

Notwithstanding 'General Exclusion for pandemics' included under this **Policy**, it is hereby declared and agreed that this policy is extended as follows:

Section 1 – Cancellation and Abandonment

Cover under this Section is extended to include:

- A. 1. Cancellation expenses if **you** or **your travelling companion** or **your close relative(s)** or persons hosting the **insured persons**, die, fall ill, must quarantine or is forced to self-isolate due to **COVID-19**. Cover is applicable subject to any of the above persons having a positive **COVID-19** test result confirmed within 14 days of the departure date of the **insured persons** from **Malta**.
- 2. Cancellation expenses if **you** or **your travelling companion** are denied departure from **Malta** because **you** are showing symptoms for **COVID-19**, subject to:
- i. Your transport or accommodation provider not reimbursing you or offering alternative dates; and
- ii. Written evidence from **your** transport provider that **you** or **your travelling companion** have been denied boarding due to potential **COVID-19** infection; and
- iii.A positive **COVID-19** test result being confirmed within the 24 hours after being denied boarding or not permitted to continue the **trip**, at **your** expense.
- B. 1. Reasonable additional charges for accommodation and additional travel expenses if any of the **insured persons** are hospitalised, forced to self-isolate or confined to their accommodation in quarantine and the **trip** has to be abandoned.
- 2. Reasonable additional charges for accommodation and additional travel expenses which are necessary to get **you** home, if **you** are unable to use **your** return ticket, following denial of boarding at departure or not being permitted to continue the **trip** due to the **insured persons** testing positive or showing symptoms for **COVID-19**, subject to:
- i. Your transport or accommodation provider not reimbursing you or offering alternative dates; and
- ii. Written evidence from **your** transport provider that **you** or **your travelling companion** have been denied boarding due to potential **COVID-19** infection; and
- iii.A positive **COVID-19** test result being confirmed within the 24 hours after being denied boarding or not permitted to continue the **trip**, at **your** expense.



<u>Section 2 – Emergency Medical and Associated Expenses and Hospital Benefit</u>

Cover under this Section is extended to include:

a. any emergency medical expenses (including rescue services to take **you** to the hospital) incurred due to **COVID-19**. Such cover will also be extended for the Hospital Benefit during the in-patient stay due to **COVID-19**;

b. The cost of returning **your** body to your **home** or the cost of burial or cremation in the country abroad where death occurred.

Cover for **COVID-19** under Section 1 and Section 2 are subject to:

a. the Section limits stated in your policy schedule; and

b. cover cannot be purchased when **you** or **your travelling companion** or **your close relative(s)** and persons hosting the **insured persons**, have symptoms, test positive or are waiting for a test result for **COVID-19**.

Furthermore, cover under Section 1 – Cancellation and Abandonment item A. b. vii in **your policy**, is deemed to be deleted and have no effect whatsoever, and no cover will apply if the quarantine is the result of any government law or regulation and as a result, **Malta** or the country **you** are visiting is put on lockdown and/or a travel ban is imposed due to **COVID-19** and/or any other declared **pandemic**/epidemic.

In addition, no cover will apply if the entire ship, plane or bus in which **you** are travelling is put under quarantine, unless **you** are **COVID-19** positive.

For the purpose of this cover **COVID-19** shall mean: "the virus officially known as 'severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)' and/or any related illness including Coronavirus Disease and/or any mutation or variation of SARS-CoV-2 however caused."