

Travel Assistance Insurance Contract N° 51589

CONTRACTING PARTY: TOP FLANAGAN, S.L.

THE CONTRACTING PARTY has signed with SOS Seguros y Reaseguros, S.A., which is part of the INTERNATIONAL SOS GROUP, with registered office in Madrid, Calle Ribera del Loira no 4-6, provided with C.I.F. No A-78562246, and registered under number C-627 in the Registry of Insurance Companies of the General Directorate of Insurance and Pension Funds, this Travel Assistance insurance contract, with:
EFFECTIVE DATE: 22/03/2021 **TERMINATION DATE:** 21/03/2022
 Coverage **GEOGRAPHIC SCOPE:** SPAIN AND PORTUGAL
 Coverage and limits are detailed below:

INSURANCE CONTRACT COVERAGE

	Coverage	Maximum limits in €
A)	MEDICAL ASSISTANCE AND TRAVEL ASSISTANCE COVERAGE (Including COVID-19 disease)	
1	Medical, pharmaceutical or hospitalization expenses	
	SPAIN AND PORTUGAL	30.000 €
2	Emergency dental expenses abroad	€ 750
3	Advances in respect of guarantees for hospital fees abroad	30.000 €
5	Extension of stay	€ 110 per day/10 days max.
8	Sanitary transfer or medical repatriation	Unlimited
17	Transfer or repatriation of mortal remains	Unlimited

HOW TO APPLY FOR COVERAGE:

You can request assistance by phone at **91.572.43.43** and, if you call from abroad, at **34.91.572.43.43**
 You must indicate:

- * Name and Last Name.
- * Insurance contract number.
- * Address and telephone number of where you are at.
- * Description of the problem you have.

Coverage and benefits that have not been requested from the insurance provider and have not been carried out by or with its agreement, shall not grant the right to subsequent reimbursement or compensatory compensation, however, when the insured person, due to circumstances of force majeure, has not been able to contact the Assistance Center may request reimbursement of expenses by writing to SOS SEGUROS Y REASEGUROS, S.A. Calle Ribera del Loira, 4-6, 28042 MADRID, providing the following information:

- * Reasons for not contacting the Assistance Center.
- * Insurance contract number.
- * Original invoices or proof of the claimed expenses.
- * Medical report stating the diagnosis of the disease and, where appropriate, the need to be repatriated.
- * Death certificate and documentation proving the degree of relationship with the deceased in cases of repatriation due to the death of a relative.

This document is provided for informational purposes. It does not constitute a contractual document and does not replace the General and Particular Conditions, as well as its limitations and exclusions, of the insurance contract itself, all of which shall prevail in case of discrepancy.

