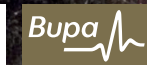


WORLDWIDE TRAVEL OPTIONS

Insured by



Administered by



Worldwide Travel Options

Valid from 2018 • EUR

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Your travel options

The Annual Travel option covers all your trips up to one month per trip for the whole policy year. If you are travelling more than a month you may also extend your insurance for an extra premium per day.

The Single Trip option covers one trip up to a maximum of 12 months. If your trip turns out to be longer than first anticipated, you can easily extend it online.

Whichever option you choose, your children under two years are covered at no extra cost on your policy.

Worldwide Travel Options is insured and underwritten by Zenith General Insurance Company Limited, and administered and serviced by Bupa Global Travel.

Buy the insurance

It is easy to take out Worldwide Travel Options. You only need to complete the application form and send it to us. Please call us at +234 01-2784185, +234 01-2783391, +234 01-4545478 or +234 01-4545482 or email:

travellandretail@zenithinsurancecoy.com or contact Zenith General Insurance Company Limited if you wish to have your policy schedule issued immediately. You can also take out the insurance online: www.zenithinsurancecoy.com

Contact us

You are always welcome to contact us or Zenith General Insurance Company Limited if you have any questions regarding the insurance cover, or if you need information about our other services:

- Business travel insurance.
- Travel insurance for groups.

*Only with Annual Travel

Use the insurance

Pre-existing conditions

If you suffer from a pre-existing condition before the beginning of the trip, and if the condition has been stable the last six months prior to each departure, it is normally covered. For full details see art. 6.6 in the policy conditions.

If in doubt, we offer you the possibility to get a pre-evaluation of your medical condition.

Send an up-to-date medical report to us and our in-house medical consultants will confirm if your particular condition is covered.

The medical form can be requested from Zenith General Insurance Company Limited or by sending an email to travel@ihi-bupa.com.

Acute assistance

In case of hospitalisation, evacuation, compassionate emergency repatriation, accompaniment, compassionate emergency visit, death and accident, we must always be notified immediately.

Bupa Global Assistance is open 24/7/365 and can be contacted at:

- Phone: +45 70 23 24 61
- Email: emergency@ihi-bupa.com

We can send a guarantee of payment to hospitals, arrange home transportation and provide other kinds of assistance in connection with acute illness and injury.

How to claim

Outpatient treatment such as visits to a doctor or dentist must be paid by yourself before claiming reimbursement.

You can send us your claim by email by filling in a claim form which can be requested from Zenith General Insurance Company Limited or by sending an email to travel@ihi-bupa.com.

Send it electronically by email to traveleclaim@ihi.com or by ordinary mail to our postal address.

Please complete the form with as much detailed information as possible together with all relevant documentation such as itemised bills, scanned receipts, expense documentation, etc.

List of Reimbursements

Valid from 1 January 2018

This List of Reimbursements together with the Policy Conditions.

Basic Cover

Maximum cover and benefits are per person per trip:

Basic Cover	USD
Maximum cover per person per trip	Unlimited
Hospitalisation	100%
Outpatient treatment by a doctor/specialist	100%
Prescribed medicines	100%
Prescribed treatment by a physiotherapist/chiropractor	USD 2,500
Provisional pain relieving dental treatment	USD 300
Ambulance transportation	100%
Medical evacuation/repatriation (must be pre-approved and co-ordinated by the Company)	100%
Mugging and assault – crisis psychologist	USD 250 per incident
Evacuation	100%
Return trip	100%
Compassionate emergency repatriation	100%
Accompaniment	100%
Compassionate emergency visit	100%
Accommodation (overnight stay), meals and local transportation for an insured unable to continue their travel itinerary due to acute illness or injury, or persons summoned or accompanying an insured, per person	USD 6,000 per day USD 300
Statutory arrangements in case of death	100%
Home transportation of the deceased	100%
Continuation of trip post treatment (must be pre-approved by the Company)	100%
Sports activities including winter sports – Medical expenses*	100%
*cf., however, Art. 6 and Art. 23	

Policy Conditions

Valid from 1 January 2018

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Art. 1 Acceptance of the insurance

1.1: The insurance policy is insured and underwritten by Zenith General Insurance Company Limited, hereinafter called the Company, and administered by Bupa Global Travel. The Company, shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company. The Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.2: In order for the insurance to be accepted by the Company, the applicant must not have reached 70 years of age at the commencement date.

1.3: If Annual Travel has been chosen, the insurance cover shall cease when the insured reaches 70 years of age.

1.4: All underwriting and issuance of policy schedules are made by the Company.

1.5: The Basic Cover must be taken out before any other options can be added.

Art. 2 Commencement date and extensions

2.1: The insurance shall be valid if the premium has been paid prior to the commencement date. The insurance shall be effective in the period stated in the policy schedule/on the insurance card.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance is taken out after the insured has left the country of permanent residence, the cover under the insurance / additional options is not effective until 3 days after the purchase date. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the commencement date of the insurance.

2.3: If Annual Travel has been chosen, cover shall be valid only for trips of one month's duration, as a maximum, unless extra travel days have been purchased. One month is defined as a period from eg the 5th in one month up to and including the 4th in the following month. The cover always starts on the date when the insured leaves the country of permanent residence and continues for one month. If the insured takes out the policy during a trip abroad, the one month period is still calculated from the insured's departure from the country of permanent residence.

2.4: If Single Trip has been chosen, the insurance can only be taken out for an insurance period of maximum 12 months including any policy extensions.

2.5: The insurance period of Single Trip and Annual Travel can be extended as per agreement with the Company. However, any illness or injury which has come occurred, or has shown symptoms, or has been diagnosed in the previous travel period(s) shall not be covered in the extended insurance period, unless the extension was made before the illness or injury

occurred or had shown symptoms.

2.6: If Annual Travel is extended with extra travel days and if the extra travel days are purchased prior to the insured's departure from the country of permanent residence, the cover will be continuous without interruption in the extended period.

Art. 3 Who is covered by the insurance?

3.1: The insurance shall cover the insured person(s) named in the policy schedule/on the insurance card.

3.2: Cover at no extra cost for children under the age of two is subject to the child being registered with the Company, the insured person(s) having legal custody of the child, and the child being registered at the same address as the insured having legal custody of the child.

Art. 4 Where is cover provided?

4.1: The insurance shall provide worldwide cover, cf however Art. 13.1 - 28).

4.2: The insurance does not provide cover within the insured's country of permanent residence. This also applies even if the illness/injury has occurred abroad.

Art. 5 What is covered by the insurance?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable benefits listed on page 15.

5.2: Fellow-travelling children under the age of 18 who are covered by the insurance shall be entitled to compensation for reasonable travel expenses if the parents or all the fellow-travellers are medically evacuated, repatriated or are accompanying another insured in connection with a transport covered by the insurance.

Art. 6 Medical expenses

6.1: The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

6.2: Treatment by authorised physicians and specialists, prescribed hospitalisation, prescribed medicines and local transport to and from the place of treatment shall be compensated at 100% of the expenses.

6.3: Treatment by physiotherapists and chiropractors prescribed by an authorised physician shall be compensated at 100% of the expenses, not exceeding, however, USD 2,500 per insured.

6.4: Provisional pain relieving dental treatment in case of an injury or infection, a lost filling or a broken tooth during the trip that requires immediate treatment by authorised dentists and prescribed medicines in connection herewith shall be compensated within a maximum of USD 300 per insured.

6.5: The insurance shall cover expenses for medical assistance in case of any sudden and unforeseen illness and/or complication in connection with maternity until and including the 8th month (36th week) of pregnancy, however only until and including the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child, cf. also Art. 13.1 7).

6.6: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

1) has been hospitalised within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,

2) has been treated by a physician (routine check-ups excepted) within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,

3) has had a change of medication within six months prior to commencement of the trip or, if Annual Travel has been chosen, prior to each departure from the country of permanent residence,

4) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,

5) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,

6) is waiting to receive treatment, or has been referred to another place of treatment,

7) has omitted to go to pre-arranged controls.

The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.7: Physicians, specialists, dentists, etc. performing the treatment must have authorisation 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.

6.8: The Company has the right to demand that the insured be repatriated to the country of permanent residence, if our medical consultant and the treating physician agree that the insured is medically fit to be transferred to his/her country of permanent residence. In case of disagreement, the decision of our medical consultant shall prevail.

Art. 7 Medical evacuation/repatriation

7.1: Compensation shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of an acute serious illness (cf. however Art. 6.6), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and our medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment. In case

of disagreement, the decision of our medical consultant shall prevail.

7.3: The Company cannot be held liable for expenses for a medical evacuation/repatriation which has not been pre-approved and co-ordinated by the Company.

7.4: Only one transportation is covered in connection with one illness or injury or case of death.

7.5: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next of kin have the following options:

1) cremation of the deceased and home transportation of the urn or,

2) home transportation of the deceased.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of USD 500, if the baggage is sent separately in connection with an evacuation or a repatriation.

Expenses shall be reimbursed for repatriation for any two of the summoned relatives or fellow-travellers of the deceased. The Company shall compensate reasonable additional travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum. The travel expenses must be pre-approved by the Company.

7.6: If the insured is unable to continue the trip due to an acute illness or injury covered by the insurance, when accepted by the Company prior to the change of travel itinerary, additional and reasonable expenses for accommodation, food and local transportation shall be covered until the insured is 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 the insured is again fit to travel.

Cover for accommodation(overnight stay), meals and local transportation is limited to USD 300 per day and subject to an overall maximum of USD 6.000.

The insurance covers reasonable additional expenses for carriage of the insured's baggage up to a maximum of USD 500, if the baggage is sent separately in connection with an evacuation or a repatriation.

7.7: The Company 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 pilot or any other condition beyond the Company's control.

Art. 8 Mugging and assault

8.1: The insurance shall cover expenses for counselling by a psychologist abroad or in the country of permanent residence arising from an event of mugging or assault during the insurance period, up to a maximum of USD 250 per incident, if prescribed by the treating physician abroad.

8.2: If the treating physician and the Company's medical consultant agree on the necessity of repatriating the insured due to an acute serious injury or psychological trauma, the insurance shall cover reasonable additional travelling expenses equivalent to the cost of an airplane ticket on economy class, as a maximum.

A copy of the police report must be submitted to the Company together with the claim form.

Art. 9 Return trip

9.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated/repatriated due to an illness or injury or if the insured has used the compassionate emergency repatriation cover.

9.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

9.3: The return trip must be made at the latest four weeks after the medical evacuation/repatriation or the compassionate emergency repatriation.

9.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the destination where the insured would have been according to his/her original travel plan at the time of the return trip.

Art. 10 Compassionate emergency repatriation

10.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the insured's country of permanent residence is hospitalised or dies as a result of a serious acute illness or injury occurring after the departure of the insured.

In case of doubt the decision of our medical consultants shall prevail. In the event of death, a death certificate must be submitted to the Company.

10.2: Only one transportation is covered in connection with one illness, injury or case of death.

10.3: No compensation shall be paid if the injured in question is a fellow-traveller who has already been repatriated.

10.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

10.5: Compensation shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.6: The insured has the right to take one fellow-traveller to accompany him/her on emergency repatriation. Compensation includes additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.7: If the insured does not have a permanent residence in the same country as the close relative, the insurance shall cover reasonable additional transport expenses in connection with repatriation corresponding to the expenses of transportation to the insured's country of permanent residence.

Art. 11 Accompaniment and compassionate emergency visit

11.1: The insurance shall cover accompaniment and/or compassionate emergency visit in the event of a serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover for compassionate emergency visit that our medical consultant and the attending physician agree that the duration of the stay in hospital will be a minimum of five days and nights, or that the condition of the insured is lifethreatening.

In case of disagreement, the decision of our medical consultant shall prevail. The compassionate emergency visit cover is only eligible during the insured's hospitalisation.

11.2: The insured is entitled to a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who are summoned from the insured's country of permanent residence to accompany the insured.

11.3: The Company shall compensate additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be made for a maximum of USD 300 per day up to a maximum of USD 6,000 for each summoned person or fellow-traveller for reasonable additional expenses in connection with accommodation (overnight stay), meals and local transportation.

11.4: The insurance shall only cover one compassionate emergency visit in connection with one insured event.

Art. 12 Evacuation

12.1: The insurance shall provide cover in case of:

1) declared epidemics in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if the situation has arisen after the insured has entered the region,

2) 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 services operations (whether war has been declared or not) in the region where the insured is staying, if the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution within the EU recommends evacuation, and if such a situation has arisen after the insured left for the region,

3) natural disasters provided that the Royal Danish Ministry of Foreign Affairs, a Danish embassy or a similar institution within the EU recommends evacuation and provided that the situation arose after the insured travelled to the area.

12.2: The insurance covers additional expenses for transportation to the nearest safe destination or to the home country, and a maximum amount of USD 150 per day for documented additional accommodation expenses.

12.3: If the insured is detained by the authorities in a country due to war or impending war, the insurance shall provide coverage for up to three months for reasonable and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transportation.

12.4: The Company cannot be held liable for the extent to which transportation can be carried out, but will cooperate with an EU government such as the Royal Danish Ministry of Foreign Affairs, the Danish embassy or a similar institution, in such cases where assistance is necessary.

Art. 13 Exceptions to cover

13.1: The Company shall not be liable to pay compensation for expenses which concern:

1) any illness, injury, bodily infirmity or physical disability and consequences thereof which have come into existence, or shown symptoms, before the insurance became effective or, if Annual Travel has been chosen, before each trip abroad (cf Art. 6.6),

2) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,

3) recreational treatment,

4) pre-existing diseases of the teeth and dental treatment which is not pain relieving and provisional and can await the insured's arrival home,

5) dentures, glasses, contact lenses and hearing aids,

6) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive). However, diseases relating to AIDS and HIV antibodies (HIV positive) are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The HIV-virus will also be covered if proven to be contracted as the result of an accident occurring during the course of only the following occupations: doctors, dentists, nurses, laboratory personnel, ancillary hospital workers, medical and dental assistants, ambulance personnel, midwives, fire brigade personnel, policemen/-women, and prison officers. The insured shall notify the Company within one week after such accident and at the same time provide a negative HIV antibody test,

7) medical assistance and check-ups in connection with maternity after the 8th month (36th week) of pregnancy and after the 4th month (18th week) of pregnancy when the pregnancy is the result of fertility treatment and/or the insured is expecting more than one child, Medical check-ups are not covered in any case,

8) induced abortion which is not medically prescribed,

9) the use of alcohol, drugs or medicines unless it can be documented that the illness or injury is unrelated thereto,

10) intentional self-inflicted bodily injury, the insured's suicide or the insured's suicide attempts,

11) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

12) treatment for sickness or injuries directly or indirectly caused while actively engaging in:

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),

13) nuclear reactions or radioactive fallout,

14) treatment performed by an unrecognised physician or facility (cf also Glossary),

15) epidemics which have been placed under the direction of the public authorities,

16) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

17) medical check-ups, vaccinations and other preventative treatment,

18) the insured resisting or failing to comply with the medical directions given by our medical consultant and the treating physician,

19) the insured resisting medical evacuation/repatriation (cf Art. 6.8),

20) transportation which has not been pre-approved and co-ordinated by the Company,

21) medical treatment and examinations which can await the insured's arrival home,

22) private room in hospital unless medically prescribed and approved by the Company,

23) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,

24) active participation in any motorsport show, motorsport race or motorsport competition, including any training, base jumping, paragliding, hang gliding, wing suit flying, speed flying, mountaineering that requires specialized climbing equipment and outdoor climbing,

25) any illness or injury resulting from active engagement in any illegal act.

26) search and rescue services

27) expeditions, mountaineering and trekking in Antarctica, the North Pole and Greenland,

28) injury caused by gross negligence and/or with intent.

Art. 14 **How to report a claim**

14.1: Compensation shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed claim form has been submitted to the Company together with the receipted and itemised bills and/or other relevant documentation such as medical information and flight tickets/travel documents. The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured.

14.2: In no event shall the amount of compensation exceed the amount shown on the bill. If the insured receives compensation from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent compensation made by the Company shall first be written down by any such outstanding amount.

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

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

Notification should be made by telephone or e-mail to the Company's 24 hour emergency service; the Company shall defray all expenses incurred in this connection.

14.5: Claims must be reported to the Company immediately after the circumstances underlying the claim have become known to the insured.

Art. 15 **Cover by third parties**

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

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

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

15.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

15.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim against another party and to safeguard the interests of the Company.

15.6: In any event, the Company shall have the full right of subrogation.

Art. 16 Payment of premium

16.1: Premiums, including renewal pre-miums for Annual Travel, are determined by the Company and shall be payable in advance for the whole insurance period before the commencement of the insurance.

16.2: The policyholder shall be responsible for punctual payment of the premium to the Company.

16.3: In the event of failure to pay before the commencement date of the insurance, the insurance shall not be effective and the Company shall not become liable.

16.4: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the policyholder's country of residence may apply. If they apply to the policyholder's insurance premium, they will be included within the total that has to be paid on the premium notice. The charges may apply from the commencement date or the anniversary of the commencement date. The policyholder must pay these charges to us when paying the premiums, unless otherwise required by law.

Art. 17 Necessary information to the Company

17.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company, including a consolidated company.

17.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claims against the Company, including provision of original bills upon request from the Company.

17.3: In addition, the Company is entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders. Furthermore, the Company is entitled to obtain any medical records or other written reports and statements concerning

the insured's state of health.

Art. 18 **Assignment, termination, cancellation and expiry**

18.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

18.2: If Annual Travel has been chosen, the insurance is automatically renewed on each policy anniversary.

If Single Trip has been chosen, the insurance is for the exact number of days purchased by the policyholder. There is no rolling renewal of the Single Trip insurance plan.

18.3: If the policyholder has purchased a travel insurance with an insurance period of more than one month, the policyholder has 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 the policyholder has entered into the insurance agreement. This will normally be on the date on which the policyholder has purchased the insurance and received the insurance documents.

The policyholder has a right to receive the policy documents and information about the right to cancel the insurance. The notice period for cancellation does not commence before the policyholder has received this information in writing (e.g. on paper or by email).

If, for example, the policyholder receives the insurance documents, and also has received the above information, eg. on Monday the 1st, he/she can cancel the insurance until and including Monday the 15th. If the period expires on a public holiday, Saturday or Sunday, the policyholder can wait until the following day.

If the insurance has entered into force before the withdrawal, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid.

If the policyholder wants to withdraw the insurance the Company must be notified by letter or email.

The Company's contact details are listed at the end of this document.

It is sufficient that the letter/email is sent to the Company before the expiry of the notice period.

18.4: The Annual Travel insurance may be terminated by the policyholder with effect from the end of a calendar month with 30 days' prior notice by phone, letter or email or by the Company with effect from the policy anniversary with one month's prior written notice. The termination may be subject to a fee, cf. Art. 18.4.1 below. The Single Trip insurance may be terminated by the policyholder with immediate effect at any time by phone, letter or email. The termination is subject to a fee, cf. Art. 18.4.2 below. Any additional travel days purchased for a trip (extension of cover) on Annual Travel insurance may be terminated with immediate effect. The termination is not subject to a fee.

18.4.1: If the Annual Travel insurance is terminated by the policyholder before it has been valid for 12 months the Company shall be entitled to an administration fee of USD 100.

18.4.2: If the Single Trip insurance is terminated before the expiry date set out on the insurance card the Company shall be entitled to an administration fee of USD 65.

18.4.3: If the insurance (either Annual Travel or Single Trip) or any extension of cover on Annual Travel is terminated after the commencement date, the policyholder will be charged premium for the time he/she has been covered. The Company will refund the difference between the premium that would be payable for the shorter period of cover and the premium paid less any administration fee charged according to Art. 18.4.1 or 18.4.2 above.

18.5: When a claim has been filed, the insurance can be terminated with one month's notice by the policyholder or by the Company within 14 days after the reimbursement has been effected or rejected by the Company.

18.6: The Company's 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, an insured's 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.

If Annual Travel has been chosen, cf Article 2.3, the insurance period shall for the purpose of this Article 28.6 also mean each travel period of a maximum of one month.

18.7: The insurance period can be extended up to 48 hours with no extra premium charge if the return of the insured is delayed without the insured being responsible for the delay.

18.8: Sanction clause
The Company will not provide cover nor pay claims under this insurance policy if the Company's obligations (or the obligations of the Company'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 the Company from doing so. The Company will normally tell the policyholder if this is the case unless this would be unlawful or would compromise the Company's reasonable security measures.

This insurance policy does not provide cover to the extent that such cover would expose the Company (or the Company'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.

Art. 19 Making a complaint

19.1: Making a complaint

We are always pleased to hear about any aspect of your insurance cover that you have particularly appreciated, or that you have had problems with. If something does go wrong, we have a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

If you have any comments or complaints, you can call the Bupa Global Travel Customer Service on +45 70 20 70 48, alternatively you can email at travel-complaints@ihi-bupa.com, or write to us at:

Bupa Global Travel
Palægade 8
DK-1261 Copenhagen K
Denmark

19.2: Taking it further

If we have not been able to resolve the problem and/or you wish to take your complaint further, please contact your insurer using the following contact details:

Zenith General Insurance Company Limited
Plot 280A, Ajose Adeogun Street, Victoria Island
Lagos, Lagos State
Nigeria

Art. 20 Applicable law

20.1: Your policy is governed by the laws of Nigeria. Any dispute that cannot otherwise be resolved will be dealt with by courts in Nigeria.

Glossary

This Glossary with definitions is part of the Policy Conditions.

Defined term	Description
Acute serious illness:	An "acute serious illness" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Applicant:	A person named on the Application Form and the Medical Questionnaire as an applicant for insurance.
Application:	The Application Form and Medical Questionnaire.
Baggage	Baggage is defined as suitcases, clothing, toiletries, books, photo equipment, mobile phones and laptops.
Bupa Global Travel (incl. we/us/our):	Bupa Denmark, filial af Bupa Insurance Limited, England, 8 Palaegade, DK 1261 Copenhagen K, Denmark. CVR Number: 31602742 Bupa Denmark, filial af Bupa Insurance Limited, England, is authorised by the Prudential Regulation Authority (UK) and subject to limited regulation by the Danish Financial Services Authority (Finanstilsynet). More information can be found on the website www.finanstilsynet.dk .
Claim:	The financial demand covered in whole or in part by the insurance. In the Company's evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.
Close relative	A close relative is defined as being a spouse/-partner, residing and registered at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.
Co-insured	A person insured under the same annual or single trip policy as the policyholder and named on the policy schedule or insurance card.
Commencement date:	The date indicated in the policy schedule on which the insurance commences, unless otherwise stated in the Policy Conditions.

Defined term	Description
Company, the	Zenith General Insurance Company Limited, Plot 280A, Ajose Adeogun Street, Victoria Island, Lagos, Lagos State, Nigeria.
Country of permanent residence	The residence where the insured has his/her permanent home or principal establishment and to where, whenever the insured is absent, the insured intends to return.
Hospitalisation:	Surgery or medical treatment in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
Insurance:	The Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope of the insurance terms, the premium payable, deductible and reimbursement rates.
Insured	The policyholder and/or all other insured persons as listed in the valid policy schedule.

Defined term	Description
Next-of-kin	<p>"Next of kin" shall mean the following persons in the below stated order:</p> <ul style="list-style-type: none"> ○ spouse ○ live-in partner (if the below conditions are met) ○ children/heirs of the body ○ beneficiary under a will/beneficiary under an intestacy. <p>The next-of-kin will always be found "from the top". Accordingly, if the insured is not survived by a spouse, a surviving live-in partner will receive the payment, and so forth.</p> <p>For a live-in partner to be considered as the next-of-kin, he or she must have lived together with the insured and have shared the same address and:</p> <ul style="list-style-type: none"> ○ be expecting, have or have had a joint child ○ have been living together with the insured in a conjugal relationship at the shared address for the last two years leading up to the death of the insured. <p>For insurance policies established before 1 January 2008, under which the beneficiary according to the policy holder is "the next of kin", a live-in partner is not entitled to payment under the policy. However, if the policy holder, in writing, after 1 January 2008 reinstates "the next of kin" as the beneficiary under the insurance, the above mentioned order shall apply as if the insurance policy had been established after 1 January 2008.</p>
Policyholder:	The (legal or physical) person having entered into the contract with the Company.
Outpatient:	Treatment provided at a hospital, outpatient clinic or associated facility where it is not medically necessary to occupy a bed overnight.

Defined term	Description
Policy Conditions:	The terms and conditions of the insurance purchased.
Policy schedule:	Policy details showing the type of insurance purchased, deductible and any special terms.
Pre-existing condition:	The medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms
Securities	Entrance tickets to eg museum, football match, theatre performance, opera etc.
Serious injury:	A "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.
Simple theft	Theft which is not noticed at the time of the theft being committed.
Subrogation:	The insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.
Unrecognised medical practitioner, provider or facility:	<p>An unrecognised medical practitioner, provider or facility includes:</p> <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by family members or anyone with the same residence as the insured
We/us/our	Zenith General Insurance Company Limited, the insurer, and/or Bupa Global Travel, the administrator, acting on behalf of Zenith General Insurance Company Limited.

