



PREMIER NATIONAL  
PARTNER

RBC Insurance®

## FLIGHT ACCIDENT

### **For Emergency Assistance:**

Please contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

### **Claims Assistance**

If *you* need a Claim & Authorization form, to submit a new claim, or *you* want status on an existing claim, please contact *our* Claims Department at:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944

Residents of Quebec 514 748-2244 or 1-800-263-8944

**FLIGHTACCIDENT- SINGLETRIP**

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## Summary of Insurance Coverage

Flight Accident Insurance	
Risk	Principal Sum
Death, Double <i>Dismemberment</i> , <i>Loss of Sight</i> of both eyes, or complete and irrecoverable loss of speech or hearing <sup>1</sup>	\$100,000
Single <i>Dismemberment</i> or <i>Loss of Sight</i> of one eye	50% of Principal Sum

<sup>1</sup> You are entitled to a maximum of the largest amount specified for one of these benefits.

### Definitions

The following are *our* definitions and apply when written in *italics* throughout this document.

**Accidental bodily injury** - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

**Contamination** - the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

**Departure point** - the place you depart from on the first day of *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

**Dismemberment** - actual severance through or above *your* wrist or ankle joint.

**Effective date** - the date and time shown on *your* transportation ticket.

**Expiry date** - the date on which *your* coverage ends under this insurance, as shown on *your insurance application/confirmation of coverage*.

**Insurance application/confirmation of coverage** - the printed form, computer printout, invoice or document provided by *your* Travel Agent or through *your* online application, which confirms the insurance coverage you have purchased. The *insurance application/confirmation of coverage* forms part of the insurance contract.

**Loss of sight** - entire and permanent loss of eyesight.

**Medical condition** - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**Passenger plane** - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.

**Return date** - under Flight Accident coverage the *return date* and time is shown on *your* transportation ticket.

**Spouse** - the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

**Terrorism or act of terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Travelling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Trip** - the period of time between *your departure point* up to and including *your return date*.

**We, us and our** refer to RBC Insurance Company of Canada.

**You, yourself and your** refer to the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.

### General Insurance Details

*Your* insurance coverage is subject to the terms set out in this document.

#### **Who is eligible for coverage?**

To be eligible for insurance coverage *you* must:

- purchase coverage through a Canadian Travel Agency appointed by RBC Insurance Company of Canada;
- purchase *your* coverage before *your effective date*.

#### **How do you become insured?**

*You* become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*
- and upon payment of the required premium on or before *your effective date*.

#### **When does your insurance start and end?**

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence;
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 365 days after *your* date of departure from *your departure point*.

#### **When does your coverage automatically extend?**

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 If *you* or *your travelling companion* are hospitalized on *your return date* or *expiry date*, *your* coverage will automatically extend for the period of hospitalization and up to an additional 5 days after discharge.

- 3 If *you* or *your travelling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your coverage* will automatically extend for the delay period to a maximum of 5 days after *your return date*.
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your latest date of departure from your departure point*.

#### **What if *you* decide to extend *your trip*?**

If *you* decide to extend *your trip*, any extension of *your coverage* is subject to the following conditions:

- 1 *You* must request the extension by contacting *your Travel Agent* before *your return date*.
- 2 *You* must pay the required additional premium before *your original return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your coverage* cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
  - a) for which *you* are eligible; and
  - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

### **Flight Accident Insurance**

#### **What risks are insured?**

*Your accidental bodily injuries*, resulting in *your dismemberment, loss of sight*, death or complete and irrecoverable loss of speech or hearing within 365 days from the date of the accident that occurs during *your trip*.

#### **What are the benefits?**

We will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment* or *loss of sight* of both eyes; or
- 2 100% of the principal sum for complete and irrecoverable loss of speech or hearing; or
- 3 50% of the principal sum for single *dismemberment* or *loss of sight* of one eye.

#### **What is not covered?**

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

- 1 War (declared or not), act of foreign enemies or rebellion.
- 2 *Your intentional self-inflicted injury*, suicide or attempt to commit suicide (whether sane or insane).
- 3 The commission of a criminal act or direct or indirect attempt to commit a criminal act by *you* or *your beneficiary*.
- 4 Participation in any military manoeuvre or training exercise.
- 5 Disease, even if the cause of its activation or reactivation is an accident.
- 6 Piloting, learning to pilot or acting as a member of a crew of an aircraft.
- 7 *Contamination* due to any *act of terrorism*.
- 8 Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 9 *Terrorism*.

#### **What conditions apply?**

- 1 This insurance is subject to the “General Conditions” and “How Do *You* Submit a Claim?” sections outlined in this policy.
- 2 The total benefits payable for one or more accidents will not exceed the applicable principal sum of \$100,000.
- 3 If after 1 year following the forced landing or disappearance of the *passenger plane* on which *you* are riding, *your body* has not been found, it will be presumed that *you* died as a result of the *accidental bodily injuries* that occurred at the time of such forced landing or accident or, in the case of disappearance of such *passenger plane*, that *you* died at the time and place the *passenger plane* was last seen or heard from and as the result of an accident to such *passenger plane*.
- 4 The *accidental bodily injury* must be sustained while *you* are:
  - a passenger on the *trip* shown in the *insurance application/confirmation of coverage* or during a substitute *trip* if the ticket is exchanged;
  - riding as a passenger in a land or water conveyance at the expense of the airline as a substitute for a *passenger plane* on which *you* are covered by this insurance;
  - riding as a passenger in a limousine or bus service provided by the airline or airport authority;
  - at an airport for the purpose of departure or arrival of the flight covered by this insurance;
  - riding as a passenger in a scheduled helicopter shuttle service to and from airports to make a connection with the flight covered by this insurance; or
  - exposed to the elements due to a forced landing or disappearance of a *passenger plane* on which *you* are riding.
- 5 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
- 6 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance application/confirmation of coverage* and the return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time *you* sustain the *accidental bodily injuries*, *you* must be travelling on a ticket or pass covering the whole airline *trip* issued to *you* for transportation on a *passenger plane* in which this insurance was purchased against. If the ticket is issued to *you* aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

### **GeneralConditions**

- 1 If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 4 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.
- 5 *We* will pay the expenses, other than for loss of life, covered under this insurance to *you*. Any sum payable for loss of life will be payable to *your* estate unless otherwise specified in *your insurance application/confirmation of coverage*.
- 6 If the aggregate of all accident insurance policies under which *we* cover *you* is in excess of \$200,000, *our* total liability will be limited to \$200,000 and any excess insurance will be void and the premiums paid will be refunded.
- 7 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 8 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 9 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 10 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 11 Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
- 12 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 13 This document, including the *insurance application/confirmation of coverage*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.

### **How do you submit a claim?**

- 1 When *you* call Assured Assistance Inc. at the time of an emergency, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 *We* do not cover fees charged for completing a medical certificate.
- 3 *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point*.
- 4 *We* require the fully completed Claim & Authorization form (please contact *your* local office for the appropriate form at 1-800-263-8944), and where applicable:
  - police reports, medical records, death certificate, autopsy or coroner’s report.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF *YOUR* CLAIM.**



**RBC Insurance Company of Canada and  
Assured Assistance Inc.  
P.O. Box 97, Station A,  
Mississauga, Ontario L5A 2Y9**

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