury** or if **you** have used the compassionate emergency repatriation cover.

15.2: It is a condition that the incident causing the resumption of trip must be covered by the **insurance**. Any resumption of trip will not extend the end date of this **insurance** and must take place within the same insurance period as the incident.

You must advise us within 30 days following **your** medical evacuation/repatriation or the compassionate emergency repatriation if **you** wish to resume **your** trip. The resumption of trip and additional travel expenses must be agreed by **us**.



15.3: **We** shall pay for travel expenses equivalent to the cost of a return economy class airplane ticket, according to the List of Benefits, to the destination where **you** would have been according to **your** original travel plan at the time **you** are resuming **your** trip.

15.4: The medical condition which caused **you** to be repatriated will be deemed a **pre-existing medical condition** at the time **you** resume **your** trip. Any further expenses incurred as a result of that original medical condition will be excluded.

15.5: There will be no cover in **your country of permanent residence** for any expenses.

SECTION 16 HOME VISIT

16.1: **You** can make one (1) **home** visit to **your country of permanent residence** and resume the trip under the same **insurance** policy. A **home** visit will not extend the current end date of this **insurance**. **You** will not be covered under this **insurance** while **you** are in **your country of permanent residence**.

16.2: Any illness or injury which comes into existence, has shown symptoms or has been diagnosed during **your home** visit and before **you** resume **your** trip shall not be covered in the remaining **insurance period** as it will be deemed a **pre-existing medical condition** from the time you resume your trip.

16.3: There is no cover under this **insurance** for travel expenses incurred to return **home** on a **home** visit or to resume **your** trip after a **home** visit.

16.4: **We** will not reimburse **you** for any unused portion of **your** travel **insurance** if **you** choose to end **your** trip after returning **home**.

SECTION 17 TRAVEL DELAY

17.1: **We** will pay for documented, necessary and reasonable additional expenses for local transportation, meals and hotel accommodation (overnight stay) according to the List of Benefits where:

- a. **your** pre-booked transportation is delayed for more than three (3) hours past its scheduled departure; or
- b. **your** pre-booked transportation is cancelled or overbooked.

17.2: It is a condition that the means of transportation has been booked and paid for at least three days (72 hours) before departure. The travel delay must be unforeseeable and through no fault of your own.

You must claim a refund or compensation from the transportation provider prior to submitting the **claim** to **us**.

In addition, if **your** return is delayed without **you** being responsible for the delay (Section 32.8), the **insurance** period can be extended up to 48 hours with no extra premium charged. **You** must contact **us** immediately in these circumstances.



17.3: **We** will not pay if:

- a. **you** can **claim your** additional accommodation, meals or expenses for local transportation from someone else;
- b. there was knowledge of circumstances likely to result in a travel delay before the **issue date** of the **insurance** and/or at the time of booking or purchasing tickets ;
- b. **you** cannot provide **your** receipts;
- c. **you** cannot provide written confirmation of the delay from the carrier;
- d. **you** decline an alternative service by **your** transportation provider;
- e. if it is due to a change in travel plans, change of mind or disinclination to travel;
- f. **your** expenses are not considered reasonable or are above the daily sub-limit shown on the List of Benefits.

We cannot be held liable for any unused accommodation expenses or no-show fees in connection with travel delay.

SECTION 18 MISSED FLIGHT CONNECTION

18.1: If **you** have purchased the World Nomads Explorer Plan, the **insurance** shall provide cover if, through no fault of **your** own, a **Common Carrier** causes **you** to miss a pre-booked connecting flight and **you** subsequently must catch up on **your** planned itinerary.

We shall pay for additional expenses for replacement flight ticket(s) or change fee(s) according to the List of Benefits.

18.2: It is a condition that all **Common Carrier** transportation is booked and paid for at least 3 days (72 hours) before its scheduled departure.

You must notify the airline immediately of any issues caused by another **Common Carrier**, which may affect **your** connecting flight, to minimise **your** losses.

The missed flight connection must be unforeseeable and through no fault of **your** own.

You must be delayed at least three (3) hours by the **Common Carrier** for the **insurance** to provide cover.

You must also claim a refund or compensation from all **Common Carriers** involved prior to submitting the claim to **us**.

18.3: **We** will not pay if:

- a. **you** can claim your replacement flight ticket(s) or change fee(s) from somewhere else;
- b. there was knowledge of circumstances likely to result in a travel delay before the **issue date** of the **insurance** and/or at the time of booking or purchasing tickets;
- c. **you** cannot provide evidence of **your** receipts and a written confirmation of the delay from the flight operator;
- d. there was knowledge at the time of booking or purchasing tickets of circumstances likely to result in a missed connection;
- e. **you** decline an alternative service by **your Common Carrier**
- f. it is due to a change in travel plans, change of mind or disinclination to travel;
- g. the late arrival is due to a connecting flight not having allowed for the official minimum transit time and at least a transit time of three hours;



SECTION 19 HIJACKING

19.1: If **you** have purchased the World Nomads Explorer Plan, the insurance shall cover **your** loss of unused, pre-paid accommodation, transport, tour and tuition expenses for which there is no possibility of a refund according to the conditions of the provider, if **you** decide to end the trip following a hijacking incident in which **you** are involved. **You** will be compensated according to the List of Benefits.

SECTION 20 SPECIAL EVENT COVER

20.1: If **you** have purchased the World Nomads Explorer Plan the insurance shall cover reasonable additional costs of using reasonable alternative transport (either public or private) to arrive at a destination on time if **you** are unable to arrive in time to attend a pre-paid music, cultural or sporting event due to an unforeseeable transport incident as described in Section 20.3 below, according to the List of Benefits.

20.2: **You** shall be reimbursed for any unused, pre-paid music, cultural or sporting event tickets which cannot be refunded or rescheduled as a consequence of the delay. The amount reimbursed will be subject to **you** providing satisfactory evidence of the delay, actual costs incurred and the unused tickets.

20.3: It is a condition that the delay is due to an unforeseeable transport incident outside **your** control and occurs after **you** purchase the **insurance**.

***You** should also read [Section 6: What is not covered by the insurance \(General Exclusions\)](#), setting out the general exclusions to coverage under the **insurance**.*

BAGGAGE AND PERSONAL EFFECTS

How we can help:

You can make a **claim** if **your baggage**, clothing, electronic equipment including laptops, mobile phones and hand held devices, jewellery, digital cameras or other items **you** take or buy on **your** trip are stolen ([Section 21](#)).

You can also make a **claim** if **your** belongings (not including electronic equipment or other high value specified items) are lost or damaged by a natural disaster or after they are checked in with a **common carrier** ([Section 21](#)).

If **you** are taking high value items (eg laptop computers, digital or video cameras) with **you** on **your** trip, **you** have an option to increase the cover for individual items by paying an additional premium at the time **you** purchase **your insurance** ([Section 22](#)).

You are also covered if **your baggage** is delayed for more than 12 hours and **you** have to replace essential items ([Section 23](#)).



What you must do:

You must take reasonable care to look after **your baggage** and personal belongings and keep them secure. **You** must not leave them unattended, out of reach or unsupervised in a public place or **you** may not be covered.

You must get a written report from the carrier outlining the damage or loss immediately or at least within 24 hours of **the damage or loss**. **You** must file a **claim** for compensation with the carrier first and keep a copy of this report to submit with **your claim** to us.

Any theft or robbery must be reported to the nearest police authority and **you** must obtain a police report to submit with **your claim**. If, in exceptional circumstances, it is not possible to notify the relevant local authority, **you** must notify **us** as soon as possible after the theft or robbery.

A copy of the police report and/or the reports filed with the carrier, accommodation provider or other service provider must be submitted to **us**.

You should keep a copy of receipts of purchase and proof of ownership in a safe place to submit with any **claims**. **You** should also keep any relevant tickets and **baggage** checks and submit them with **your claim**.

SECTION 21 BAGGAGE

21.1: **We** will pay for **your baggage** and personal items up to the limits shown on the List of Benefits (including **baggage**, clothing, electronic equipment, jewellery, laptops, cameras, mobile phones or other items **you** bring or buy on **your trip**), if **your** belongings are:

- a. lost or damaged by fire or other natural disaster if locked in **your** accommodation **abroad** or a locked safety box;
- b. stolen from locked accommodation **abroad** or from a locked safety box or locker, where there are visible signs of forced entry;
- c. stolen from **you** while **you** are carrying them, when the theft is observed when being committed;
- d. stolen from a locked boot or locked and concealed baggage compartment separate from the passenger compartment of a locked motorised vehicle or boat. There must be visible signs of forced entry into the boat or vehicle (however see Section 21.3 b); ; or
- e. lost by a **common carrier**, accommodation or baggage storage provider while registered or checked in as **baggage** (written evidence/property irregularity report (P.I.R.) must be submitted) (however see Section 21.3 a); ;
- f. damaged by a **common carrier**, accommodation or baggage storage provider while registered or checked in as **baggage** (damage report/property irregularity report (P.I.R.) must be submitted) (however see Section 21.3 a).

We will also pay for the cost to replace **your** passport, credit cards and travel documents if they are:

- g. lost or damaged by fire or other natural disaster if locked in **your** accommodation abroad or a locked safety box;
- h. stolen from locked accommodation abroad or from a locked safety box or locker, where there are visible signs of forced entry;
- i. stolen from you while you are carrying them, when the theft is observed when being committed.

If **you** have purchased the World Nomads Explorer Plan, **we** will also pay for the theft of **your** cash, up to the limit shown on the List of Benefits.



If **you** have purchased the World Nomads Explorer Plan, **we** will also pay for theft of **your** sporting equipment or damage to **your** sporting equipment by a **common carrier** according to the List of Benefits.

21.2: **We** will pay up to the individual item limit and the maximum benefit as shown on the List of Benefits for a single, pair or related set of items for example (but not limited to):

- one (1) camera body and one (1) lens is one item, additional lenses are considered as separate items
- a matching pair of earrings is one item
- a set of skis with bindings is one item or a snowboard with bindings is one item

Compensation can only be paid after the first 30 days from the date of loss.

21.3 We will not cover or pay for:

- damage to, loss of or theft of cash, jewellery, computers, cameras, hand-held and mobile devices or other electronic equipment and any high value specified items if checked in with a **common carrier** in **your baggage**;
- theft of computers, cameras, hand-held and mobile devices or other electronic equipment and any high value specified items from a boat or motor vehicle;
- minor damage to the exterior of the **baggage** (e.g. scratches, stains, dents);
- forgotten, lost or mislaid items;
- stolen items, where they are **not effectively supervised** or where **you** do not take reasonable care for the safety, security or condition of **your** belongings;
- theft from any non-lockable or visible part of a passenger compartment of a locked boat or motor vehicle;
- theft of sporting equipment which is not effectively supervised in a public place, where they are in public view, even if locked to an immovable object;
- theft from a motor vehicle, boat, trailer, accommodation, home or safety box that bear no visible signs of forced entry;
- damage to **baggage** caused by food, bottles, glass, etc. packed in **your baggage**;
- loss in connection with abuse of credit card or traveller's cheques;
- loss of or damage to **baggage** freighted or sent separately;
- indirect loss;
- simple theft**, where **you** do not observe the theft occurring;
- eye glasses or sunglasses, contact lenses, dentures or hearing aids;
- items of any nature for commercial use, including travellers' samples, dealers' stock and collections;
- mechanical or electrical breakdown or malfunction;
- bicycles and bicycle accessories;
- breakage or damage to sporting equipment more than (3) years old;
- any loss or damage where **you** can claim from any other source,
- cash, unless **you** have purchased the World Nomads Explorer Plan (according to Section 21.1 and List of Benefits),
- sporting equipment, unless **you** have purchased the World Nomads Explorer Plan (according to Section 21.1 and List of Benefits).



21.4: The following limits apply as shown on the List of Benefits:

Cause/Item	World Nomads Standard Plan (EUR)	World Nomads Explorer Plan (EUR)
Loss or theft of passport and travel documents	EUR 350	EUR 700
Theft of baggage , clothing, jewellery and other personal belongings (not including electronic devices listed below)	EUR 350 single item limit	EUR 350 single item limit
Theft of Laptop Computers, Mobile and other hand held electronic devices	EUR 350 single item limit	EUR 500 single item limit
Theft of Digital & Video cameras	EUR 350 single item limit	EUR 500 single item limit
Theft of digital storage devices such as external hard drives, USB sticks, CDs, DVDs and memory cards. (limited to the cost of raw materials)	EUR 35 single item limit	EUR 70 single item limit
Theft of cash	Not covered	EUR 200
Loss or damage of sporting equipment by a common carrier or sporting equipment stolen while you are travelling. No cover for sporting equipment more than (3) years old or if damaged while in use	Not covered	EUR 350

21.5: **We** shall only be liable to pay compensation if the **baggage** is handled and stored securely and if **you** exercise due care. **Not effectively supervised** means:

- leaving **your baggage** unsupervised in a public place to which the public has access, b. leaving **your baggage** with a person **you** have not previously met,
- leaving it in any position where it can be taken without **your** knowledge,
- leaving it such a distance from **you** that **you** are unable to prevent it being taken.

21.6: **We** will pay up to the maximum amount payable per **claim**, according to the List of Benefits. The value of your lost or damaged **baggage** and personal items are calculated according to the following principles:

- The **insurance** shall cover the replacement cost of comparable new items, if the covered items are documented as less than two (2) years old. However clothes must be documented as less than one (1) year old.
- For items more than two (2) years old, clothes more than one (1) year old, items purchased second-hand or already damaged, compensation will be fixed at the replacement cost of comparable new items less a fair deduction for deterioration due to age, wear and tear, reduced usability or any other circumstance. This also applies to items for which no documentation of age and value can be provided.
- We** may choose to have damaged items repaired or pay an amount corresponding to the cost of repair.
- We** have the option to replace a lost or damaged item with goods of a similar use and function, if **we** chose to do so.
- The **insurance** shall cover the costs of replacing tickets, traveller's cheques, credit cards, drivers license, **securities** and passports.

The costs include necessary transportation charges, fees, photos, etc., but not compensation for the time involved in replacing the items.



21.7: Any theft, robbery or fire must be reported to the nearest police authority within 24 hours. If, in exceptional circumstances, it is not possible to notify the relevant local authority, for instance due to imminent departure, **we** must be notified within 24 hours following the theft, robbery or fire.

Loss of or damage to **baggage** must be reported to the relevant transport carrier, accommodation provider or other service provider within 24 hours. A written report documenting the loss or damage must be supplied with **your claim**.

A copy of the police report and/or the reports filed with the carrier, accommodation provider or other service provider must be submitted to **us**.

We reserve the right at any time to require **you** to present the original bills/receipts in order to document the value of the property in support of **your claim**.

SECTION 22 HIGH VALUE SPECIFIED ITEMS (OPTIONAL)

22.1: If **you** have chosen and paid an additional premium for this benefit, **we** will pay for the theft of **your** high value items **you** have specified on **your Certificate of Insurance**, up to the total increased item limit shown on the List of Benefits.

You are allowed to specify high value items such as laptop computers, mobile phones, digital and video cameras and other hand held electronic devices and other high value items (excluding jewellery, eye glasses or sunglasses, contact lenses, dentures, hearing aids, bicycles and bicycle accessories. Also excluding sporting equipment, unless **you** have purchased the World Nomads Explorer Plan) on **your Certificate of Insurance** up to a single item limit shown on the List of Benefits.

22.2: When selected, this optional benefit increases the standard single item limit for the named specified item(s) and the total limit for all high value specified items. Specifying an item will incur an additional premium calculated on the value **you** nominate for the specified item, up to the per item limit shown on the List of Benefits.

Item	World Nomads Standard Plan (EUR)	World Nomads Explorer Plan (EUR)
High value item/s specified on your Certificate of Insurance at the time of purchase	EUR 1,400 (single item limit EUR 700)	EUR 1,400 (single item limit EUR 700)

22.3: High value items can only be specified or added to **your** policy prior to your **commencement date**. Once the addition is made, no changes are allowed. After the commencement date, no high value items can be added to or changed on **your** policy.

22.4: **We** will pay **you** according to the terms, conditions and exclusions listed in [Section 21](#).

SECTION 23 DELAYED BAGGAGE

23.1: **We** will pay for reasonable expenses incurred, according to the List of Benefits, for the purchase of essential items of clothing, toiletries and essential medicine where **your** registered, checked-in **baggage** is delayed for more than 12 hours after your arrival at the destination outside **your country of permanent residence**.



Benefits shall be paid at EUR 100 for each 24-hour period **your baggage** is delayed, up to the maximum amount stated in the List of Benefits.

23.2: As a condition of cover **you** must:

- a. provide an original Property Irregularity Report (PIR) or similar official statement from the carrier stating that the **baggage** did not arrive at the scheduled time and date and indicating the date and time of actual arrival;
- b. have already replaced the essential items before your baggage was returned to you; and
- c. provide dated receipts, vouchers or other documentation of the expenses.

23.3: The **insurance** does not cover:

- a. the rental or purchase of sports equipment;
- b. indirect losses;
- c. delays to **your** registered check-in **baggage** when returning to **your country of permanent residence**.

23.4: Any amount **we** pay under a delayed **baggage** claim will be deducted from the final claim settlement if **your baggage** is permanently lost.

***You** should also read [Section 6](#): What is not covered by the insurance (General Exclusions), setting out the general exclusions to coverage under the **insurance**.*

PERSONAL LIABILITY

How we can help:

We can help pay for **your** legal liability if **you** negligently damage someone else's property or injure someone who is not a family member or **your** fellow traveller.

What you must and must not do:

You must *not* admit liability for any loss, damage or injury caused.

You must contact **us** immediately:

Phone to Denmark: +45 70 23 24 61.

Email: emergency@ihi.com

SECTION 24 PERSONAL LIABILITY FOR PHYSICAL INJURY AND PROPERTY DAMAGE

24.1: **We** will cover the following according to the List of Benefits:

- a. legal liability for any physical injury or property damage **you** negligently cause to a third party, under the existing laws of the country in which such injury or damage occurs;



- b. defence costs for the legal liability for any physical injury or property damage **you** negligently cause to a third party under the existing laws of the country in which such injury or damage occurs, where agreed by **us**.

24.2: **We** will not cover expenses which concern or are incurred as a result of:

- a. contractual liability;
- b. **claims** arising out of or incidental to **your** business, employment or **work**;
- c. **claims** arising as a consequence of **you** having incurred, by contract or in any other way, liability which is more extensive than that incurred under the general statutory provisions on non-contractual liability;
- d. loss of or damage to personal property which **you** own, have on loan, on hire, or for storage or use, or which is in **your** care for transporting, processing or treating purposes, or which is in **your** possession or care for any other reason;
- e. physical injury to any family member, co-worker or fellow traveller;
- f. loss or damage caused by **your** domestic animals;
- g. **claims** arising as a consequence of **you** having transmitted a disease to another person via infection or otherwise;
- h. loss or damage caused by the use of a motor vehicle, camper, caravan or trailer, aircraft or boat, including the sail measuring more than three metres (3) ; or less than three (3) metres if the engine power exceeds three (3)horse power
- i. legal liability for physical injury or property damage caused by **you** with intent or gross negligence;
- j. claims arising as a consequence of **you** having participated in any illegal activity.

24.3: The **insurance** shall not cover fines or punitive charges.

24.4: The **insurance** limit shown in the List of Benefits for property damage and physical injury is the maximum limit of **our** liability for any individual **insurance** event, even if it results in several losses or incidents of damage, even if several individuals can be held liable, and even if coverage is provided under one or more insurance policies taken out with **us**.

24.5: **You** cannot - with binding effect for **us** - admit liability for any loss, damage or injury caused by **you**.

You should also read [Section 6: What is not covered by the insurance \(General Exclusions\)](#), setting out the general exclusions to coverage under the **insurance**.

24.6: Damage to rented holiday home

The insurance shall cover damage caused by the insured to a rented holiday home/hotel and the contents of a rented home up to a maximum of EUR 7,000. However, the insurance shall not cover expenses which concern or are incurred as a result of the event described in section 24.2.c, 24.2f, 24.2h, 24.2i, 24.2j.

RENTAL VEHICLES

How we can help:

If **you** have purchased the World Nomads Explorer Plan, **you** can submit a **claim** to pay for the **excess** on **your** rental vehicle insurance if **you** are in a motor accident or **your** rental vehicle is stolen.

You can submit a **claim** to pay for additional costs to return the vehicle if **you** are medically unfit to drive.



What you must do:

You must have an insurance to cover rental vehicles. **Our insurance** does not replace the need for **you** to purchase rental vehicle insurance.

You must make and settle a **claim** with **your** rental company first before submitting a **claim** to **us**.

SECTION 25 RENTAL VEHICLE INSURANCE EXCESS

25.1: If **you** have purchased the World Nomads Explorer Plan, this **insurance** shall cover **your** rental vehicle **insurance excess** (this is the deductible or co-pay **you** are contracted to pay as described in **your** rental vehicle insurance contract) if:

- a. the rental vehicle is stolen or damaged and this incident is covered on **your** rental vehicle insurance; or
- b. due to a theft or an **accident** in which **you** are involved **you** are certified as medically unfit to drive and this incident is covered on **your** rental vehicle insurance and **you** incur expenses to return the rental vehicle.

25.2: It is a condition of cover that the expenses incurred are not a result of you acting with intent, gross negligence or actively engaging in any illegal act.

You will be compensated according to the List of Benefits. However, the **claim** with **your** rental vehicle provider or with **your** rental vehicle **insurance** company has to be settled before **you** can **claim** with **us**.

25.3: **You** must have purchased the rental vehicle insurance offered by a rental vehicle provider or agency that is fully licensed with the regulatory authority of where the rental vehicle is collected, and **you** must have a signed rental vehicle agreement in place for the hire of the rental vehicle.

Please note: this travel **insurance** policy is not rental vehicle **insurance**. **Our** policy doesn't replace the need for **you** to purchase rental vehicle insurance covering physical damage and theft of the rental vehicle and **your** liability to third parties for injury or property damage while the rental vehicle is in **your** care or control.

25.4: This **insurance** does not cover **you** if **you** use the rental vehicle without a proper license and/or in violation of the rental vehicle agreement.

25.5: This benefit only applies during the rental of a private motor vehicle.

25.6: This insurance does not cover **you** if **you** use the rental vehicle on any track or racetrack, in any training, trial, test, race, rally, motorsport show, exhibition or competition or on roads other than sealed public roads.

You should also read [Section 6: What is not covered by the insurance \(General Exclusions\)](#) setting out the general exclusions to coverage under the **insurance**.



PERSONAL ACCIDENT

How we can help:

If **you** have purchased the World Nomads Explorer Plan, **we** will pay **you** or your beneficiary if **you** are involved in an accident and **you** die, lose a limb or lose **your** eyesight.

What you must do:

You must contact **us** immediately if **you** are in a serious accident.

IN THE EVENT OF AN EMERGENCY CALL BUPA GLOBAL ASSISTANCE

Denmark: +45 70 23 24 61 or email: emergency@ihi.com

Our emergency medical assistance team Bupa Global Assistance are multilingual and can help you 24 hours a day, 7 days a week during your trip. **You** can submit the phone charges **you** have incurred to contact **us** when **you** submit **your claim** to **us**.

SECTION 26 ACCIDENTAL DEATH, LOSS OF EYE(S), LIMB(S), PERMANENT TOTAL DISABLEMENT

26.1: If **you** have purchased the World Nomads Explorer Plan and in the event of an **accident** that directly, and without the influence of any illness, causes **your** death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement, **we** will pay **you** according to the List of Benefits.

Our liability as a result of any one (1) incident shall never exceed the amount of EUR 150,000 in total for all insured persons who have purchased the trip either jointly or in order to travel together with the insured whether the **claim** relates to one (1) or more insurance policies.

An **accident** is defined as a fortuitous event occurring without **your** intention which has a sudden, external and violent impact on the body, resulting in demonstrable physical injury.

26.2: **We** will not pay or be liable to reimburse expenses which concern, are due to or are incurred as a result of:

- a. any illness or **pre-existing medical condition** which occurs, even though the illness or condition recurs as a result of the **accident** or is aggravated by it;
- b. any **accident** caused by illness;
- c. any aggravated consequences of an **accident** due to a **pre-existing medical condition** or any unforeseen illness subsequently contracted;
- d. any consequences of medical treatment not necessitated by an **accident** covered by the **insurance**;



26.3: Compensation in case of death becomes payable at 100% of the **insurance** limit shown in the List of Benefits when an **accident** directly results in **your** death within one (1) year after the **accident**.

If **you** are under the age of 18, compensation in case of death is limited to EUR 2,000.

Unless **we** have received written instructions to the contrary, the **insurance** limit shall be paid to **your** immediate family members, defined as **your** spouse, or, if **you** do not have a spouse, **your** children or, in the absence of any children, the person you live with (**your** cohabitee), provided that such cohabitee has been registered at the same address as **you** for at least two years or, in the absence of a cohabitee, **your** beneficiaries.

If compensation in the event of disablement was paid as a consequence of the **accident**, the amount of compensation payable is the amount by which the death benefit exceeds the payment already made.

26.4: Compensation in case of loss of a limb, loss of sight, loss of extremity, or permanent total disablement becomes payable, provided that **your** injury causes disablement within one (1) year after the **accident**.

Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 50% of the **insurance** limit.

Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by **us**. In case of loss of sight of one eye, compensation shall be made at 25% of the **insurance** limit. In case of loss of sight of two eyes, compensation shall be made at 50% of the **insurance** limit.

Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Compensation shall be made at 10% of the **insurance** limit.

Permanent total disablement shall be disablement which inevitably and continuously prevents **you** from carrying out every aspect of **your** normal business or occupation for a period of 12 calendar months and, at the end of such period, is certified by two qualified medical practitioners approved by **us** as being beyond hope of improvement. If **you** have no business or occupation, the disablement must confine **you** immediately and continuously to the house and prevent **you** from attending to **your** normal duties. Compensation shall be made at 100% of the **insurance** limit.

26.5: **You** must be receiving medical treatment and comply with the physician's instructions.

26.6: **We** are entitled to obtain information from any physician who is treating or has been treating **you**, to require **you** be treated by a physician chosen by **us** and, in case of death, to demand an autopsy.

SECTION 27 STUDENT LOAN AND CREDIT REPAYMENT

27.1: If **you** have purchased the World Nomads Explorer Plan and **you** suffer either **accidental** death, permanent loss of sight in one (1) eye, permanent loss of one limb or permanent total disablement while travelling, the **insurance** shall provide a one-time payment for owed credit according to the List of Benefits.

27.2: It is a condition for cover that **your accident** is not a result of **you** acting with intent, gross negligence or actively engaging in any illegal act. Furthermore, **you** must be enrolled as a full-time student at the time of the **accident**. Proof of enrolment must be submitted to **us**.



*You should also read [Section 6](#): What is not covered by the insurance (General Exclusions), setting out the general exclusions to coverage under the **insurance**.*

CLAIMS

To make a claim: Login to your WorldNomads.com membership and submit your claim online at:
<http://www.worldnomads.com/travel-insurance/claims-and-emergencies.aspx>

You can send **your** supporting documentation to:

Bupa Global Travel Claims

8, Palaegade

DK-1261 Copenhagen K Denmark

Fax: +45 33 32 25 60

E-mail: worldnomads@ihi.com

Once you have submitted a claim, you can contact us during Denmark business hours:
open 9am - 5pm(CET) weekdays

Tel.: +45 70 20 70 48

E-mail: worldnomads@ihi.com

SECTION 28 HOW TO REPORT A CLAIM

28.1: **We** must be notified immediately in the case of death, **hospitalisation**, emergency repatriation, medical evacuation/repatriation or accompaniment, and such notification must include medical information about the illness or injury.

IN THE EVENT OF AN EMERGENCY CALL BUPA GLOBAL ASSISTANCE

Denmark: +45 70 23 24 61 or email: emergency@ihi.com

Our emergency medical assistance team Bupa Global Assistance are multi-lingual and can help **you** 24 hours a day, 7 days a week, during **your** trip. **You** can submit the phone charges you have incurred to contact us when you submit your claim to us.

28.2: Compensation (less any applicable **excess**) shall be paid following **our** approval of the expenses as being covered by the **insurance** only after a fully completed **claim** form has been submitted to **us** together with the receipted and itemised bills and/or other relevant documentation, such as medical information and flight tickets, receipts and other travel documents.



If **you** are claiming for Delayed **baggage** ([Section 23](#)), **we** require the original Property Irregularity Report (P.I.R.) or similar document supplied by the carrier in order to complete the assessment of this **claim**.

We scan submitted bills upon receipt. Return of the submitted bills to **you** is not possible. **You** should keep a copy of the documents **you** provide.

We reserve the right at any time to require **you** provide **us** with any original bills/receipts.

28.3: In no event shall the amount of compensation exceed the amount shown on the bill. If **you** receive compensation from **us** in excess of the amount to which **you** are entitled, **you** shall be under the obligation to repay **us** the excess amount immediately. Subsequent compensation made by **us** shall first be reduced by any such outstanding amount.

28.4: Compensation payments shall be limited to the usual, customary and reasonable charges in the area or country in which treatment is provided.

28.5: **Claims** shall be reported to **us** immediately after **you** return **home** or within 30 days after the expiry date of the **insurance**.

28.6: Complaints regarding **our claims** handling shall be filed no later than 30 days after **you** receive the compensation amount or notice of **your claim** being declined.

For any queries, **you** may contact **us** via email at: travel-complaints@ihi-bupa.com.

SECTION 29 COVER BY THIRD PARTIES

29.1: Where there is cover by another **insurance** policy or healthcare plan, this must be disclosed to **us** when claiming reimbursement and the cover under this **insurance** shall be secondary to any such other **insurance** policy or healthcare plan.

29.2: In these circumstances, **we** will co-ordinate payments with other companies, and **we** will not be liable for more than its rateable proportion.

29.3: If the **claim** has been covered in whole or in part by any scheme, programme or similar, or funded by any Government, **we** shall not be liable for the amount covered.

29.4: **You** undertake to co-operate with **us** and to notify **us** immediately of any **claim** or right of action against third parties.

29.5: Furthermore, **you** shall keep **us** fully informed and will take any reasonable steps in making a **claim** upon another party and to safeguard **our** interests.

29.6: In any event, **we** shall have the full right of **subrogation**.



SECTION 30 PAYMENT OF PREMIUM

30.1: Premiums shall be payable in advance for the whole **insurance** period before or on the issue of the **Certificate of Insurance**.

30.2: **You** shall be responsible for prompt payment of the premium to **us** through WorldNomads.com.

30.3: In the event of failure to pay before the issue of the **Certificate of insurance**, the **insurance** shall not be effective and **we** shall not become liable.

SECTION 31 NECESSARY INFORMATION WE NEED

31.1: **You** shall be under the obligation to notify **us** of any travel or health insurance cover or similar cover with another company or organization, including any cover afforded under any workers' compensation act or transport accident law or by any Government sponsored fund, plan or medical benefit scheme or any other similar type of legislation required to be effected by or under a law.

31.2: **You** shall also be under the obligation to notify **us** of and provide **us** with all obtainable information required for **our** handling of **your claims** against **us**, including provision of original bills upon **our** request.

31.3: In addition, **we are** entitled to seek information about **your** state of health and to contact any hospital, physician, etc. who is treating or has been treating **you** for physical or mental illnesses or disorders.

Furthermore, **we are** entitled to obtain any medical records or other written reports and statements concerning **your** state of health.

SECTION 32 ASSIGNMENT, TERMINATION, CANCELLATION AND EXPIRY

32.1: Without the prior written consent of **Bupa Global Travel**, no party shall be entitled to create a charge on or assign the rights under the insurance. The insurance is not transferable, and can only be presented by **you**, the person/s noted on the **Certificate of Insurance**.

32.2: The **insurance** is issued for the number of days purchased by **you**.

32.3: **You** have a right to withdraw from the purchase. The period during which the **insurance** can be withdrawn lasts 14 days and begins on the date on which **you** have entered into the **insurance** agreement. This will normally be on the date on which **you** have purchased the **insurance** and received the **insurance** documents. Under the Danish Insurance Contracts Act **you** have a right to receive certain information about the right to cancel the **insurance** and about the **insurance**. The notice period for cancellation does not commence before **you** have received this information in writing (e.g. on paper or by email).

If, for example, **you** receive the **insurance** documents, and also have received the above information, e.g. on Monday the 1st, **you** can cancel the **insurance** until and including Monday the 15th. If the period expires on a public holiday, Saturday or Sunday, **you** can wait until the following day.



If the **insurance** has entered into force before the withdrawal, **you** will be charged premium for the time **you** have been covered. **We** will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid.

If you want to withdraw the **insurance**, **we** must be notified by letter or email. **Our** contact details are listed at the beginning of the document. It is sufficient that the letter/email is sent to **us** before the expiry of the notice period.

32.4: The **insurance** may be terminated by **you** with effect from the end of a calendar month with 30 days' prior written notice or by **us** with effect from the policy anniversary with one (1) month's prior written notice.

32.4.1: If the **insurance** is terminated after the **commencement date**, **you** will be charged premium for the time **you** have been covered. **We** will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid.

32.5: When a **claim** has been filed, the **insurance** can be terminated with one (1) month's notice by **you** or by **us** - within 14 days after the reimbursement has been effected or rejected by **us**.

32.6 Sanctions: **We** will not provide cover nor pay **claims** under this **insurance** policy if **our** obligations (or the obligations of the Bupa Global Travel's group companies and administrators) under the laws of any relevant jurisdiction, including Denmark, UK, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures.

This **insurance** policy does not provide cover to the extent that such cover would expose **us** (or **Bupa Global Travel's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law.

32.7: **Our** liability in connection with the **insurance**, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance period**, shall automatically cease upon expiry, cancellation or termination of the **insurance**. Accordingly, upon expiry, cancellation or termination of the **insurance**, **your** right to claim reimbursement shall cease. **Claims** for reimbursement of medical expenses incurred during the **insurance period** must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for reimbursement.

32.8: The **insurance period** can be extended up to 48 hours with no extra premium charge if **your** return is delayed without you being responsible for the delay.

32.9: Where upon taking out the **insurance** or subsequently, you have fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to **us**, the **insurance** contract shall be void and shall not be binding on **us**.

SECTION 33 DISPUTES, VENUE AND COMPLAINT RESOLUTION

33.1: Any disputes arising out of or in connection with the **insurance** contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. **We** are affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Danish Insurance Complaints Board).

Valid from 2017

