

Travel Insurance

Policy Wording



CONTENTS & CONTACT NUMBERS



Emergency Assistance

24/7, 365 days a year

02034753267

Claims Team

09:00-17:00 Monday - Friday

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BENEFIT TABLE

Benefit	Maximum Limit		
	Essentials	Extra	Premier
Excess, per covered person (an excess applies to all benefits with an *)	£75	£40	N/A
Cancellation			
Cancellation, maximum*	£500	£750	£1,500
Abandonment, maximum*	£500	£750	£1,500
Curtailement			
Curtailement, maximum*	£500	£750	£1,500
Missed Departure			
Missed Departure, maximum	£250	£400	£500
Travel Disruption			
Travel Disruption, maximum*	£500	£750	£1,500
Delayed Departure			
Delayed Departure, maximum	£200	£250	£300
Delayed Departure, maximum per 6 hours delayed	£25	£25	£25
Baggage Delay			
Baggage Delay, maximum	£100	£150	£200
Baggage, Personal money and Travel Documents			
Baggage, maximum*	£500	£750	£1,000
- Single Article Limit	£150	£200	£250
- Valuables Limit	£200	£300	£400
Personal money, maximum*	£500	£750	£1,000
- Cash limit	£150	£200	£250
- Cash limit for under 16s	£50	£50	£50
Travel Documents, maximum*	£150	£200	£250
Emergency Assistance			
Hospital Transfer, maximum*	£1,000	£1,000	£1,000
Repatriation of Mortal Remains*	£5,000	£5,000	£5,000
Personal Liability			
Personal Liability, maximum*	£1,000,000	£1,000,000	£1,000,000

ABOUT YOUR COVER

INTRODUCTION

Thank **you** for choosing this cover.

This is **your** travel insurance policy wording. It contains details of cover, conditions and exclusions relating to each person named on the policy certificate and is the basis on which all claims will be settled. The travel insurance certificate will be attached to the policy. **You** will need to take the travel insurance certificate on holiday with **you** as proof of **your** holding a valid policy with **us**.

The travel insurance certificate and any endorsements are all part of the policy.

INSURER

This policy is underwritten by Inter Partner Assistance S.A. UK Branch, which is part of the AXA Group.

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.

AGE LIMITATIONS

The maximum age limit for benefits in EMERGENCY ASSISTANCE and benefits related to a **medical condition** in CANCELLATION or CURTAILMENT is 75 years inclusive. If **you** reach the age of 76 during a **trip** cover will continue under those sections until the end of that **trip** but not thereafter.

IMPORTANT INFORMATION

1. Claims arising from any **pre-existing medical conditions** are not covered, unless listed under WAIVED CONDITIONS.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. If **you** need to **curtail your trip** **you** must contact **us** on 02034753267.
6. This policy will be governed by the laws of England and Wales.
7. **We** will only pay up to the single article limit for any **baggage** or **valuables** (including Ski Equipment/**Golf equipment**).
8. In order to be eligible to receive cover under this benefit schedule **you** need to legally reside in the **United Kingdom**. **You** must have a residential address that **you** can refer to within the **United Kingdom** and should be registered with a General Practitioner.
9. The duration of any **trip** may not exceed 90 consecutive days. Please note if **your trip** is longer than the maximum duration, benefits will not apply to any part of that **trip**. **Trips** must begin and end in the **United Kingdom**. **Trips** using one way or one way open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins. All **trips** are only covered where you are travelling more than 100 kilometres from **home** or have pre-booked at least two nights' stay at a registered accommodation provider rented for a fee.
10. An **excess** applies to benefits CANCELLATION, CURTAILMENT, BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS, EMERGENCY ASSISTANCE and PERSONAL LIABILITY.

ABOUT YOUR COVER

IMPORTANT LIMITATIONS UNDER CANCELLATION OR CURTAILMENT

This policy will not cover any claims under CANCELLATION or CURTAILMENT arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been received from a **medical practitioner**; or if
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic; or if
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

IMPORTANT HEALTH REQUIREMENTS

You must comply with the following conditions in order to have full cover under these benefits. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);

In addition, **you** will not be covered under EMERGENCY ASSISTANCE, or for CANCELLATION or CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);
- are not a permanent resident of, and (where applicable) registered with a General Practitioner in the **United Kingdom**.

Please note: No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered, unless listed under WAIVED CONDITIONS.

INDIRECTLY RELATED CONDITIONS

For **your** information, examples of conditions that can be indirectly linked to any **medical condition** **you** have, or have had include:

- someone with breathing difficulties who then suffers a chest infection of any kind;
- someone with high blood pressure or diabetes who then has a heart attack, stroke or mini-stroke;
- someone who has or has had cancer who suffers with a secondary cancer;
- someone with osteoporosis who then suffers with a broken or fractured bone.

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in **bold**. There may also be specific definitions relating to that section of the policy, these will all be listed at the start of the policy section.

ADVERSE WEATHER CONDITIONS

Rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

BAGGAGE

Clothing, personal effects, luggage and other articles which belong to **you** (excluding **valuables**, ski equipment, **golf equipment**, **personal money** and documents of any kind) and are worn, used or carried by **you** during any **trip**.

BENEFIT TABLE

The table listing the benefit amounts on page 3.

ABOUT YOUR COVER

BODILY INJURY	An identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of your unavoidable exposure to the elements shall be deemed to be a bodily injury .
CANCELLATION PERIOD	The 14 days following purchase of the insurance policy.
CLOSE BUSINESS ASSOCIATE	Any person whose absence from business for one or more complete days at the same time as your absence prevents the proper continuation of that business.
CLOSE RELATIVE	Mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.
COMPLICATIONS OF PREGNANCY	The following unforeseen complications of pregnancy as certified by a medical practitioner : toxemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
EXCESS	The first amount, as shown in the benefit table , which you will be responsible for, per covered person , for each and every event.
GOLF EQUIPMENT	Golf clubs, golf balls, golf bag, golf trolley and golf shoes.
HOME	your normal place of residence in the United Kingdom .
HOMEWARD JOURNEY	Travelling to your home address in the United Kingdom from your trip destination.
MANUAL WORK	Any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light manual work at ground level including retail work and fruit picking.
MEDICAL CONDITION(S)	Any medical or psychological disease, sickness, condition, illness or injury that has affected you or any close relative , travelling companion or person with whom you intend to stay whilst on your trip or your close business associate .
MEDICALLY NECESSARY	Reasonable and essential medical services and supplies, ordered by a medical practitioner exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, medical condition , disease or its symptoms, and that meet generally accepted standards of medical practice.
MEDICAL PRACTITIONER	A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to you , any travelling companion , or any person with whom you have arranged to stay.
OUTWARD JOURNEY	Travelling from your home or business address in the United Kingdom to your trip destination including domestic flights, sea crossings or rail journeys which are booked prior to you leaving on your trip which is directly related to the outbound journey.

ABOUT YOUR COVER

The pre-arranged combination of at least two of the following components when sold or offered for sale at an inclusive price and when the service covers a period of more than 24 hours or includes overnight accommodation:

- Transport
- Accommodation other tourist services not ancillary to transport or accommodation (such as car hire or airport parking) and accounting for a significant proportion of the **package** as more fully described under The Package Travel and Linked Travel Arrangements Regulations 2018

PACKAGE

Items forming part of a set or which are normally used together.

The period of the **trip**, not exceeding the period shown on the travel insurance certificate. Cover for cancellation of **your trip** begins when **you** purchase the policy and ends at the start of **your trip**.

PERIOD OF COVER

Extension to the period of insurance

The **period of cover** is automatically extended for the period of the delay in the event that **your** return journey is unavoidably delayed due to covered event. Any **trip** that had already begun when **you** purchased this insurance will not be covered.

PERSONAL MONEY

Bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.

POLICYHOLDER

The lead traveller who purchases the insurance policy for all **covered person(s)**.

PRE-EXISTING MEDICAL CONDITION(S)

- any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to **you** purchasing this policy to the booking or commencement of any **trip**: and
- any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to **you** purchasing this policy to the booking or commencement of any **trip**.

PUBLIC TRANSPORT

Any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.

SPORTS AND ACTIVITIES

The activities listed under SPORTS AND ACTIVITIES on page 12.

STRIKE OR INDUSTRIAL ACTION

Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

TERRITORIAL LIMITS

Trips within the **United Kingdom** are covered.

PLEASE NOTE: Any **trips** to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.

TERRORISM

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 organisation(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.

THEFT

Any **theft** committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, **close relative** or travel companion)

ABOUT YOUR COVER

Any holiday or journey for business or pleasure made by **you**, within the **territorial limits**, which begins and ends in the **United Kingdom**, during the **period of cover**. **Trips** using one way or one way open tickets are not covered unless the outbound and inbound travel tickets have been purchased before the **trip** begins.

Trips are only covered where **you** are travelling at least 100 kilometres from **home** or have pre-booked at least two nights' stay at a registered accommodation provider rented for a fee.

PLEASE NOTE: Any **trips** to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel are not covered.

TRIP (S)

UNATTENDED

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

UNDER THE INFLUENCE

If a toxicology has been completed and produces a result above 0.02% BAC (Blood Alcohol Content) or drug screening proves positive. If a toxicology has not been completed, any report from the time of the incident confirming or noting any suspicion of **your** consumption/use of drugs or alcohol.

UNITED KINGDOM

England, Scotland, Wales, Northern Ireland and the Isle of Man.

VALUABLES

Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television- games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, MP3/4 players.

WE/US/OUR

The service provider, arranged by Inter Partner Assistance S.A. UK Branch.

YOU/YOUR/COVERED PERSON(S)

each person travelling on a **trip** whose name appears in the travel insurance certificate.

CONDITIONS APPLICABLE TO ALL BENEFITS

You must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. **You** must comply with **our** Important Health Requirements.
2. In order to be eligible to receive cover under this benefit schedule **you** need to legally reside in the **United Kingdom**. **You** must have a residential address that **you** can refer to within the **United Kingdom** and should be registered with a doctor.
3. The maximum age limit for benefits in EMERGENCY ASSISTANCE and benefits related to a **medical condition** in CANCELLATION or CURTAILMENT is 75 years inclusive.
4. **You** must take all reasonable care and precautions prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
5. If **you** need to **curtail your trip** **you** must contact **us** on 02034753267. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
6. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**.
7. **We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
8. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
9. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
10. **You** must provide all necessary documentation requested by **us** on page 26 at **your** expense. **We** may also request more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.
11. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
12. The policy **excess**, as and when applicable, will be deducted in respect of each **covered person** and each and every incident.
13. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
14. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
15. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
16. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
17. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - take over the settlement of any claim;
 - take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - take any action to get back any lost property or property believed to be lost.
18. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by

CONDITIONS APPLICABLE TO ALL BENEFITS

deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.

19. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
20. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
21. **You** must claim against **your** private health insurer, state health provider and/or other travel insurer first for any expenses.

WAIVED CONDITIONS

The following **medical conditions** are covered free of charge and subject to the normal terms and conditions of these benefits, provided:

1. **you** are not awaiting surgery for the condition, and
2. **you** have been fully discharged from any post-operative follow-up.

You do not need to declare any of these conditions to **us** provided ALL criteria are met:

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne
- Acronyx (Ingrowing Toenail)
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (no ongoing treatment, no hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast – Fibroadenoma
- Breast Cyst(s)
- Breast Enlargement/Reduction
- Broken Bones (other than head or spine) – (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue and no hospital admissions)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst – Breast
- Cyst – Testicular
- Cystitis (no ongoing treatment, no hospital admissions)
- Cystocele (fully recovered, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocations (no joint replacement or hospital admissions)
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved – must be all clear prior to travel if flying)
- Eczema (no hospital admissions/ consultations)
- Endocervical Polyp
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Femoral Hernia
- Fibroadenoma
- Fibroid – Uterine
- Fibromyalgia
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved – must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza (full recovery made)
- Ingrowing Toenail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia (no admissions)
- Intertrigo

WAIVED CONDITIONS

- Irritable Bowel Syndrome (IBS) (provided definite diagnosis made and no ongoing investigations)
- Keinboeck's Disease
- Keratoconus
- Knee Injury – Collateral/cruciate ligaments
- Knee Replacement (no subsequent arthritis and never any dislocation of a joint replacement)
- Kohler's Disease
- Labyrinthitis
- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy (resolved – must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine (provided definite diagnosis made and no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum
- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue and no hospital admissions)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia (no hospital admissions)
- Nosebleed(s)
- Nystagmus
- Osgood-Schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatosis
- Piles
- Pityriasis Rosea
- Post Viral Fatigue Syndrome (if the only symptom is fatigue and no admissions)
- Pregnancy (provided no complications)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritus
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea
- Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease (provided no respiratory issues)
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea (no machine used to assist breathing)
- Sore Throat
- Sprains
- Stigmatism
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence (no urinary infections)
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles – Epididymitis
- Testicles – Hydrocele
- Testicles – Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thrush
- Thyroid – Overactive
- Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (no ongoing treatment, no hospital admissions)
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse
- Varicocele
- Varicose Veins – legs only, never any ulcers or cellulitis
- Vasectomy
- Verruca
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)
- Wry Neck (Torticollis)

SPORTS & ACTIVITIES

You are covered when participating in the following activities. Any **sports and activities** marked with * is excluded under PERSONAL LIABILITY.

SPORTS AND ACTIVITIES are excluded if **your** participation in them is the sole or main reason for **your trip** (excluding golf and Winter Sports trips).

- *Abseiling
- *Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- *Canoeing (up to grade/class 3)
- *Clay pigeon shooting
- Cricket
- *Cross country skiing
- *Elephant Riding
- *Fell running
- *Fencing
- Fishing
- Football
- *Glacier Skiing
- *Go- Karting
- Golf
- Hockey
- *Horse Riding
- *Horse Trekking
- *Hot air ballooning
- Ice Skating (on recognised ski rinks)
- *Jet Biking
- *Jet Skiing
- Kitesurfing
- Monoskiing
- *Mountain bicycling on tarmac
- Netball
- Orienteering
- *Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- *Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- *Ski touring
- *Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- *Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- *Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- *War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- *Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – **you** are only covered for scuba diving up to the depth of **your** qualification. **You** must hold the relevant qualification for **your** dive and be diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation.

Please note: **You** are not covered when participating in any training or qualification course.

CANCELLATION

DEFINITIONS - APPLICABLE TO THIS SECTION

REGIONAL QUARANTINE

any period of restricted movement or isolation, including national lockdowns, imposed on a community or geographic location, such as a county or region, by a government or public authority.

PERSONAL QUARANTINE

a period of time where **you** are suspected of carrying an infection or have been exposed to an infection and as a result are confined or isolated on the orders of a medical professional or public health board in an effort to prevent disease from spreading.

WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **covered persons** together with any reasonable additional travel expenses incurred if cancellation or rebooking of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.
- b. Compulsory **personal quarantine**, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s).
- c. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **policyholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- d. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.
- e. The Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or other regulatory authority in a country in which **you** are travelling advising against all travel or all but essential travel to the area **you** are travelling to/in, but not including where advice is issued due to a pandemic or **regional quarantine**, providing the advice came into force after **you** purchased this insurance or booked the **trip** (whichever is the later) and was within 21 days of your departure date.
- f. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).
- g. If the car which **you** intended to use for **your trip** is stolen, or damaged and is unroadworthy, within seven days of the original departure date, and repairs are unable to be completed by the day of departure, only the costs of an equivalent hire car will be covered and no cancellation costs will be paid.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Any **pre-existing medical conditions** unless listed under WAIVED CONDITIONS.
3. Any claim relating to IVF treatment
4. Any unused or additional costs incurred by **you** which are recoverable from:
 - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
 - The providers of the transportation, their booking agents, travel agent, compensation scheme or Air Travel

BENEFIT SECTIONS

Organisers' Licensing (ATOL).

- **Your** credit or debit card provider or Paypal.

5. Claims where **you** have not provided the necessary documentation requested by **us**.
6. Any claim due to a **regional quarantine**.
7. Costs of medical tests/documents prior to leaving **your home** area, even if the test is required evidence to board **public transport** or to travel to/from/in **your** destination.
8. **Your** inability to travel due to **you** not producing vaccine certificates, medical tests/documents which are needed to travel.
9. Any claim where **you** cannot travel or choose not to travel because the Foreign, Commonwealth & Development Office (FCDO) (or any other equivalent government body in another country) advises against travel due to a pandemic.
10. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
11. Any costs for cancellation of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your home** due to **bodily injury** or illness.
12. Claims for travelling companions if they are not **covered persons**.
13. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
14. Any costs or charges for which the **public transport** provider will compensate **you**.
15. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
16. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
17. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
18. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
19. Any cancellation caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
20. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/accommodation, at the time it is found necessary to cancel the **trip**. **Our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
21. Claims for unused travel tickets to a destination where **we** have already paid for **your** alternative travel arrangements.
22. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later
23. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more
24. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
25. Any rebooking costs that exceed the cost of **your** originally booked **trip**.

BENEFIT SECTIONS

26. Claims where **you** have not checked in according to the itinerary supplied to **you**.
27. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations.
28. Any amount for which **you** have claimed under CURTAILMENT.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

CURTAILMENT

YOU MUST ALWAYS CONTACT US BEFORE CURTAILING YOUR TRIP

Telephone Number 02034753267

WHAT IS COVERED

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together for irrecoverable unused travel and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **covered persons** together with any reasonable additional travel expenses incurred if the **trip** is **curtailed** before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

- a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.
- b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where the **policyholder** is the owner, manager or principal of the business) caused by a third party that is not related to **you**.
- c. If **you** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

Please note: Reimbursement will be calculated strictly from the date **you** return to **your home**.

WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Any claim where **you** do not get pre-authorisation from **us** before returning to **your home**. **We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.
3. Any **pre-existing medical conditions**, unless listed under WAIVED CONDITIONS.
4. Any claim relating to IVF treatment
5. **Your** inability to travel due to **you** not producing vaccine certificates, medical tests/documents which are needed to travel.
6. Claims where **you** have not provided the necessary documentation requested by **us**.
7. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
8. Any costs for **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your home** due to **bodily injury** or illness.
9. Claims for travelling companions if they are not **covered persons**.

BENEFIT SECTIONS

10. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.
11. Any costs or charges for which the **public transport** provider will compensate **you**.
12. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
13. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
14. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
15. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
16. Any **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
17. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport or any required visas of any member of the travelling party.
18. Any unused or additional costs incurred by **you** which are recoverable from:
 - The providers of the accommodation, their booking agents, travel agent or other compensation scheme.
 - The providers of the transportation, their booking agents, travel agent, compensation scheme.
 - **Your** credit or debit card provider or Paypal.
19. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
20. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**.
21. Any amount for which **you** have claimed under CANCELLATION.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

MISSED DEPARTURE

WHAT IS COVERED

If **you** arrive at the airport, port or rail terminal too late to commence **your trip** as a result of:

- a. The failure of other scheduled **public transport**; or
- b. An accident to or breakdown of the vehicle in which **you** are travelling or a major event causing serious delay on the roads on which **you** are travelling;
- c. unexpected adverse weather

we will reimburse **you** up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** destination.

Please Note: Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a

BENEFIT SECTIONS

recognised itinerary/route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

3. Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
4. Costs in **excess** of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
5. All amounts paid in compensation by the carrier.
6. Claims where **you** have not retained and provided original receipts for costs above £5.
7. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
8. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
9. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
10. Any claims under this section if **you** have claimed under CANCELLATION.
11. Any expenses when reasonable alternative travel arrangements have been made available by the **public transport** operator within 12 hours of the actual departure time or actual connecting flight time.
12. Privately chartered flights.
13. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchasing the policy.
14. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements within 12 hours of the scheduled departure time or within 12 hours of an actual connecting flight arrival time.
15. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

TRAVEL DISRUPTION

DEFINITIONS - APPLICABLE TO THIS SECTION

CATASTROPHE

Fire, flood, earthquake, explosion, volcanic eruption and/or volcanic ash clouds, tsunami, landslide, avalanche, hurricane, storm, an outbreak of food poisoning or an infectious disease, or civil commotion and/or civil unrest not assuming the proportions of or amounting to an uprising.

WHAT IS COVERED

Up to the amount shown in the **benefit table** for **your** reasonable additional accommodation and **public transport** travel expenses (up to the standard of **your** original booking) so that **you** may continue **your trip** if **your trip** is disrupted due to:

- a **catastrophe** which prevents **you** from using **your** pre-booked accommodation;
- the **public transport** on which **you** were booked to travel being cancelled or delayed for at least 6 hours, diverted or redirected after take-off; or
- **you** being involuntarily denied boarding and no suitable alternative is offered within 6 hours.

IMPORTANT CLAIM CONDITIONS

BENEFIT SECTIONS

1. **You** must seek financial compensation, assistance or a refund of **your** costs from **your** travel provider.
2. **You** must allow enough time to arrive at the departure point and check in for **your outward** or **homeward journey**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. The cost of Air Passenger Duty (APD) at the rate published by HMRC, whether irrecoverable or not.
3. Any strike or **adverse weather conditions** publicly announced prior to **you** purchasing **your** policy or within 7 days of booking any **trip**. An example of publicly announced **adverse weather conditions** would be the point which an impending weather event is officially named by the Met Office, Environment Agency or any similar body.
4. Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements within 6 hours of the scheduled time of departure.
5. Claims arising from:
 - a. Breakdown of any vehicle owned by **you** which has not been maintained in accordance with manufacturer's instructions or in the event of an accident or breakdown when repairers report is not provided.
 - b. Any costs incurred as a result of **you** not planning **your** journey correctly, **you** must allow enough time to complete **your** journey and arrive at the time stipulated by the travel provider.
 - c. Any property maintenance costs or fees incurred by **you** as part of **your** involvement of a Timeshare or Holiday Property Bond scheme are not covered.
6. Any costs associated with rearranging **your** travel plans due to the **public transport** provider changing their scheduled timings which in turn impacts **your** planned itinerary.
7. Any claim where **you** were unable to take **your public transport** due to delays in security and/or customs.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

DELAYED DEPARTURE

WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for more than 6 hours from the scheduled departure time due to:

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

we will pay **you**:

- a. £50 for the first full 6 hours that **your** departure is delayed, and
- b. £50 for each additional full 6 hour period of delay.

The maximum **we** will pay **you** per **trip** is £200;

we will pay **you**:

- a. £50 for the first full 6 hours that **your** departure is delayed for **your** costs incurred in the terminal in respect of restaurant meals and refreshments consumed; and
- b. £50 for each additional 6 period of delay for **your** costs incurred in the terminal in respect of restaurant meals,

BENEFIT SECTIONS

refreshments consumed and hotel accommodation.

PLEASE NOTE: If after a minimum of 24 hours delay on **your outward journey** and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under CANCELLATION. A refund or alternative compensation must initially be sought from the travel provider.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.
3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 6 hours of the scheduled departure time.
8. Any claims for delayed departure under this section if **you** have claimed under MISSED DEPARTURE or CANCELLATION OR CURTAILMENT.
9. Privately chartered flights.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

BAGGAGE DELAY

WHAT IS COVERED

Up to the amount shown in the **benefit table** in total for all **covered persons** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 6 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under BAGGAGE.

IMPORTANT CLAIM CONDITIONS

1. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
 - obtain a Property Irregularity Report from the airline or their handling agents
 - give written notice of the claim within the time limitations of the carrier and retain a copy.
 - retain all travel tickets and tags to submit with a claim.
2. All amounts are only for actual receipted expenses in **excess** of any compensation paid by the carrier.
3. The amounts shown in the **benefit table** are the total for each delay irrespective of the number of **covered persons** travelling together.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

BENEFIT SECTIONS

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Claims which do not relate to **your outward journey**.
3. Claims due to delay, confiscation or detention by customs or other authority.
4. Claims arising from **baggage** shipped as freight or under a bill of lading.
5. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
6. Reimbursement for items purchased after **your baggage** was returned.
7. Reimbursement where itemised receipts are not provided.
8. Claims where **you** do not obtain written confirmation from the carrier (or their handling agents), confirming the number of hours the **baggage** was delayed and when the **baggage** was returned to **you**.
9. Any purchases made outside of 4 days of the actual arrival at the destination.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

WHAT IS COVERED

BAGGAGE

Up to the amount shown in the **benefit table** per **trip** for all **covered persons** travelling together, for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property (or if the item can be repaired economically **we** will pay the cost of repair only).

The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the **benefit table**.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **benefit table**.

PERSONAL MONEY

Up to the amounts shown in the **benefit table** per **trip** for all **covered persons** travelling together for the accidental loss of, **theft** of or damage to **personal money**.

We will pay up to the amounts shown in the **benefit table** under cash limit for bank notes and coins and up to the cash limit for under 16's if **you** are under the age of 16.

TRAVEL DOCUMENTS

Up to the amount shown in the **benefit table** for reasonable additional travel and accommodation expenses incurred necessarily to obtain a replacement of **your** lost or stolen **travel documents** as well as the pro-rata cost of the lost or stolen document.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
 - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
 - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
 - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.

BENEFIT SECTIONS

- Any amounts paid under BAGGAGE DELAY will be deducted from the final amount to be paid under this section.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

- The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
- Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
- Incidents of loss or **theft of baggage or valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
- Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your home**.
- Loss or damage due to delay, confiscation or detention by customs or other authority.
- Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed the issuer's instructions.
- Claims relating to currency when **you** do not produce evidence of the withdrawal.
- Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage). Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
- Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
- Any amounts already paid under BAGGAGE DELAY.
- All items used in connection with **your** business, trade, profession or occupation.
- Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
- Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
- Claims arising from loss or **theft** from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
- Valuables** left **unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
- Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
- Claims arising from **baggage** shipped as freight

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

EMERGENCY ASSISTANCE

WHAT IS COVERED

Up to the amount shown in the **benefit table** for costs incurred for:

- Reasonable and necessary costs incurred to transport **you** to the nearest suitable hospital, when deemed

BENEFIT SECTIONS

necessary by a recognised **medical practitioner**.

- b. If **you** die whilst on a **trip**, transportation charges for returning **your** body or ashes back to **your home**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. The **excess** as shown in the **benefit table** per **covered person** for each and every claim.
2. Any claim arising directly or indirectly from any **pre-existing medical condition**.
3. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
4. Expenses incurred for medical tests required in the area **you** are travelling to/in/from or returning to **your home** area, or by the **public transport** provider (unless specifically needed for a repatriation arranged by **our** Emergency Assistance Line).
5. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
6. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to **your home**.
7. Any claim arising from **your** failure to obtain any recommended vaccines, inoculations or medications prior to **your trip**.

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

PERSONAL LIABILITY

WHAT IS COVERED

Up to the amount shown in the **benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
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 relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.
4. In the event of **your** death, **your** legal representative(s) will have the protection of the **benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

BENEFIT SECTIONS

Compensation or legal costs arising from:

- a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.
- b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.
- c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).
- d. The transmission of any communicable disease or virus.
- e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first £250 of each and every claim arising from the same incident).
- f. **Your** criminal, malicious or deliberate acts.
- g. Punitive or exemplary damages

Please refer to CONDITIONS APPLICABLE TO ALL BENEFITS and EXCLUSIONS APPLICABLE TO ALL BENEFITS.

EXCLUSIONS APPLICABLE TO ALL BENEFITS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**, unless listed under WAIVED CONDITIONS.
2. Under all sections, any claim arising from a reason not listed in WHAT IS COVERED.
3. Claims where **you** have not provided the necessary documentation requested by **us** on page 26 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles and a crash helmet is worn (see the SPORTS AND ACTIVITIES Section on page 12) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
5. **Your** participation in or practice of any other sport or activity unless shown as covered without charge in the SPORTS AND ACTIVITIES on list page 12. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
6. **You** skiing against local authoritative warning or advice, off piste skiing or snowboarding where an avalanche warning of more than 2 is in place, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heli skiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
7. Any claim resulting from **you** using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
8. Any claim resulting from assisted suicide/Euthanasia.
9. Self-exposure to needless peril (except in an attempt to save human life).
10. Any claim resulting from **your** involvement in a fight except in self-defence.
11. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
12. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
13. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
14. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under CANCELLATION or CURTAILMENT.
15. **Your** travel to a country, specific area or event when the Travel Advice Unit of the Foreign, Commonwealth & Development Office (FCDO) or regulatory authority in a country to/from which **you** are travelling has advised against all travel or all but essential travel.
16. Any costs for **your package** holiday if it was cancelled by your travel provider or **you** were unable to travel due to a change in Foreign, Commonwealth & Development Office (FCDO) travel advice.
17. **Your** inability to travel due to **you** not producing vaccine certificates, medical tests/documents which are needed to travel.
18. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any **excess** beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
19. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
20. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not

EXCLUSIONS APPLICABLE TO ALL BENEFITS

happened.

21. Any circumstances known to **you** before **you** purchased **your** policy or at the time of booking any **trip** which could reasonably have been expected to lead to a claim under this policy.
22. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
23. 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 but this exclusion shall not apply to losses under EMERGENCY ASSISTANCE unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
24. Ionising 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.
25. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
26. No insurer shall not be deemed to provide and shall not be liable to pay any claim or provide any benefit here under to the extent that the provision of such cover, payment or such claim of such benefit would expose the insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.
27. Any virtual currency including but not limited to crypto-currency, including fluctuations in value.

HOW TO MAKE A CLAIM

In the event of an emergency **you** should call **us** on 02034753267.

For all other claims please call **our** claims helpline on 02034753267 (Monday - Friday 09:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

You will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be refused. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s)

CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide in the claim forms.

CURTAILMENT

- Original receipt or booking invoice for new flight
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are curtailing due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

MISSED DEPARTURE

- Proof of reason for missed departure:
 - Failure of **public transport** – letter confirming length and reason of delay.
 - Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
 - Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

TRAVEL DISRUPTION

- Tour Operator's booking invoice or other evidence of **your trip**.
- Tour Operator's cancellation invoice or unused flight tickets.
- Confirmation from a garage/motoring organisation that breakdown assistance was provided.
- Evidence of service history and/or MOT history for **your** vehicle.
- Confirmation of the delay to **public transport** from the company involved.
- Confirmation from the Police (if involved) of the circumstances giving rise to the claim.
- Written confirmation that no refund is available in respect of privately booked accommodation and evidence of payment for that accommodation.

BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

- If **your baggage** or **personal money** is lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of **you** noticing the item(s) missing.
- If **your** Travel Documents is lost or stolen a police or embassy report confirming **you** reported to the local authorities within 24 hours of you noticing the documents missing.
- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If **personal money** was lost or stolen a police report confirming what happened and what was lost, and any bank statements/bureau de change receipt as proof of ownership.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.
- Original receipts for any additional accommodation or travel expenses incurred.

EMERGENCY ASSISTANCE

- A medical report from the **medical practitioner** confirming the treatment.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

You can contact the Complaints Team, who will arrange an investigation on **your** behalf, on: 02034753267.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the by writing to:

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Tel: 0300 123 9123 or 0800 023 4567

Fax: 020 7964 1001

Email : complaint.info@financial-ombudsman.org.uk

These procedures do not affect **your** right to take legal action.

CANCELLATION OF YOUR POLICY

STATUTORY CANCELLATION RIGHTS

You may cancel this policy within 14 days of receipt of the policy documents (new business) by writing to or calling **us** at the address or number shown on **your** travel insurance certificate during the **Cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred. Any Cancellations after this 14 day period will not be refunded.

CANCELLATION OUTSIDE THE STATUTORY PERIOD

You may cancel this policy at any time after the **Cancellation period** by writing to **us** at the address shown on **your** travel insurance certificate. If **you** cancel after the **Cancellation period** no premium refund will be made.

We reserve the right to cancel the policy by providing 21 days notice by registered post to **your** last known address. No refund of premium will be made.

NON PAYMENT OF PREMIUMS

We reserve the right to cancel this policy immediately in the event of non payment of the premium.

USE OF YOUR PERSONAL DATA

By providing **your** personal information in the course of purchasing this policy and using **our** services, **you** acknowledge that **we** may process **your** personal information. **You** also consent to **our** use of **your** sensitive information. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice available at <https://www.axapartners.com/en/page/en.privacy-policy>.

Processing **your** personal information is necessary in order to provide **you** with an insurance policy and other services. **We** also use **your** data to comply with **our** legal obligations, or where it is in **our** legitimate interests when managing **our** business. If **you** do not provide this information **we** will be unable to offer **you** a policy or process **your** claim.

We use **your** information for a number of legitimate purposes, including:

- Underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention.
- Use of sensitive information about the health or vulnerability of **you** or others where relevant to any claim or assistance request, in order to provide the services described in this policy. By using **our** services, **you** consent to **us** using such information for these purposes.
- Monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control.
- Technical studies to analyse claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory). Detailed analysis on claims to better monitor providers and operations. Analysis of customer satisfaction and construction of customer segments to better adapt products to market needs.
- Obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim.
- Sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

We may disclose information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

GETTING IN CONTACT

When carrying out these activities, **we** may transfer **your** personal information outside the UK or the European Economic Area (EEA). Where this happens **we** will make sure that the appropriate safeguards have been implemented to protect **your** personal information. This includes ensuring similar standards to the UK and EEA are in force and placing the party **we** are transferring personal information to under contractual obligations to protect it to adequate standards.

We keep **your** personal information for as long as reasonably necessary to fulfil the relevant purposes set out in this notice and in order to comply with **our** legal and regulatory obligations.

You are entitled to request a copy of the information **we** hold about **you**. **You** also have other rights in relation to how **we** use **your** data, as set out in **our** website privacy notice. Please let **us** know if **you** think any information **we** hold about **you** is inaccurate so that **we** can correct it.

If **you** want to know how to make a complaint to the UK Information Commissioner or have any other requests or concerns relating to **our** use of **your** data, including obtaining a printed copy of the website privacy notice please write to **us** at:

Data Protection Officer
AXA
106-108 Station Road
Redhill
RH1 1PR

Email: dataprotectionenquiries@axa-assistance.co.uk

COMPENSATION SCHEME

In the unlikely event that Inter Partner Assistance S.A UK Branch is unable to meet its obligations, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available from the FSCS.

Their contact details are Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, United Kingdom.

Call: 0800 678 1100 or 020 7741 4100, Fax: 020 7741 4101

Website: www.fscs.org.uk