



Solarelle Travel Safe Insurance

Your policy wording

Helpful phone numbers

We recommend that **you** save the following telephone numbers into **your** mobile phone:

For assistance anywhere in the world please call Allianz Global Assistance on

+911246623735

For more information, contact;

Solarelle Insurance Pvt Ltd

1st Floor, ADK Tower, Ameeru Ahmed Magu, Male 20096

Republic of Maldives

Customer Services: 1413 (Local calls) or +960 3300099 (International calls)

Introduction

This is **your** travel insurance policy. It contains details of what is covered, what is not covered and the conditions for each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the policy schedule which should be read in conjunction with the policy.

In return for having accepted **your** premium **we** will provide insurance in accordance with the operative sections of **your** policy as referred to in **your** policy schedule.

The policy schedule and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance.

Republic of Maldives residents

This policy is only available to **you** if **you** are permanently resident, employment or studying in Republic of Maldives.

The law which applies to this policy

English law will apply to this policy

Age eligibility

This policy is not available to anyone aged 70 or over at the start date of the policy. If **you** are aged under 18 **you** are only insured when accompanied by a responsible adult.

If **you** reach the age of 70 during the **period of insurance**, cover will continue until the expiry of the cover.

Policy Excess

Under most sections of the policy, claims will be subject to an **Excess**. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**. **Your Excess** is shown on **your** policy schedule.

Emergency Assistance Helpline:

You can contact Allianz Global Assistance on the following contact numbers:

+911246623735

Please carry this policy with **you** in case of an emergency.

Solarelle Insurance

Solarelle Insurance is authorized and regulated by the **Maldives Monetary Authority**, Male', Republic of Maldives.

Definitions

These definitions apply throughout **your** policy booklet where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

Bodily injury

means an identifiable physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

Business trip

means a **trip** taken wholly or in part for business purposes but excluding manual work.

Checked in Baggage

means the baggage offered by the Insured and accepted by an Airline/Common Carrier for international transportation in the same aircraft as the Insured and for which the Airline/Common Carrier has provided a baggage receipt, and the contents of the baggage checked in by the Insured so long as such contents do not violate any Airline/Common Carrier policy or rule restricting the nature of items that may be carried on board its aircraft

Close business associate

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

Close relative

means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

Curtailment / Curtail

means either:

cutting short the **trip** by direct early return to **your home country**, in which case claims will be calculated from the day **you** returned to **your home country** and based on the number of complete days of **your trip you** have not used, or

attending a hospital outside **your home country** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a **medical practitioner**, in either case for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalized, quarantined or confined to **your** accommodation. Cover only applies to ill/ injured persons.

Excess

means the amount of money **you** have to pay for each claim. Excesses apply per person, per incident and per each section of the policy. **Your** excesses are shown on **your** policy schedule.

Home / Home country

means **your** normal place of residence in the **Republic of Maldives**.

Medical condition

means any disease, illness or injury.

Medical practitioner

means a registered practicing member of the medical profession recognized by the law of the country where they are practicing, who is not related to **you** or any person who **you** are travelling with.

Period of insurance

Multi trip

means if annual multi **trip** cover is selected: the period of 12 months for which **we** have accepted the premium as stated in **your** policy schedule. During this period any **trip** not exceeding 31 days is covered.

Under these policies Section C – ‘Cancelling **your trip**’ cover will be operative from the date stated in the policy schedule or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

single trip

means if single **trip** cover is selected: the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the schedule. Under these policies Section C – ‘Cancelling **your trip**’ cover will be operative from the time **you** pay the premium.

For all other sections of the policy, whichever cover is selected, the insurance starts when **you** leave **your home** to begin the **trip** and ends at the time of **your** return to **your home** on completion of the **trip**. However, any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi **trip** policy which fell due for renewal during the **trip**.

Personal possessions and baggage

means luggage, clothing, personal effects, which belong to **you** (or for which **you** are legally responsible) which are worn, used or carried by **you** during any **trip**.

Public transport

means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

Terrorism

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

Trip

means any holiday, business or pleasure **trip** or journey made by **you** within the area of travel shown in the schedule which begins and ends in **your home country** during the **period of insurance**, but excluding one way trips or journeys.

If annual multi **trip** cover is selected any **trip** not exceeding 31 days is covered. Each **trip** under annual multi **trip** cover is considered to be a separate insurance, with the terms, definitions, what is not covered and conditions contained in this policy applying to each **trip**. Where **we** have agreed to cover **your medical condition**, this applies to each **trip** during the **period of insurance**.

Unattended

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

Valuables

means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players), computer games and associated equipment.

Vermin

means rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

We/Us/Our

means Solarelle Insurance Pvt Ltd. 1st Floor, ADK Tower, Ameeru Ahmed Magu, Male', 20096, Republic of Maldives.

You/Your/Yourself/Insured person

means each person travelling on a trip whose name appears in the policy schedule

General conditions applicable to the whole policy

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section B – Personal accident).

2. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

3. Cancellation rights

You can cancel this policy before its start date and receive a refund subject to administrative fee provided that you have not used this insurance to obtain valid visa.

4. Payment of Premium

This includes any additional premium or related administration fees that may arise from changes made to **your** policy. Should **you** fail to make **your** payment(s) in full and by the due date, **we** will seek to recover all monies and may:

- Cancel **your** policy subject to **our** cancellation fee
- Refuse to pay any pending claims on **your** policy/policies

5. **Administration fees**

We reserve the right to charge an administration fee should a change or correction be made to **your** policy by a member of **our** team.

Emergency and medical service

You must contact the **Allianz Global Assistance** in the event of an illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation; or in the event of curtailment necessitating **your** early return **home**. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning **you** to **your home country**) and authorization of medical expenses.

If this is not possible because the condition requires emergency treatment **you** must contact the Allianz Global Assistance as soon as possible. Private medical treatment is not covered unless authorized specifically by the Allianz Global Assistance.

Payment for medical treatment abroad

If **you** are admitted to a hospital/clinic while abroad, the Allianz Global Assistance will arrange for medical expenses, covered by the policy, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the Allianz Global Assistance for **you** as soon as possible.

For out-patient treatment, **you** should pay the hospital/ clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home country**.

If **you** are admitted to hospital **you** must contact the Allianz Global Assistance as soon as possible and get their authorization for any treatment.

Claims conditions

You must comply with the following conditions to have the full protection of **your** policy.

You must contact **us** by phone if **you** want to make a claim using the relevant number given below, depending on the type of claim:

All claims: +911246623735

1. Claims

The claim notification must be made within 07 days or as soon as possible after that following any **Bodily injury**, illness, disease, incident, event or the discovery of any loss /damage which may lead to a claim under this policy.

You must also tell **us** if **you** are aware of any court claim form, summons or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit or repudiate (refuse) any claim without **our** permission in writing.

You or **your** legal representatives must supply at **your** own expense, all information, evidence, proof of ownership and medical certificates as required by **us**. **You** should refer to the section under which **you** are claiming for further details of the evidence that **we** need to deal with **your** claim.

We reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post mortem examination.

You must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

2. Transferring of rights

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.

3. Fraud

You must not act in a fraudulent manner. If **you** or anyone acting for **you**

- a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way; or
- b) Make a statement in support of a claim knowing the statement to be false in any way; or
- c) Submit a document in support of a claim knowing the document to be forged or false in any way; or
- d) Make a claim for any loss or damage caused by **your** willful act or with **your** connivance Then
 - i) **we** will not pay the claim
 - ii) **we** will not pay any other claim which has been or will be made under the policy
 - iii) **we** may make the policy void from the date of the fraudulent act

- iv) **we** will be entitled to recover from **you** the amount of any claim already paid under the policy
- v) **we** will not refund any premium
- vi) **we** may inform the police of the circumstances.

Important conditions relating to health

You must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. It is a condition of this policy that **you** will not be covered under Section A – Emergency medical and repatriation costs, Section B – Personal accident, and Section C – Cancelling or cutting **your trip** short, for any claims arising directly or indirectly from:
 - a) At the time of taking out this policy:
 - Any **medical condition you** have, or have had, for which **you** are taking or have been taking prescribed medication within the last five years.
 - Any **medical condition you** have, or have had, for which **you** are waiting to receive, or have received treatment (including surgery, tests or investigations) within the last five years unless **you** have declared **your** medical conditions to **us** and **we** have agreed to cover **you**. Covered medical conditions are shown on **your** policy schedule.
 - Any **medical condition** for which **you** have received a terminal prognosis.
 - Any **medical condition you** are aware of but for which **you** have not had a diagnosis.
 - Any **medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing **home**.
 - Any **medical condition** affecting **you** a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this policy.
 - b) At any time:
 - i) Any **medical condition you** have for which a **medical practitioner** has advised **you not** to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel
 - ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home country** to receive (including any expenses incurred due to the discovery of other medical conditions during and/or complications arising from these procedures)
 - iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
 - iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If **your** health changes after the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued, **you** should check with **your** GP that **you** are fit to travel. **You** will not be covered under Section A - Medical expenses and repatriation costs if **you** travel against medical advice. **You** may be able to claim under Section C – Cancelling **your trip** if this is medically necessary.

You should also refer to What is not covered – applicable to all sections of the policy.

What is not covered

- Applicable to all sections of the policy

We will not pay for claims arising directly or indirectly from:

1. **War risks, civil commotion and terrorism**

War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

2. **Radioactive contamination**

Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

3. **Winter sports**

Your participation in winter sports.

4. **Professional sports or entertaining**

Your participation in or practice of any professional sports or professional entertaining.

5. **Other sports or activities**

Your participation in or practice of any other sport or activity, manual work, racing any motorized vehicle.

6. **Suicide, drug use, alcohol or solvent abuse and putting yourself at needless risk**

Your willfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction), and putting **yourself** at needless risk (except in an attempt to save human life).

7. **Unlawful action**

Your own unlawful action or any criminal proceedings against **you**.

8. **Additional loss or expense**

Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **Bodily injury**, illness or disease.

9. **Armed Forces**

Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section C – Cancelling or cutting short **your trip**).

10. **Travelling against FCO or WHO advice**

Your travel to a country, specific area or event when the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **you** are travelling has advised against all, or all but essential travel (other than claims arising from **you** not being able to travel and use **your** booked accommodation or curtailing the **trip** before completion, as provided for under Section E – Travel Disruption cover when operative).

If **you** reach any of the ages mentioned above during the **period of insurance**, cover will continue until the Journey completed.

SECTION A – EMERGENCY MEDICAL AND REPATRIATION COSTS

What is covered

We will pay **you** up to the Emergency medical and repatriation limit in **your** policy schedule for the following expenses which are necessarily incurred during a **trip** as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home country**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of US\$ 500 incurred outside of **your home country**.
3. With the prior authorization of the Allianz Global Assistance, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilized on the outward journey unless the Allianz Global Assistance agree otherwise.

Special conditions relating to claims

1. **You** must tell the Allianz Global Assistance as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **Republic of Maldives** at any time during the **trip**. **We** will do this, if in the opinion of the **medical practitioner** in attendance, or the Allianz Global Assistance, **you** can be moved safely and /or travel safely to **your home country** or a suitable hospital nearby to continue treatment.

What is not covered

1. The **excess** of each and every claim, per incident claimed for, under this section by each **insured person**.
2. Pregnancy, childbirth, miscarriage, abortion or complication arising out of any of the foregoing.
3. Any claims arising directly or indirectly for:
 - a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
 - b) Any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
 - c) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home country**
 - d) Additional costs arising from single or private room accommodation.
 - e) Treatment or services provided by a health spa, convalescent or nursing **home** or any rehabilitation center.
 - f) Any costs incurred by **you** to visit another person in hospital.
 - g) Any expenses incurred after **you** have returned to **your home country**.
 - h) Any expenses incurred which are:
 - i) for private treatment or
 - ii) are funded by, or are recoverable from the Health Authority in **your home country**.
 - i) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
 - j) Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
 - k) Any pre-existing medical conditions.

4. Anything mentioned in 'What is not covered - applicable to all sections of the policy'.

You should also refer to the 'Important conditions relating to health'.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for substantiate the claim.
- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION B – PERSONAL ACCIDENT

Special definitions relating to this section

(which are shown in italics)

Loss of limb

means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

Loss of sight

means total and irrecoverable loss of sight which shall be considered as having occurred:

- a) in both eyes and
- b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

What is covered

We will pay one of the Personal accident benefits shown in **your** policy schedule if **you** sustain **bodily injury** which shall solely and independently of any other cause, result within one year in **your** death, loss of limb, loss of sight or permanent total disablement as per table of benefits below.

Table of Benefits

Loss of:	% of Sum insured
Life	100%
Both hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight in one eye except perception of light	50%
Speech Only	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as they consider necessary if **you** make a claim.

Provisions

1. Benefit is not payable to **you**:
 - a) Under more than one section.
 - b) Under permanent total disablement, until one year after the date **you** sustain **bodily injury**
2. Under permanent total disablement, if **you** are able or may be able to carry out any occupation after one year.
3. The Death benefit will be paid to the deceased **insured person's** estate.

What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.
2. Losses arising directly or indirectly from manual work or hazard occupation, self-exposure to needless perils (except an attempt to save a human life), or if engaging in any criminal or illegal act.
3. Amateur sports involving physical contact and other sports activities as defined in sports and leisure activities. In any event there shall be no cover under this insurance for sky jumping, flying, acrobatics, stunting, mountaineering, randonee, bungee jumping, rock climbing or mountaineering, normally requiring the use of ropes and guides, caving or potholing, rafting or canoeing involving white water rapids in excess of grade 6, parachuting, paragliding, hangliding, motor sports or competitions, hunting or equestrian competitions, yachting or boating outside costal water (12 miles), scuba diving at a depth of more than 30 meters, professional sports, riding or driving in races or allies.
4. Loss arising from accidents as a driver on motorised vehicle unless at the time of the accident the Insured is in possession of a current full international driving license and while riding a two wheeler is wearing a safety crash helmet.
5. All Aviation risks as a paying passenger, cabin crew, pilots etc.
6. Winter Sports
7. Loss caused directly or indirectly, wholly or partly by bacterial infections (except phylogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
8. Disappearance of Insured Persons, mysterious or otherwise.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- In the event of death, the original death certificate.
- A medical certificate or report in relation to claims for loss of limb, loss of sight or permanent total disablement.
 - Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION C – CANCELLING OR CUTTING SHORT YOUR TRIP

What is covered

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

- a) cancellation of the **trip** is necessary and unavoidable or
- b) the **trip** is curtailed before completion as a result of any of the following events:
 1. The death, **bodily injury**, illness, disease of:
 - a) **you**
 - b) **your** travelling companion
 - c) **your close relative**
 - d) **your close business associate**
 2. **You** or any person who **you** are travelling or have arranged to travel with being quarantined, called as a witness at a Court of Law or for jury service attendance.
 3. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorized leave cancelled or are called up for operational reasons, provided that the cancellation or curtailment could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
 4. The Police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home**.

If the same costs, charges or expenses are also covered under Section E – Travel Disruption, **you** can only claim for these under one section for the same event.

Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and the prior approval of the Allianz Global Assistance to confirm the necessity to return **home**, prior to curtailment of the **trip** due to death, **bodily injury**, illness, disease.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
3. If **you** cancel the **trip** due to:
stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from a consultant specializing in the relevant field or

What is not covered

1. The **excess** of each and every claim, per incident claimed for, under this section by each **insured person**.
2. The cost of Airport Departure Duty/Tax.
3. Any claims arising directly or indirectly from:
Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or curtailment of the **trip**.
4. Anything mentioned in What is not covered applicable to all sections of the policy. **You** should also refer to the Important conditions relating to health.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **medical practitioner** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or curtail the **trip**.
- In the case of death causing cancellation or curtailment of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of curtailment claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the relevant authority or the treating **medical practitioner**.

In the case of jury service or witness attendance, the court summons.

- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the Police or relevant authority.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION D – MISSED DEPARTURE

What is covered

We will pay you up to the amount in your policy schedule for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching your overseas destination or returning to the Maldives, if you fail to arrive at the departure point in time to board the public transport on which you are booked to travel on for the initial international outbound and return legs of the trip as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening ahead of **you** on a public road which causes an unexpected delay to the vehicle in which **you** are travelling or
4. strike, industrial action or adverse weather conditions.

If the same expenses are also covered under Section E – Travel Disruption cover you can only claim under one section for the same event.

Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

What is not covered

1. The **excess** of each and every claim, per incident claimed for, under this section by each **insured person**.
2. Claims arising directly or indirectly from:

- a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
 - b) An accident to or breakdown of the vehicle in which **you** are travelling when a repairer's report or other evidence is not provided.
 - c) Breakdown of any vehicle owned by **you** which has not been serviced properly and maintained in accordance with manufacturer's instructions.
 - d) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound and return legs of the **trip**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
 4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at your own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- **Your** unused travel tickets.
- Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION E – TRAVEL DISRUPTION

Special definitions relating to this section

Pre-paid charges

means charges **you** have paid before **you** travel, or are contracted to pay, for car hire, car parking, airport accommodation, airport lounge access, excursions, green fees and ski passes and/or lessons.

What is covered

Before you reach your destination

1. **We** will pay **you** up to the Travel Disruption limit in **your** policy schedule for **your** unused travel, accommodation (including excursions) and other pre-paid charges that **you** cannot claim back from any other source if **you** cannot travel and have to cancel **your trip** as a result of:
 - a) The **public transport** on which **you** were booked to travel from **your home country** being cancelled or delayed for at least 12 hours from the scheduled time of departure; or
 - b) **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no suitable alternative flight could be provided within 12 hours; or
 - c) The Travel Advice Unit of the Foreign & Commonwealth Office (FCO) advise against all travel or all but essential travel to the country or specific area **you** are travelling to providing the advice came into force after **you** purchased this insurance or booked the **trip** (whichever is the later); or
 - d) The insolvency of the scheduled airline or accommodation providers or booking agents, fire, flood, earthquake, explosion, volcanic eruption, tsunami, landslide, avalanche, hurricane, storm or an outbreak of food poisoning or an infectious disease meaning **you** cannot travel or use **your** booked

accommodation.

2. **We** will pay **you** up to the Travel Disruption limit in **your** policy schedule for **your** reasonable additional travel and accommodation costs (room only) which are of a similar standard to that of **your** pre-booked travel and accommodation **you** have to pay to reach **your** overseas destination that **you** cannot claim back from any other source if **you** fail to arrive at the departure point in time to board any onward connecting **public transport** on which **you** are booked to travel as a result of:
 - a) The failure of other **public transport**; or
 - b) Strike, industrial action or adverse weather conditions; or
 - c) **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided with 12 hours.

While you are at your destination

3. **We** will pay **you** up to the Travel Disruption limit in **your** policy schedule for **your** unused travel, accommodation (including excursions) and other pre-paid charges that **you** cannot claim back from any other source together with any reasonable additional travel and accommodation costs (room only) which are of a similar standard to that of **your** pre-booked travel and accommodation if **you** have to:
 - a) Move to other accommodation at any point during **your trip** as a result of the insolvency of the providers or booking agents, fire, flood, earthquake, explosion, tsunami, landslide, avalanche, hurricane, storm or an outbreak of food poisoning or an infectious disease meaning **you** cannot use **your** booked accommodation; or
 - b) Curtail **your trip** with prior authorisation of the Allianz Global Assistance as a result of the insolvency of the providers or booking agents, fire, flood, earthquake, explosion, volcanic eruption, tsunami, landslide, avalanche, hurricane, storm or an outbreak of food poisoning or an infectious disease meaning **you** cannot use **your** booked accommodation and **you** need to be repatriated to **your home**; or
 - c) Curtail **your trip** with prior authorisation of the Allianz Global Assistance as a result of the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) recommending evacuation from the country or specific area **you** have travelled to providing the advice came into force after **you** left **your home country** to commence the **trip**.

On the way home

4. **We** will pay **you** up to the Travel Disruption limit in **your** policy schedule for **your** reasonable additional travel and accommodation costs (room only) which are of a similar standard to that of **your** pre-booked travel and accommodation that **you** cannot claim back from any other source if **you** have to make alternative arrangements to return to **your home** or stay longer outside of **your home country** as a result of:
 - a) The **public transport** on which **you** were booked to travel to **your home country** including connections being cancelled or delayed for at least 12 hours, diverted or re-directed after take-off; or
 - b) **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no suitable alternative flight could be provided within 12 hours.
5. **We** will pay **you** up to the Travel Disruption limit in **your** policy schedule for **your** reasonable additional travel and accommodation (room only) costs if **you** fail to arrive at the departure point in time to board any onward connecting **public transport** on which **you** are booked to travel including those within the **Republic of Maldives** as a result of:
 - a) The failure of other **public transport**; or
 - b) Strike, industrial action or adverse weather conditions; or
 - c) **You** being involuntarily denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 12 hours.

In these instances **we** will pay **your** additional costs for a similar standard of **your** pre-booked travel and accommodation which **you** cannot claim back from any other source.

Special conditions relating to claims (applicable to all sections of cover)

1. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip** the amount **we** will pay will be limited to the cancellation charges that would have applied otherwise.
2. **You** must get (at **your** own expense) written confirmation from the provider of the accommodation (or their administrators), the local Police or relevant authority that **you** could not use **your** accommodation and the reason for this.
3. **You** must give notice as soon as possible to the Allianz Global Assistance of any circumstances making it necessary for **you** to return **home** and before any arrangements are made for **your** repatriation.
4. **You** must check in according to the itinerary supplied to **you** unless **your** tour operator, the **public transport** operator (or their handling agents) have requested **you** not to travel to the airport.
5. **You** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) of the cancellation, number of hours of delay or being denied boarding and the reason for these together with details of any alternative transport offered.
6. **You** must comply with the terms of contract of the **public transport** operator and seek financial compensation, assistance or a refund of **your** ticket from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passenger Rights legislation in the event of denied boarding, cancellation or long delay of flights.
7. **You** must get written confirmation from the **public transport** operator (or their handling agents) and/ or provider of accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
8. If the same costs and charges are also covered under any other section of this policy, **you** can only claim for these under one section for the same event.

What is not covered (applicable to all sections of cover)

1. The **excess** of each and every claim, per incident claimed for under this section for each **insured person**.
2. Claims arising within the first 7 days after **you** purchased this insurance or the date **you** booked any **trip** (whichever is the later) which relate to an event which was occurring or **you** were aware could occur at the time **you** purchased this insurance or booked the **trip** (whichever is the later).
3. Claims arising directly or indirectly from: a) Strike, industrial action or a directive prohibiting all travel or all but essential travel to the country or specific area or event to which **you** were travelling, existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**. b) Denied boarding due to **your** drug use, alcohol or solvent abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator or their handling agents.
4. The cost of Airport Departure Duty.
5. Any costs incurred by **you** which are recoverable from the providers of the accommodation (or their administrators) or for which **you** receive or are expected to receive compensation or reimbursement.
6. Any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
7. Any costs incurred by **you** which are recoverable from **your** credit/debit card provider or for which **you** receive or are expected to receive compensation or re-imburement.
8. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.

9. Any costs for normal day to day living such as food and drink which **you** would have expected to pay during **your trip**.
10. Anything mentioned in the general exclusions.

Claims evidence

We will require the following evidence where relevant:

- A copy of the advice against all travel or all but essential travel issued by the Foreign & Commonwealth office (FCO).
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of curtailment claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**
- **Your** unused travel tickets.
- Written confirmation from **your public transport** operator (or their handling agents) of the cancellation, number of hours' delay or denied boarding and the reason for these together with confirmation of **your** check in times and details of any alternative transport offered.
- Written confirmation from the company providing the accommodation (or their administrators), the local police or relevant authority that **you** could not use **your** accommodation and the reason for this.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
- Written confirmation from the provider of transport/accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- Any other relevant information that **we** may ask **you** for.

SECTION F – LOSS OF PASSPORT

What is covered

1. **We** will pay **you** up to the passports limit in **your** policy schedule for the accidental loss of, theft of or damage to documents.
2. **We** will pay **you** up to the amount shown in **your** policy schedule for reasonable additional travel and accommodation expenses necessarily incurred outside **your home country** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home country**.

Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all passport.
2. If passport is lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
3. If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:

- a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
- b) keep all travel tickets and tags for submission to **us** if **you** are going to make a claim under this policy.
5. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** of each and every claim, per incident claimed for, under this section by each **insured person**.
2. Loss, theft of or damage to **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss or damage due to delay, confiscation or detention by customs or any other authority.
4. Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due to error or omission.
5. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- A police report from the local police in the country where the incident occurred for all loss, theft or attempted theft.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION G – LOSS OF CHECKED IN BAGGAGE

What is covered

1. **We** will pay **you** up to the **baggage** limit in **your** policy schedule for the complete and permanent loss of the checked in **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.

Single article limit:

We will only pay **you** up to the Single Article limit as stated in **your** policy schedule for any one article, pair or set of articles.

2. **We** will also pay **you** up to the Delayed **baggage** limit in **your** policy schedule for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent **we** will deduct the amount paid from the final amount to be paid under this section.

Special conditions relating to claims

1. If **baggage** is lost whilst in the care of an airline **you** must:
 - a) get a Property Irregularity Report from the airline.
 - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
2. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

What is not covered

1. The **excess** of each and every claim, per incident claimed for, under this section by each **insured person** (except claims under subsection 2 of What is covered).
2. Loss or damage due to delay, confiscation or detention by customs or any other authority.
3. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **sports equipment** and damage to suitcases.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 12 hours.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION H – PERSONAL LIABILITY

What is covered

We will pay **you** up to the amount in **your** policy schedule (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

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

Special conditions relating to claims

1. **You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
2. **You** must send **us** every court claim form, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.

4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

What is not covered

1. The **Excess** of each and every claim, arising from the same incident claimed for under this section in relation to any temporary holiday accommodation occupied by **you**.
2. Compensation or legal costs arising directly or indirectly from:
 - a) Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
 - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
 - c) Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
 - d) The transmission of any contagious or infectious disease or virus.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- Full details in writing of any incident.
- Any court claim form, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

SECTION I – LEGAL EXPENSES

What is covered

We will pay up to the limit in **your** policy schedule for legal costs to pursue a civil action for compensation, against someone else who causes **you** **Bodily injury**, illness or death.

Special conditions relating to claims

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this policy. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

What is not covered

We shall not be liable for:

1. The **Excess** as shown in **your** policy schedule.
2. Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claim against **us**, Solarelle Assistance or their agents, someone **you** were travelling with, a person related to you, or another **Insured Person**.
4. Legal costs and expenses incurred prior to **our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
7. Legal costs and expenses incurred if an action is brought in more than one country.
8. Any claim where in **our** opinion the estimated amount of compensation payment is less than USD 1,000 for each **Insured Person**.
9. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. The costs of any Appeal.
11. Claims by **you** other than in **your** private capacity.
12. Anything mentioned in What is not covered applicable to all sections of the policy.

Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim, including photographic evidence.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

For more information, contact

SOLARELLE Claims and 24/7 Customer Service
Hotline: 1413

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