

# Able2Travel Travel Insurance Policy 2019/20

ref: VOY/A2TMK2/2019/20

This insurance is only valid provided it is issued no later than 31st August 2020 and a valid insurance certificate is attached.



Benefits Schedule		Cover Levels & Limits Per Person Per Trip		
	Sections of Cover	Silver	Gold	Platinum
	<b>Excess</b> - per person and per section of each claim († Unless otherwise stated) Loss of Deposit	£90* £45	£50* £25	£25* £10
1.	Cancellation or Curtailment/Loss of Holiday	£1,500	£3,000	£7,500*
2.	Emergency Medical Expenses and Repatriation <i>including relative's additional expenses</i> <i>including emergency repatriation/overseas burial of mortal expenses</i> <i>including emergency pain relief dental treatment</i>	£10,000,000  £350	£10,000,000  £500	£10,000,000  £750
3.	Hospital Stay Benefit (amount per day) † Nil Excess applies	£1,000 (£15)	£1,500 (£25)	£2,000 (£50)
4.	Personal Accident - loss of sight, limb(s) or Permanent Total Disablement † Nil Excess applies <i>maximum payable in the event of death</i> <i>maximum payable in the event of death if under 16</i>	£15,000 £5,000 £2,000	£20,000 £10,000 £2,000	£30,000 £20,000 £2,000
5.	Additional Cover on your return Home † Nil Excess applies <i>aftercare - Home Help or Nanny</i> <i>- UK Physiotherapy Treatment</i> <i>including - UK Medical Exam</i> <i>Convalescence/Recuperation Holiday</i> <i>Modification to your home</i>	£200 £200 £200 £500 £250	£400 £400 £400 £750 £500	£600 £600 £600 £1,000 £750
6.	Travel Delay on Your outbound journey & Abandonment <i>amount £ per 12 hours up to a maximum † Nil Excess applies</i> <i>Abandonment (after 24 hours)</i>	£20 up to £100 £1,500	£30 up to £150 £3,000	£40 up to £200 £7,500
7.	Missed Departure & Connections † Nil Excess applies <i>your trip being within Europe</i> <i>your trip being outside Europe</i>	£500 £750	£750 £1,000	£1,000 £1,500
8.	Personal Baggage - overall limit (£500 for under 18's) <i>maximum per item, pair or set</i> <i>total limit for all valuables</i> <i>Spectacles and sunglasses</i> <i>emergency purchases † Nil Excess applies</i> <i>replacement key cover</i>	£1,250 £150 £200 £100 £100 £100	£2,000 £200 £300 £200 £150 £200	£3,000 £350 £500 £300 £200 £300
9.	Additional Cover For Your Medical Items <i>loss or damage to Medical Aids</i> <i>loss or damage to prescribed medications † Nil Excess applies</i> <i>emergency replacement of prescribed medications † Nil Excess applies</i> <i>delayed medical aids (per day)</i>	£1,000 £250 £250 £300 (£50)	£1,500 £400 £400 £500 (£100)	£2,000 £500 £500 £1,000 (£200)
10.	Personal Money <i>Cash limit (£50 for under 18's)</i>	£500 £100	£750 £150	£1,000 £300
11.	Loss of Passport & Travel Documents † Nil Excess applies	£250	£350	£500
12.	Personal Liability	£1,000,000	£1,500,000	£2,000,000
13.	Legal Expenses	£10,000	£15,000	£25,000
14.	Catastrophe & Travel Disruption <i>1. extended Cancellation or Curtailment/Loss of Holiday</i> <i>2. extended Travel Delay and Abandonment</i> <i>3. Catastrophe &amp; Travel Disruption Cover related to pre-booked accommodation</i> <i>4. extended Missed Departure - Your Trip Being Within Europe † Nil Excess applies</i> <i>- Your Trip Being Outside Europe † Nil Excess applies.</i>	Not insured	£3,000 £3,000 £3,000 £750 £1,000	£7,500 £7,500 £7,500 £1,000 £1,500
15.	Personal Carer, Chaperone or Nanny Replacement	Not insured	£1,000	£2,500
16.	Kennel & Cattery Fees	£100	£250	£500
17.	Hijack, Kidnap & Mugging Benefit (amount per 24 hours)	£500 (£25)	£750 (£50)	£1,000 (£75)
18.	Financial Failure	£750	£1,000	£1,500

† Additional Cancellation limits available to a maximum of £10,000 per person. Available on Platinum cover only.

\* Adults 65 years & over £130 excess for cancellation or curtailment (£50 loss of deposit) and medical claims only. Applicable on Silver, Gold & Platinum Levels of cover.

## The Following Sections Only Apply If You Have Paid The Additional Premium.

Benefits Schedule		Cover Levels & Limits Per Person Per Trip		
Sections of Cover		Silver	Gold	Platinum
Provided <b>You</b> have paid the appropriate premium as shown on <b>Your</b> certificate, <b>You</b> are covered in accordance with the full wording shown herein up to the limits indicated below. The limits apply per person for each separate <b>Trip</b> . The excesses apply for each person and each section of each claim unless otherwise stated.				
<b>Excess</b> - per person and per section of each claim (* Unless otherwise stated)		£90	£50	£25
<b>Section 19 Winter Sports Cover Option Cover</b> <i>Maximum age for Winter Sports Cover is 79</i>				
19.	Winter sport equipment i. <i>owned or borrowed Winter Sports Equipment (amount per item, pair or set)</i> ii. <i>hired Winter Sports Equipment (amount per item, pair or set)</i> Winter sports equipment hire (amount per day) † Nil Excess applies Lift pass Ski pack (amount per day) † Nil Excess applies Piste closure (amount per day) † Nil Excess applies Physiotherapy in the UK (Maximum £50 per session)	£500 £250 £150 £250 (£15) £250 £250 (£15) £250 (£15) Not Insured	£750 £350 £200 £400 (£20) £500 £400 (£20) £400 (£20) £400	£1,000 £500 £400 £500 (£25) £750 £500 (£25) £500 (£25) £400
<b>Section 20 Cruise Plus Cover Option</b> <i>Cruise travel is included as standard under the product, this option provides additional cruise specific benefits</i>				
20.	Cruise Cover <i>rejoin your Cruise</i> <i>missed Port Departure (per port) † Nil Excess applies</i> <i>Cabin Confinement (amount per day)</i> <i>Cruise Itinerary Changes (amount per port) † Nil Excess applies</i> <i>loss of Shore Excursions</i> <i>Cruise Interruption</i>	£250 £250 (£75) £250 (£50) £250 (£50) £250 £250	£500 £400 (£75) £400 (£75) £400 (£75) £400 £400	£750 £400 (£75) £600 (£100) £600 (£100) £600 £600
<b>Section 21 Business Plus Cover Option</b> <i>Business travel is included as standard under the product, this option provides additional business specific benefits.</i>				
21	Business Plus Cover Option <i>Business equipment (amount per item, pair or set)</i> <i>Business samples (amount per item, pair or set)</i> <i>Business money (cash limit)</i> <i>Delayed business equipment / equipment hire (amount per day)</i> <i>Emergency courier of essential equipment limit (amount after 12 hours)</i> <i>Business personnel replacement</i>	£1,000 (£250) £500 (£250) £500 (£250) £200 (£100) £200 Not insured	£1,500 (£500) £750 (£350) £500 (£250) £400 (£100) £400 £1,000	£2,000 (£1,000) £1,000 (£500) £500 (250) £500 (£100) £500 £2,500
<b>Section 22 Golf Cover Option</b>				
22.	Golf Cover <i>Golf equipment</i> <i>per item</i> <i>Golf equipment hire (amount per day)</i> <i>Green fees (amount per day)</i>	£1,000 £250 £250 (£25) £250 (£25)	£1,500 £350 £400 (£40) £400 (£40)	£2,500 £500 £400 (£75) £500 (£50)
<b>Section 23 Wedding Cover Option</b>				
23.	Wedding Cover <i>Ceremonial attire</i> <i>Wedding gifts (amount per item, pair or set) per couple</i> <i>Wedding rings</i> <i>Photography and video recording</i>	£1,000 £500 (£250) £500 £500	£1,500 £750 (£350) £750 £750	£2,000 £1,000 (£500) £1,000 £1,000
<b>Section 24 Extended Carer Cover Option (this option is only available on Single Trip Policies)</b>				
24.	Extended Carer Cover <i>extended Cancellation or Curtailment / Loss of Holiday</i> <i>name change administration charges † Nil Excess applies</i> <i>transport of replacement carer charges</i>	£1,500 £100 £500	£3,000 £200 £750	£7,500 £300 £1,000
<b>Section 25 Gadget Cover Option</b>				
25	Gadget <i>single article limit</i> <i>excesses apply per gadget per claim and is increased to £100 for Loss claims</i> <i>unauthorised calls / data † Nil Excess applies</i> <i>Accessories (following a valid Gadget claim) † Nil Excess applies</i>	£1,000 £500 £50 £50 £50	£1,500 £750 £50 £75 £100	£2,000 £1,000 £50 £100 £150
Max number of Gadgets insured under the age of 48 months old at the start date of the insurance.		2	4	6

Policy features table Single Trip policy features			
	Silver	Gold	Platinum
Maximum age at date of departure (Area 1 - 4 - see page 5)	No Limit	No Limit	No Limit
Maximum age at date of departure (Area 5 - see page 5)	79	79	79
Maximum period per <b>Trip</b> if aged up to 64 years	365 days	365 days	365 days
Maximum period per <b>Trip</b> if aged 65 to 79 years	45 days	45 days	45 days
Maximum period per <b>Trip</b> if aged 80 to 85 years	31 days	31 days	31 days
Maximum period per <b>Trip</b> if aged 86+	21 days	21 days	21 days
For travel commencing prior to	31/08/2021	31/08/2021	31/08/2021
Annual Multi-Trip features			
Maximum age at start/renewal of cover	79	79	79
Maximum period per <b>Trip</b> if aged up to 64 years	31 days	45 days	60 days
Maximum period per <b>Trip</b> if aged up to 65 to 79	31 days	35 days	45 days
Business travel included	Yes	Yes	Yes
<b>Home country Trips</b> (min 2 nights in pre-booked and pre-paid accommodation)	Included	Included	Included
Family members can travel separately if named on <b>Your</b> certificate	Yes	Yes	Yes
<b>Wintersports</b> (Max age 79) - upon payment of an additional premium and shown on <b>Your</b> insurance certificate - up to total maximum of	10 days	21 days	21 days

## Eligibility

This policy is only available to **You** if:

- **You** are resident in the **United Kingdom** or Isle of Man and have **Your** main home in the **United Kingdom** or Isle of Man;
- **You** are registered with a General Practitioner in the **United Kingdom** or Isle of Man;
- **You** are 18 years of age or over at the date of buying this policy, unless travelling with an adult insured and named on this policy;
- **You** hold a UK National Insurance number (where aged 16 years of age or older);
- **You** are not travelling against medical advice or where **You** would have been if **You** had sought medical advice before beginning **Your Trip**;
- **You** are not travelling with the intention of receiving medical treatment;
- At the time **You** purchase this policy, **You** and all persons insured are not aware of any reason that could give rise to a claim.
- **Your Trip** starts and ends in the **United Kingdom** or Isle of Man (single trip or annual multi-trip cover only);
- **Your Trip** starts in the **United Kingdom** or Isle of Man (one-way **Trip** cover only).

## Period of Insurance

If **You** have paid the appropriate annual multi-trip travel insurance premium and **You** are under 79 years old at the time of purchase of the policy, the overall period of insurance shall be for 12 months starting from the date shown. This insurance then covers an unlimited number of holiday/leisure **Trips** starting within that period, except that if **You** are undertaking a **Trip** that exceeds the maximum number of days shown in the benefits schedule **You** will not be covered for those days that exceed the maximum limit. **Wintersports** are covered (subject to payment of the appropriate additional premium and shown on **Your** insurance certificate) up to the total number of days shown in the benefits schedule. **You** are insured when travelling on leisure or business.

Except as stated below, cover for each separate **Trip** under this insurance starts when **You** leave **Your Home** or place of business in **Your Home country** at the start of **Your Trip**, and finishes as soon as **You** return to **Your Home** or place of business in **Your Home country**.

**You** are only covered for the period for which a premium has been paid and in any event the total period of any one **Trip** must not exceed the period shown in the benefits schedule.

For cancellation only (section 1), cover starts from the date shown on **Your** certificate or the date **You** book **Your Trip**, whichever is the later.

If **You** are going on a one-way trip all cover will finish 48 hours after **Your** arrival in the country of final destination.

If **Your** return is unavoidably delayed for an insured reason, cover will be extended free of charge for the period of delay.

## How to Make a Claim - Sections 1-24

For all claims please request an appropriate claim form by using the contact details below.

The fastest and easiest way to make a claim is to make a claim at:

[www.submitclaim.co.uk/a2tmk2](http://www.submitclaim.co.uk/a2tmk2)

Please quote **VOY/A2TMK2/2019/20 Retail**

The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing **You** should ensure **You** have **Your** policy certificate, trip dates, supporting documentation and details of the incident.

**Claims Settlement Agencies Ltd**  
308 London Road, Hadleigh, Benfleet,  
Essex, SS7 2DD  
Tel: 01702 746560  
Email: [info@csal.co.uk](mailto:info@csal.co.uk)  
To download a claim form please visit  
[www.csal.co.uk](http://www.csal.co.uk)

Please do not send in any documentation until **You** have a completed claim form to go with it. The claim form lists the additional documentation necessary to support **Your** claim. Always make sure that any loss or theft of **Valuables** or any items are reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred. If **Your Baggage** is damaged or lost in transit whilst "checked-in" **You** must report it to the handling agents or airline as soon as possible on collection and obtain a Property Irregularity Report. These reports (if applicable to **Your** claim), together with all available receipts and any other requested documentation, must be submitted with **Your** claim form.

## How to Make a Claim - Sections 25 - Gadjet Cover

Please call Stream Claims Services on **0161 974 1166**. Lines are open between 8:00am and 6:00pm Monday to Friday.

Alternatively, please send an email to [newclaims@streamcs.co.uk](mailto:newclaims@streamcs.co.uk) or write to:

**Stream Claims Services, Cophthall House,**  
**Newcastle Under Lyme**  
**ST5 1EL.**

Calls may be recorded for training, compliance and fraud prevention purposes.

## Need medical help abroad?

**Our nominated emergency service is here to help**  
**Call Our nominated emergency service first on**  
**+44 (0) 203 824 0742**

**For emergencies:** if **You** are taken by ambulance to hospital following an emergency call, **You** or a travelling companion should call **Our** nominated emergency service as soon as possible once **You** have been admitted to hospital.

**For non-emergencies:** if **You** need a GP, or need to go to A&E or a clinic, Call **Our** nominated emergency service first, before **You** try to locate help, so the nominated emergency service can guide **You** to the safest and most appropriate source of treatment.

If **You** are unfortunate enough to need medical help whilst abroad please call the 24/7 nominated emergency service first on

**+44 (0) 203 824 0742**

The highly experienced multi-lingual team are available to talk 24 hours a day, to advise **You** or **Your** travelling companion of what steps to take. Their aim will always be to establish the best treatment available to **You** in the country **You** are visiting.

## Their first steps will always be to...

- Confirm that **You're** in a place of safety;
- Establish the best local treatment available to **You**; and
- Consider **Your** health and best interests;

## Important Note:

It may affect **Your** claim if **You**, **Your** travelling companion or a doctor/nurse does not contact **Our** nominated emergency service on the number above. **Our** nominated emergency service do not cover any costs over £500 where prior agreement regarding treatment has not been obtained from **Our** nominated emergency service.

The team of in-house doctors, nurses and experienced case managers will advise **You**, **Your** travelling companion, and/or **Your** treating doctor, of what steps to take.

## They understand how important it is to have someone who...

- **You** can contact at any time of the day or night
- **You** can trust has the medical expertise to guide **You** to the right course of treatment
- Has an in-depth understanding of how and when to transfer sick and injured patients back **Home**
- Will speak to **You** in a language **You** can understand.

The team is focused on trying to take some of the worry out of what can be an incredibly stressful situation so they will keep **Your** key contacts updated on **Your** progress for **You** and if need be, They will fly a doctor or nurse out, with specialist repatriation equipment, to accompany **You Home**.

They actively monitor the capabilities of medical facilities throughout the world and use this knowledge to determine whether **You** need to be transferred to a different facility. Once they are satisfied that **You** are getting the appropriate treatment, they will agree a treatment plan with **Your** treating doctor and **You**. If **You** cannot be discharged in time to continue **Your Trip** as planned, they will make arrangements to bring **You Home** at the appropriate time.

## Important conditions relating to health and activities

There is certain information that **We** need to know as it may affect the terms of the insurance cover **We** can offer **You**. **You** must, to the best of **Your** knowledge, give accurate answers to the questions **We** ask when **You** buy **Your** travel insurance policy. If **You** do not answer the questions truthfully it could result in **Your** policy being invalid and could mean that all or part of a claim may not be paid. If **You** think **You** may have given **Us** any incorrect answers or if **You** want any help, please contact **Able2Travel** on **01483 806826** as soon as possible and **We** will be able to tell **You** if **We** can still offer **You** cover.

Please consider these questions very carefully in relation to Yourself and Your Travelling companions insured under this policy.

1. Have <b>You</b> or <b>Your Travelling companions</b> been given a terminal prognosis?	Yes	There is <b>no</b> cover for claims related directly or indirectly to these conditions.
No		
2. Are <b>You</b> or <b>Your Travelling companions</b> planning to travel against the advice of a <b>Medical practitioner</b> or travelling specifically to seek, or <b>You</b> know <b>You</b> will need, medical treatment while <b>You</b> are away?	Yes	
No		
3. Are <b>You</b> or <b>Your Travelling companions</b> on a waiting list for treatment, tests or investigation or awaiting the results of any tests or investigations?	Yes	
No		
4. Do <b>You</b> or <b>Your Travelling companions</b> have any medical condition for which the recommended treatment or prescribed medication as directed by a <b>Medical practitioner</b> is not being taken?	Yes	There is <b>no</b> cover for claims related directly or indirectly to these conditions unless declared to <b>Us</b> and confirmed in writing. <b>Please contact Us on 01483 806826</b> In most cases, cover can be provided. If special terms are necessary <b>We</b> will explain them to <b>You</b> and confirm them in writing. <b>Please note calls may be recorded.</b>
No		
5. Do <b>You</b> or <b>Your Travelling companions</b> have any medical condition for which a diagnosis has not been given?	Yes	
No		
6. Have any of <b>You</b> ever suffered from, been investigated, treated for or diagnosed with; i. any cancer or malignant condition. ii. any lung related condition (other than stable, well controlled asthma that requires not more than 2 inhalers). iii. any heart related condition (including angina). iv. a stroke or mini-stroke (TIA)?	Yes	
No		
7. Do any of <b>You</b> suffer from any other <b>Pre-existing medical conditions</b> as defined?	Yes	
No		
8. Do <b>You</b> have any concerns relating to the health of any <b>Non-travellers</b> whose state of health is likely to cause <b>You</b> to cancel or amend <b>Your</b> travel plans?	Yes	
No		
<b>Your medical conditions (if any) will be covered.</b>		
9. Are <b>You</b> planning to take part in any hazardous activities (see general exclusions 11 to 15)? If so, please contact <b>Able2Travel</b> on <b>01483 806826</b> to see what cover may be available.		

## Important

**You** must tell **Us** if, at any time during the period of insurance and each time **You** make arrangements to travel, there is a change in circumstances and **You** answer 'yes' to any of the important conditions relating to health and activities by contacting **Us** as soon as possible so that **We** may reassess **Your** coverage relating to any **Trips** **You** have booked or may wish to book in the future. Please refer to general conditions 1, 2 & 3.

## Changes in Your Health

- If **Your** health changes after **You** purchased **Your** policy or before booking **Your Trip** but before **You** travel, **You** must tell **Us** about these changes if because of these **You**:
  - Have seen a doctor and have seen or been referred to a consultant or specialist;
  - Have been admitted to hospital for, or are waiting to receive treatment (including surgery, tests or investigations) or the results of tests and investigations;**We** will then tell **You** if **We** can cover **Your** medical conditions free of charge or for an additional premium.
- If **We** cannot cover **Your** medical conditions, or **You** do not want to pay the additional premium quoted, **We** will give **You** the choice of either:
  - Making a cancellation claim for any pre-booked **Trips**; or
  - Cancelling **Your** policy and receiving a proportionate/partial refund (provided that **You** have not made a claim or are about to).

**Individuals with whom **You** are travelling or have arranged to travel, a person with whom **You** have arranged to reside with temporarily, a Relative or Business Colleague, who are not insured under the policy.**

**We** will not provide cover for any claim if, at the time **Your** policy starts or booking a **Trip**, whichever was the later, any person on whom the **Trip** depends including the person with whom **You** are travelling or have arranged to travel, a person with whom **You** have arranged to reside with temporarily, a **Relative**, friend or **Business Colleague** had a medical condition for which he or she:

- was receiving treatment at hospital (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
- was waiting for a hospital consultation, investigations or treatment (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
- had been given a terminal prognosis, or been told that their condition is likely to get worse in the next 12 months.

## Important Features

**We** would like to draw **Your** attention to some important features of **Your** insurance including;

- Insurance document** - **You** should read this document carefully. It gives full details of what is and is not covered and the conditions of the cover. Cover can vary from one policy to another so **You** should familiarise yourself with this particular insurance.
- Conditions and exclusions** - Specific conditions and exclusions apply to individual sections of **Your** insurance, whilst general exclusions and conditions will apply to the whole of **Your** insurance.
- Health** - This insurance contains restrictions regarding the health of the people travelling and of other people upon whose health the **Trip** depends. **You** are advised to read the document carefully.
- Property claims** - These claims are paid based on the value of the goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. Deductions will be made in respect of wear, tear and depreciation.
- Limits** - This insurance has limits on the amount the **Insurer** will pay under each section. Some sections also include other specific limits, for example, for any one item or for **Valuables** in total.
- Excesses** - Under some sections of this insurance, claims will be subject to an excess. This means each person will be responsible for paying the first part of their claim under each applicable section.
- Claims arising from alcohol** - **We** do not expect **You** to avoid alcohol during **Your Trip**, but will not cover any claim arising from excessive alcohol consumption, by which **We** mean where **You** have drunk so much alcohol that **You** have notably impaired **Your** faculties and/or judgement and **You** need to make a claim. Please refer to general exclusion 8.
- Reasonable care** - **You** need to take all reasonable care to protect yourself and **Your** property, as **You** would if **You** were not insured and that includes not doing anything that could reasonably be expected to cause injury or death to **Yourself** or others. Any amounts the insurers will pay for property left **Unattended** in a public place or **Unattended** vehicle is very limited, as specified.
- Sports & activities** - **You** may not be insured if **You** are going to take part in sports & activities where there is a generally recognised risk of injury. Please check that this insurance covers **You**, or ask **Us**.
- Customer service** - **We** always try to provide a high level of service. However, if **You** think **We** have not lived up to **Your** expectations, please refer to the complaints procedure.
- Cancellation rights** - This insurance contains a 14 day 'cooling off' period during which **You** can return it and get a full refund, providing **You** have not travelled and there are no claims. **We** reserve the right to deduct from the rebate of premium the necessary costs incurred in processing the original sale and cancellation.
- Fraudulent claims** - It is a criminal offence to make a fraudulent claim.
- Residency** - This policy is only available if **You** are permanently resident in the **United Kingdom**, Channel Islands or Isle of Man and registered with a **Medical Practitioner** in **Your Home country**.

## Special Notice

This is not a private medical insurance and only gives cover in the event of an **Accident** or sudden **Illness** that requires emergency treatment. In the event of any medical treatment becoming necessary which results in a claim under this insurance, **You** will be expected to allow insurers or their representatives unrestricted reasonable access to all **Your** medical records and information.

The policy does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This includes but is not limited to delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The policy does, however, cover **You** should complications arise with **Your** pregnancy due to **Accidental Bodily Injury** or unexpected **Illness** which occurs while on **Your Trip**.

## Reciprocal Health Agreements

### EU, EEA or Switzerland

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **You** are strongly advised to obtain a European Health Insurance Card (EHIC). **You** can apply for an EHIC online at [www.ehic.org.uk](http://www.ehic.org.uk) or by telephoning 0300 3301 350. This will entitle **You** to benefit from the health care arrangements which exist between countries within the EU/EEA or Switzerland. In the event of liability being accepted for a medical expense which has been reduced as a direct result of **You** presenting **Your** European Health Insurance Card to the medical facility at the time of treatment **We** will not apply the deduction of excess under Section 2 - Emergency Medical Expenses.

### Australia or New Zealand

If **You** require medical treatment in Australia **You** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **You** must do this after the first occasion **You** receive treatment. Inpatient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE Website on [www.humanservices.gov.au/medicare](http://www.humanservices.gov.au/medicare) or by emailing: [medicare@humanservices.gov.au](mailto:medicare@humanservices.gov.au).

If **You** require medical treatment in New Zealand, there are reciprocal agreements, but a person may not enrol with a Primary Health Organisation (PHO). They should get the same health subsidies as a New Zealand citizen visiting a general practitioner as a casual patient, if the **Medical practitioner** has decided the condition needs prompt attention. For more information, please go to [www.health.govt.nz](http://www.health.govt.nz) or email: [info@health.govt.nz](mailto:info@health.govt.nz)

Alternatively please call **Our** nominated emergency service for guidance.

If **You** are admitted to hospital contact must be made with **Our** nominated emergency service as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE or a Primary Health Organisation (PHO).

In the event of liability being accepted for a medical expense which has been reduced by the use of either a EHIC, Medicare in Australia or private health insurance, **We** will not apply the deduction of a policy excess under Section 2 - Emergency Medical Expenses.

## Territorial Limits

**You are covered** for **Trips** to countries within the following areas provided that **You** have paid the appropriate premium, as shown in **Your** certificate;

- Area 1** The **United Kingdom** (being England, Scotland, Wales and Northern Ireland), the Channel Islands and the Isle of Man.
- Area 2** Europe (other than area 3 countries as listed below) - Albania, Armenia, Austria, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Germany, Gibraltar, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Madeira, Malta, Monaco, Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Russia, San Marino, Sardinia, Serbia, Slovakia, Slovenia, Sweden, Ukraine and Vatican City. (Including Area 1).
- Area 3** Andorra, Cyprus, Greece, Spain (including the Balearic Islands and Canary Islands), Switzerland and Turkey. (Including Area 1 & 2).
- Area 4** Worldwide excluding Canada, Caribbean, China, Hong Kong, Mexico, Singapore & USA. (Including Area 1, 2 & 3).
- Area 5** Canada, Caribbean, China, Hong Kong, Mexico, Singapore and USA. (Including Area 1, 2, 3 & 4).

If **You** have bought the annual multi-trip option, **Trips** wholly within **Your Home Country** are also insured but only if they include a minimum of 2 nights away from **Home** in pre-booked and pre-paid accommodation.

Stop-overs in a country within a higher area are insured provided they do not exceed 48 hours in each direction. For longstay policies, rating is determined by where **You** will spend more than 50% of **Your** time but includes cover for **Your** time spent in a higher rated area, if applicable.

**Please note:** this policy does not cover **Your** travel to a country or specific area or event to which the Travel Advice Unit or the Foreign and Commonwealth Office has advised again all, or all but essential travel.

## Insurer

This insurance is administered by Voyager Insurance Services who are authorised and regulated by the Financial Conduct Authority, FRN 305814. Registered office: Bankside 300 Peachan Way, Broadland Business Park, Norwich, Norfolk, NR7 0LB. Registered no. 3251842.

### For Sections 1 to 24:

This insurance is underwritten by Chaucer Insurance Company DAC.

Chaucer Insurance Company DAC is authorised and regulated by the Central Bank of Ireland and registered in the Republic of Ireland.

Registered office: 38 & 39 Baggot Street Lower, Dublin 2, D02 T938, Ireland.

### For Section 25:

The Insurer is a Consortium of Lloyds Syndicates which is managed by Canopus Managing Agents Limited. Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Details of the extent of **Our** regulation by the Financial Conduct Authority are available on request.

**You** can check this information on the Financial Services Register by visiting the Website <https://register.fca.org.uk/> or by phoning 0800 111 6768 or 0300 500 8082.

## Our Regulator

Voyager Insurance Services Ltd are authorised and regulated by the Financial Conduct Authority. These details can be checked on the Financial Services Register by visiting the FCA's Website at [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting them on 0800 111 6768.

## Financial Services Compensation Scheme

Voyager Insurance Services Limited, Chaucer Insurance Company DAC and Canopus Managing Agents Limited are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a insurer is unable to meet its obligations to **You** under this policy. Further information can be obtained from the Financial Services Compensation Scheme ([www.fscs.org.uk](http://www.fscs.org.uk)) or by contacting the FSCS at 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by calling 0800 678 1100 or 020 7741 4100.

## Choice of Law and Jurisdiction

This policy, schedule and any endorsements shall be governed by and construed in accordance with the law of England and Wales. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of or in connection with this policy or any claim.

## Interest

No sum payable under this policy shall carry interest.

## Rights of Third Parties

A person who is not a party to this policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of

this policy but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

For your information, the Contracts (Rights of Third

Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him/her to or if the contract confers a benefit upon him/her. However, the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

## Information You Have Given Us

In deciding to accept this policy and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this policy as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your** policy and any claim. For example, **We** may:

- treat this policy as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
  - amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
  - reduce the amount **We** pay on a claim in the proportion the premium **You** have paid bears to the premium **We** would have charged **You**; or
  - cancel **Your** policy in accordance with the Cancellation rights condition below.
- We** or **Your** insurance broker will write to **You** if we:
- intend to treat **Your** policy as if it never existed; or
  - need to amend the terms of **Your** policy.

If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform Able2Travel on **01483 806826** as soon as practicable.

## Cancellation Rights

**We** hope **You** are happy with the cover this policy provides. However if after reading this certificate, this insurance does not meet with **Your** requirements, please email Able2Travel at [contact@able2travel.com](mailto:contact@able2travel.com), within 14 days of receipt and providing that travel has not commenced and a claim does not exist, **We** will refund **Your** premium. Able2Travel reserve the right to deduct from the rebate of premium the reasonable costs incurred in processing the original sale and cancellation. If **You** cancel after the cancellation period, **You** may be entitled to a pro rata refund of premium unless **Your** policy has a duration of less than one month. **We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by sending 14 days notice to **You** at **Your** last known address. Provided the premium has been paid in full, **You** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

## Important Information

Under European Union (EU) travel regulations, **You** are entitled to claim compensation from **Your** carrier if any of the following happen;

### 1. Denied boarding and cancelled flights

If **You** check in on time but **You** are denied boarding because there are not enough seats available or if **Your** flight is cancelled, the airline operating the flight must offer **You** financial compensation.

### 2. Long delays

If **You** are delayed for two hours or more, the airline must offer **You** meals and refreshments, hotel accommodation and communication facilities. If **You** are delayed for more than five hours, the airline must also offer to refund **Your** ticket.

### 3. Luggage

If **You** checked-in luggage is damaged or lost by an EU airline, **You** must claim compensation from the airline within 7 days. If **You** checked-in luggage is delayed, **You** must claim compensation from the airline within 21 days of its return.

### 4. Death or injury

If **You** are injured in an **Accident** on a flight by an EU airline, **You** may claim damages from the airline. If **You** die as a result of these injuries **Your** family may claim damages from the airline.

Full details are available at <http://ec.europa.eu/transport/passeenger-rights/en/index.html>

## Definitions

Listed below are certain words that appear throughout the policy. In all cases they will be shown in **Bold** and will have the meanings shown below.

**Accident/Accidental** means a sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical **Bodily Injury**.

**Baggage** means luggage, including, clothing and personal items which are owned or borrowed (but not hired) by **You** and have been either taken or purchased on the **Trip**. The following are not included: animal skins, antiques, bicycles, binoculars, bonds, computer games and consoles, computer or telecommunication equipment of any kind, coupons, diving equipment, documents of any kind, furs, iPods, marine and craft equipment, mobile phones, money, motor vehicles, MP3 players, musical instruments, radios, sailboards or related equipment or fittings of any kind, securities, stamps, surfboards, tape recorders, television sets, travellers cheques, video equipment or DVD equipment of any kind.

### **Bodily Injury**

A **Bodily Injury** which is the direct result of an **Accidental**, external, violent and visible cause, including **Accidental injury** as a direct result of being exposed to the elements. This does not include an injury caused by sickness, disease or any naturally occurring condition.

**Breakdown** means that the vehicle in which **You** are travelling stops as a result of mechanical or electrical failure due to any cause other than lack of fuel, oil or water.

**Business colleague** means a person in the same employment as **You** in **Your** country of residence, whose absence from work or place of employment for one or more complete days at the same time as **You**, prevents the effective continuation of that business.

**Complications of pregnancy and childbirth** means toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, (molar pregnancy), post partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, stillbirths, miscarriage, medically necessary emergency caesarean section, medical necessary termination and premature births. This definition is only applicable if the complication occurs more than 8 Weeks (or 16 Weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

**Couple** means all married and non-married couples living in a permanent relationship at the same address.

**Cruise/cruising/cruise holiday** means living or travelling on a cruise ship for any period of time. No cover is provided for cargo ship travel.

**Curtailment/curtail** means cutting **Your** planned **Trip** short by early return to **Your Home country** or **Your** admission to hospital as an inpatient so that **You** lose the benefit of accommodation **You** have paid for.

**Curtailment costs** means travel costs necessary to return **You** Home before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas. The following are not included: all costs attributable to the outward and return travel tickets, whether used or unused.

**Cyber event** means an unauthorised or malicious act or series of related unauthorised or malicious acts or the threat or hoax thereof involving access to, processing of, use of or operation of any **Information Technology System** or any electronic data by any person or group(s) of persons.

**End supplier** means any service providers of major elements of **Your** booked itinerary, including transport, accommodation and ground arrangements that are booked directly with them and paid for before the start of **Your Trip** and not part of a **Package holiday**.

**Family** means two adults (or 1 adult for a single parent family), and all of their children (including foster children) aged 17 and under. All persons must live at the same address. On annual multi-trip policies all insured persons are entitled to travel separately providing all travellers are named on the certificate of insurance.

**Golf equipment** means **Your** golf clubs, golf bag, trolley, golf balls and golf shoes.

**Home** means **Your** usual place of residence in the **United Kingdom**, or Isle of Man.

**Home country** means whichever one of the **United Kingdom**, Channel Islands or Isle of Man is **Your** usual place of residence.

**Illness** means any disease, infection, bodily disorder which is unexpectedly contracted by **You** prior to **Your Trip** or unexpectedly manifests itself for the first time during **Your Trip**.

**Information technology system** means any computer, hardware, software, information technology and communications system or electronic device, including any associated input, output or data storage device, networking equipment or back up facility.

**Insurer** means Chaucer Insurance Company DAC for sections 1-24 and a Consortium of Lloyd's Syndicates which is managed by Canopus Managing Agents Limited for section 25, Gadget.

**Level of cover** means the applicable sections of cover and the respective limits identified within the Benefits Schedule chosen by **You** under the policy as indicated on **Your** insurance certificate. The levels of cover applicable are 'Silver', 'Gold' and 'Platinum'.

**Loss of holiday** means the number of days **You** are confined to a hospital, hotel room or cabin on **Your** treating doctor's orders and are unable to participate in **Your** planned **Trip**, due to death, serious injury or **Illness**.

**Medical aids** means wheelchairs, walking frames and sticks, supplies and equipment designed to provide mobility and care for the disabled and any other articles of such equipment belonging to **You** or for which **You** are legally responsible.

**Medical practitioner** means a registered practising member of the medical profession registered in the country where **You** are treated who is not related to **You** or any person with whom **You** are travelling.

**Non-traveller** means **Your Relatives** or **Business Colleagues** who are not travelling with **You** and people with whom **You** have arranged to stay.

**Package holiday** means all aspects of a holiday arranged with a **tour** operator or travel agent prior to **Your** departure at an inclusive price.

**Personal money** means cash, being bank notes and coins, travellers' cheques, travel tickets and accommodation vouchers carried by **You** for **Your** personal use.

**Pre-existing medical condition** means any condition that has been suffered or for which medical advice (including routine check-ups), investigation, treatment or medication has been received within the 12 months prior to the date that this insurance was arranged or the date that **You** subsequently made arrangements for a **Trip** (on an annual multi-trip policy) or **You** extended the original period of **Your** insurance.

**Public transport** means any aeroplane, ship, train or coach on which **You** are booked to travel.

**Redundancy/redundant** means **You** becoming unemployed (provided employment has been on a continuous basis with the same employer for at least 24 months; and **You** qualify for payment under current UK redundancy payment legislation; and at the time of booking the **Trip** or purchasing this policy, whichever is the later, there was no reason to believe anyone would be made redundant) of **You** or any person who are travelling or have arranged to travel with.

**Relative** means husband or wife (or partner with whom **You** are living at the same address), parent, grandparent, parent-in-law, brother, sister, child, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law or fiancé(e).

**Terrorism** means an act, including but not limited to the use of force or violence and/or 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.

**Travelling companion** means any named person on **Your** insurance certificate or booking invoice or with whom **You** are travelling with for the whole period of **Your Trip**.

**Trip** means any holiday, leisure or business **Trip** which begins and ends in **Your Home country** during the period of insurance for which **You** have paid the appropriate premium.

Each **Trip** under annual multi-trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **Trip**.

**Unattended** means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property. Each **Trip** under annual multi-trip cover is considered to be a separate insurance, with the terms, definitions, exclusions and conditions contained in this policy applying to each **Trip**.

**United Kingdom** means England, Scotland, Wales and Northern Ireland.

**Utilisation of nuclear, chemical or biological weapons of mass destruction** means the use of any explosive nuclear weapon or device; or the emission, discharge, dispersal, release or escape of: fissile material emitting a level of radioactivity, or any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or any solid, liquid or gaseous chemical compound which, when suitably distributed; which is capable of causing incapacitating disablement or death amongst people or animals.

**Valuables** means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, cameras, camcorders, photographic, audio, video, computer, television and telecommunications equipment (including CDs, DVDs, tapes, films, cassettes, cartridges, headphones, electronic readers, laptops, tablets, smartphones and mobile phones), computer games and associated equipment, telescopes, binoculars and satellite navigation equipment.

**We, Us and Our** means Voyager Insurance Services Limited who administer the insurance for sections 1 to 24 for Chaucer Insurance Company DAC and for Section 25 for a Consortium of Lloyd's Syndicates which is managed by Canopus Managing Agents Limited.

**Winter sports** means cross country skiing (Nordic skiing), glacier skiing, recreational racing, snowmobiling, mono skiing, off piste skiing or snowboarding (providing local safety guidelines and warnings are observed), on piste skiing or snowboarding, snowblading and sledging.

**Winter sports equipment** means skis, snowboards, ski-poles, bindings, ski-boots and snowboard boots.

**You and Your** means each person for whom the premium has been paid and whose age does not exceed the maximum shown in the benefits schedule. **You** must be resident in the **United Kingdom**, Channel Islands or Isle of Man and registered with a **Medical practitioner** in **Your Home country**. Each person is separately insured.

## Section 1

### Cancellation or Curtailment/Loss of Holiday

Cover under this section starts from the date shown on Your certificate or the date travel is booked, whichever is the later.

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the pro-rata costs of the unused travel and accommodation costs (including unused pre-booked excursions up to a value of £100) that have been paid or where there is a contract to pay that cannot be recovered from anywhere else if it is necessary to cancel or **Curtail** the planned **Trip** because of any of the following events involving **You** or a **Travelling companion** that first occur during the period of insurance;

- a. the **Accidental Bodily Injury**, unexpected **Illness** or death of **You**, **Your Travelling companion**, **Your Business colleague** or person with whom **You** intended to stay.
- b. the **Accidental Bodily Injury**, unexpected **Illness** or death of **Your relative** or that of a **Travelling companion**, a **Business colleague** or person with whom **You** intended to stay.
- c. receipt of a summons for jury service, being subpoenaed as a court witness (except as an expert witness) or being placed in compulsory quarantine.
- d. unexpected requirement for emergency and unavoidable duty as a member of the armed forces, police, fire, nursing, ambulance or coastguard services resulting in cancellation of previously agreed leave.
- e. **Redundancy**, provided that **You** are entitled to payment under the current redundancy payments legislation and that at the time of booking **Your Trip** or buying the insurance **You** had no reason to believe that **You** would be made **Redundant**. **You** must have had 2 years continuous employment with that employer.
- f. **Your** presence being required to make **Your** property safe and secure following fire, flood or burglary that causes serious damage at **Your Home** within 48 hours prior to **Your** departure, or whilst **You** are away.
- g. **Your** car becoming unusable as a result of theft, fire or **Accident** within 7 days prior to **Your** departure. This only applies if **You** are planning to go on a self-drive **Trip** in the car.

Under a. above this cover extends to include the **Loss of Holiday**, where applicable, for a period in excess of 24 hours.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule.
- b. anything not included in **You** are covered above.
- c. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip**;
  - i. **You** or **Your Travelling companions** have been given a terminal prognosis or
  - ii. **You** or **Your Travelling companions** are planning to travel against the advice of a **Medical practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away, or
  - iii. **You** or **Your Travelling companions** are on a waiting list for treatment, tests or investigation or awaiting the results of any tests or investigations, or
  - iv. **You** or **Your Travelling companions** have any medical condition for which the recommended treatment or prescribed medication as directed by a **Medical practitioner** is not being taken, or
  - v. **You** or **Your Travelling companions** have any medical condition for which a diagnosis has not been given.
- d. any directly or indirectly related claims if **You** or **Your Travelling companions** have;
  - i. ever suffered from, been investigated, treated for or diagnosed with;
    - any cancer or malignant condition.
    - any lung related condition (other than stable, well controlled asthma that requires not more than 2 inhalers).
    - any heart related condition (including angina).
    - a stroke or mini-stroke (TIA).
  - ii. any **Pre-existing medical condition** (as defined).

**We** may agree not to apply (d) above or to accept this insurance at special terms but only if **You** supply **Us** with details of **Your** condition. Please contact **Able2Travel** on 01483 806826.

- e. any claim if, at the time **Your** policy starts or booking a **Trip**, whichever was the later, any person on whom the **Trip** depends including the person with whom **You** are travelling or have arranged to travel, a person with whom **You** have arranged to reside with temporarily, a **Relative**, friend or **Business colleague** had a medical condition for which he or she:
  - was receiving treatment at hospital (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
  - was waiting for a hospital consultation, investigations or treatment (other than where they go to hospital for check-ups for a stable condition, at regular intervals which have been arranged beforehand);
  - had been given a terminal prognosis, or been told that their condition is likely to get worse in the next 12 months.

If **You** are in any doubt, please call **Able2Travel** on 01483 806826.

- f. any costs incurred in respect of visas obtained in connection with the **Trip**.
- g. disinclination to travel.
- h. failure to obtain the necessary passport, visa or permit in time for **Your Trip**.
- i. claims arising from **Your** anxiety, stress, depression or any other mental or nervous disorder unless **You** provide a medical certificate from a registered mental health professional stating that this necessarily prevented **You** from travelling.
- j. the cost of **Your** unused original tickets where **Our** nominated emergency service or **We** have arranged and paid for **You** to come **Home** following **Curtailment** of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate **You** to **Your Home**.
- k. **You** being on a hospital waiting list where the claim relates to **You** accepting an appointment that causes **You** to cancel or **Curtail Your Trip**.
- l. **You** being on a hospital waiting list where the claim relates to **You** accepting an appointment that causes **You** to cancel or **Curtail Your Trip**.
- m. any claim for promotional vouchers or reward points, without monetary value such as Air Miles or Avios Points.
- n. any claim for accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme.
- o. Any claim for loss of holiday not supported by a medical certificate from **Your** treating **Medical practitioner** confirming the number of days that **You** were confined to a hospital, hotel room or cabin.

#### **Conditions**

It is a requirement of this insurance that;

- a. (for **Cancellation**) if **You** become aware of any circumstances which make it necessary for **You** to cancel **Your Trip**, **You** must advise **Your** tour operator or travel agent in writing within 48 hours. The maximum amount **We** will pay will be limited to the applicable Cancellation charges at that time.
- b. (for **Curtailment**) **You** must obtain a medical certificate from a **Medical practitioner** and the prior approval of **Our** nominated emergency service to confirm the necessity to either:
  - i) return **Home** prior to **Curtailment** of the **Trip** due to death, **Bodily Injury** or **Illness**, or complications of pregnancy or childbirth; or
  - ii) remain in hospital for the rest of the **Trip** due to **Bodily Injury** or **Illness**.
- c. (for **Loss of holiday**) **You** must obtain a medical certificate from the **Medical practitioner** in attendance confirming their order for **You** to remain confined to a hospital, hotel room or cabin, if applicable.
- d. (for **Curtailment**) **You** must contact **Our** nominated emergency service for assistance if **You** need to **Curtail Your Trip** for an insured reason.
- e. (for **Curtailment**) if **You** are **Curtailing Your Trip** (which includes **Loss of holiday**) payments will be calculated on a pro-rata basis taking into consideration all irrecoverable travel, accommodation and excursion expenses. If **You** are unable to revalidate **Your** return ticket **We** will pay for **Your** repatriation costs up to the same class of travel as on **Your** outward journey.

Please also refer to the **General Exclusions and Conditions**.

## Section 2

### Emergency Medical Expenses & Repatriation

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the reasonable costs necessarily incurred as a result of **You** sustaining **Accidental Bodily Injury**, unexpected **Illness** or death during **Your Trip** in respect of;

- a. emergency medical, surgical and hospital treatment and transportation. At the sole discretion of **Our** nominated emergency service, who reserve the right to make the final decision as to whether or not it is medically necessary, this also includes the cost of repatriation to **Your Home country**, by whatever means deemed medically necessary. The cost of emergency dental treatment to natural teeth is covered up to the amount shown in the benefits schedule provided that it is for the immediate relief of pain only.
- b. additional travel and accommodation expenses (on a bed & breakfast basis) to enable **You** to return **Home** if **You** are unable to travel as originally planned.
- c. additional travel and accommodation expenses (on a bed & breakfast basis) for a **Travelling companion** to stay with **You** and accompany **You Home**, or a **Relative** or friend to travel from **Your Home country** to stay with **You** and accompany **You Home** subject to **You** obtaining approval from **Our** nominated emergency service prior to incurring any cost. This is extended for up to two people if **You** are under 18 years of age.
- d. returning **You** remains to **Your Home** or of a funeral in the country where **You** died, up to the equivalent cost of returning **Your** remains to **Your Home country**.
- e. with the prior agreement of **Our** nominated emergency service, **Your** necessary additional travel expenses to return **Home** following the death, injury or **Illness** of a **Travelling companion** insured by **Us** or of **Your** (or **Your Travelling companion's**) **Relative** or **Business colleague** in **Your Home country**.

#### **You are not covered for**

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim unless a recovery can be made under the terms of the EHIC or any other reciprocal agreement.
- b. any directly or indirectly related claims if at the time this insurance was arranged and each time **You** make arrangements for a **Trip**;
  - i. **You** or **Your Travelling companions** have been given a terminal prognosis or
  - ii. **You** or **Your Travelling companions** are planning to travel against the advice of a **Medical practitioner** or travelling specifically to seek, or **You** know **You** will need, medical treatment while **You** are away, or
  - iii. **You** or **Your Travelling companions** are on a waiting list for treatment, tests or investigation or awaiting the results of any tests or investigations, or
  - iv. **You** or **Your Travelling companions** have any medical condition for which the recommended treatment or prescribed medication as directed by a **Medical practitioner** is not being taken, or
  - v. **You** or **Your Travelling companions** have any medical condition for which a diagnosis has not been given.
- c. any directly or indirectly related claims if **You** or **Your Travelling companions** have;
  - i. ever suffered from, been investigated, treated for or diagnosed with;
    - any cancer or malignant condition.
    - any lung related condition (other than stable, well controlled asthma that requires not more than 2 inhalers).
    - any heart related condition (including angina).
    - a stroke or mini-stroke (TIA).
  - ii. any **Pre-existing medical condition** (as defined).

**We** may agree not to apply (c) above or to accept this insurance at special terms but only if **You** supply **Us** with details of **Your** condition. Please contact **Able2Travel** on 01483 806826.

- d. any claim related to the health of a **Non-traveller** if **You** made arrangements for a **Trip** in the knowledge that their state of health is likely to cause **You** to cancel or amend **Your** travel plans, unless agreed by **Us** and confirmed in writing. If **You** are in any doubt, please call **Able2Travel** on 01483 806826.
- e. any claim arising from medical treatment of any kind occurring after **You** have refused the offer of repatriation when, in the opinion of **Our** nominated emergency service, **You** are fit to travel.
- f. any claim which is not supported by medical reports.

- g. any treatment or surgery;
  - i. which is not immediately necessary and can wait until **You** return **Home**. **We** reserve the right to repatriate **You** when **You** are fit to travel in the opinion of **Our** nominated emergency service.
  - ii. which in the opinion of **Our** nominated emergency service is considered to be cosmetic, experimental or elective.
  - iii. carried out in **Your Home country** (other than the cover provided under Section 5 - Additional cover on your return home), or more than 12 months after the expiry of this insurance.
  - iv. not given within the terms of any reciprocal health agreements, wherever such agreements exist.
- h. exploratory tests unless they are normally conducted as a direct result of the condition which required referral to hospital.
- i. claims related to manual labour unless declared to and accepted by **Us**.
- j. the additional cost of accommodation in a single or private room, unless it is medically necessary or there is no alternative.
- k. the costs of medication or treatment that **You** knew at the time of **Your** departure would need to be continued during **Your Trip**.
- l. the costs of replacing or repairing false teeth or of dental work involving the use of precious metals.
- m. any claim for pregnancy which falls outside the definition of **Complications of pregnancy and childbirth**.
- n. the cost of **Your** unused original tickets where **Our** nominated emergency service or **We** have arranged and paid for **You** to come **Home** following **Curtailment** of the **Trip**. If however **You** have not purchased a return ticket, **We** reserve the right to deduct the cost of an economy flight from any additional costs **We** have incurred which are medically necessary to repatriate **You** to **Your Home**.
- o. Any in-patient, hospital, clinic or repatriation expenses in excess of £500 which have not been reported to and authorised by any in-patient, hospital, clinic or repatriation expenses in excess of £500 which have not been reported to and authorised by **Our** nominated emergency service in advance.
- p. costs of telephone calls, other than:
  - i. calls to **Our** nominated emergency service notifying and dealing with the problem for which **You** are able to provide receipts or other evidence to show the cost of the calls and the numbers **You** telephoned.
  - ii. any costs incurred by **You** when **You** receive calls on **Your** mobile from **Our** nominated emergency service for which **You** are able to provide receipts or other evidence to show the cost of the calls.
- q. the cost of taxi fares, other than those for **Your** travel to or from hospital relating to **Your** admission, discharge or attendance for outpatient treatment or appointments or for collection of medication prescribed for **You** by the hospital. However, any costs incurred by **You** to visit another person or by another person visiting **You** in hospital are not covered.

**Please note** that it is essential under the terms of this insurance that;

- a. **Our** nominated emergency service is contacted immediately and their prior authority obtained if it appears likely that **You** require admission to hospital or **You** require medical treatment which will cost more than £500 (or the equivalent in local currency). If it is not possible to notify them in advance because the condition requires immediate treatment to save life or limb **Our** nominated emergency service must be notified as soon as possible. Failure to do so will affect the assessment of **Your** claim.
- b. wherever possible **You** must use medical facilities that entitle **You** to the benefits of any reciprocal health agreements, such as the EHC within Europe and reciprocal health agreements, including those in Australia and New Zealand.
- c. if **You** are injured or become ill during **Your Trip**, the Assistance Helpline may:
  - move **You** from one hospital to another; and /or
  - arrange for **You** to return to the **United Kingdom** at any time.
 They will do this if they and the treating doctor think that it is safe for **You** to be moved or returned to the **United Kingdom**. If **You** choose not to, **Our** liability will end on the date it was deemed safe for **You** to be moved or

**Please also refer to the General Exclusions and Conditions.**

## Section 3 Hospital Stay Benefit

**You are covered** for the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for each night spent receiving in-patient hospital treatment outside of **Your Home country** that is covered under Section 2 - Emergency Medical Expenses and Repatriation.

**Please also refer to the exclusions and conditions relating to Section 2 - Emergency Medical Expenses and Repatriation and the General Exclusions and Conditions.**

## Section 4 Personal Accident

**You are covered** for the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate if **You** have an **Accident** whilst **You** are on **Your Trip** which is the sole and independent cause of **Your** death, permanent total disablement, loss of sight or loss of limb(s) within 12 months of the **Accident**.

If **You** are aged under 16 at the date of the **Accident**, the amount **You** are covered for in the event of **Your** death is shown in the benefits schedule.

Payment under this section in respect of all the consequences of an **Accident** shall be limited in total to the amount shown in the benefits schedule. In the event of **Your** death within 12 months of the **Accident**, the total payment will be limited to the amount shown for death.

'**Permanent total disablement**' means that for the twelve months following **Your Accident** **You** are totally unable to work in any occupation and at the end of that time there is no prospect of improvement.

'**Loss of limb(s)**' means physical loss of a hand or foot or complete loss of use of a hand, arm, foot or leg.

'**Loss of sight**' means total and permanent loss of sight which shall be considered as having occurred;

- a. in both eyes if **Your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist, or
- b. in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

**You are not covered for**

- a. claims resulting from motorcycling.
- b. claims arising out of manual labour.
- c. a 'permanent total disablement' claim if at the date of the **Accident** **You** are over the age of 65 years or are not in full time paid employment.
- d. any claim for sickness, disease, nervous shock or naturally occurring condition or degenerative process.

**Please also refer to the General Exclusions and Conditions.**

## Section 5 Additional Cover on Your return Home

The benefit provided under this section below is intended to provide additional cover on **Your return Home** following hospitalisation abroad which is covered under Section 2 - Emergency Medical Expenses and Repatriation.

### Aftercare

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the cost of treatment given, prescribed or authorised by a **Medical practitioner** in **Your Home country** and agreed by **Us** following bodily injury or **Illness** that required inpatient treatment during a **Trip** outside **Your Home country**:

- a. for the employment of a home help or nanny, provided this was not available to **You** before **Your Trip**;
  - b. for the cost of further physiotherapy treatment;
  - c. for the cost of a further medical examination by a **Medical practitioner** back in the **UK** in relation to a check up or follow-up and/or any treatment or service rendered;
- In relation to **Your** injury or **Illness** that required inpatient treatment during **Your Trip**.

### Convalescence/Recuperation Holiday

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** show on **Your** insurance certificate towards the cost of a convalescence/recuperation **Trip** within **Your Home**

**Country** in the event that **You** are hospitalised for more than 5 days outside **Your Home country** and **We** have accepted **Your** claim under Section 2, Emergency Medical Expenses & Repatriation. **You** must take **Your** convalescence/recuperation **Trip** within 3 months of **Your** return **Home** from the original **Trip** in which you suffered **Your** injury or **Illness** that required inpatient treatment during **Your Trip**. **Your** policy will be extended to cover **Your** convalescence **Trip** up to a maximum of 31 days.

### Modification to your home

**You are covered** up to the amount shown in the Benefits Schedule for medically necessary modifications to **Your** home, to cater for a new disability that is expected to last more than 90 days, that are required as a direct result of **Your** injury or **Illness** that required inpatient treatment during **Your Trip** and **We** have accepted **Your** claim under Section 2, Emergency Medical Expenses & Repatriation; as agreed by **Us** and certified by a **Medical practitioner** and provided such modifications were not required by **You** before **Your Trip**.

**You are not covered for** anything listed under 'what is not covered' under Section 2, Emergency Medical Expenses.

**Please note** that it is essential under the terms of this insurance that;

- a. Aftercare - **You** must send **Us** written confirmation (at **Your** own expense) from **Your Medical practitioner** in **Your Home country** of the need for treatment.
- b. **Convalescence** - the convalescence **Trip** must be taken within 3 months of **Your** return to **Your Home country**. **You** will need to provide receipts for **Your Trip**.

**Please also refer to the General Exclusions and Conditions.**

## Section 6 Travel Delay on Your outbound journey & Abandonment

*The benefit provided under Travel Delay and Abandonment below is intended to provide compensation if **You** are delayed at **Your** point of departure and is only applicable if **You** have travelled there and checked-in. If **You** have not travelled to **Your** departure point **You** will not be covered even if **You** have checked in online.*

### Travel delay on Your outbound journey

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate if the departure of the **Public transport** on which **You** are booked to travel from **Your Home country** is delayed by at least 12 hours and for each complete 12 hours thereafter.

### Abandonment

However, if **Your** departure from **Your Home country** is delayed for more than 24 hours and **You** choose to abandon **Your Trip**, instead of a payment for delay, **You** are covered for the cost of the **Trip**, up to the maximum claimable under Section 1 - Cancellation or Curtailment/ Loss of Holiday.

### Special Conditions

- a. if **You** are a **UK** resident living in Northern Ireland and **Your** travel itinerary requires **You** to use Republic of Ireland departure/arrival points, **Your** cover will be as if **You** are still travelling from Northern Ireland with respect to claims coverage.

### You are not covered

- a. for a claim caused by a strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
- b. if **You** fail to check-in on time.
- c. if transport services are withdrawn as the result of a recommendation or instruction from the Civil Aviation Authority, Port Authority or similar body.
- d. for the amount of the excess shown in the benefits schedule in respect of each claim for abandonment.
- e. to claim under this section if **You** have claimed under Section 7 - Missed Departure & Connections or Section 14 - Catastrophe & Travel Disruption from the same cause.
- f. for any loss as a result of closure of air space directly attributable to volcanic eruption unless **You** have purchased the Gold or Platinum cover policy and this is shown on **Your** certificate.

**Please also refer to the General Exclusions and Conditions.**



## Section 7

### Missed Departure & Connections

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for necessary additional travel and accommodation expenses (on a bed & breakfast basis) that **You** incur in reaching **Your** destination if **You** arrive at any departure point shown on **Your** pre-booked itinerary too late to board the **Public transport** on which **You** are booked to travel as a result of;

- the failure of **Public transport**, or
- a road traffic **Accident** or vehicle **Breakdown** delaying the vehicle in which **You** are travelling, or
- a delay involving **Your** own vehicle because of unexpected and unforeseen heavy traffic or road closures that were sufficiently severe to warrant reporting on a recognised motoring association Web site, Highways Agency Website, on television, news bulletins or in the press, or
- the closure of air space directly attributable to volcanic eruption. Please note this cover only applies if **You** have purchased the Gold or Platinum cover policy and this is shown on **Your** certificate.

#### Special Conditions

a. if **You** are a **UK** resident living in Northern Ireland and **Your** travel itinerary requires **You** to use Republic of Ireland departure/arrival points, **Your** cover will be as if **You** are still travelling from Northern Ireland with respect to claims coverage.

#### You are not covered

- for a claim caused by a strike if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
- to claim under this section if **You** have claimed under Section 6 - Travel Delay & Abandonment or Section 14 - Catastrophe & Travel Disruption from the same cause.
- for any claim for more than the cost of the original booked **Trip**.
- for any loss as a result of closure of air space directly attributable to volcanic eruption unless **You** have purchased the Gold or Platinum cover policy and this is shown on **Your** certificate.

#### Conditions

- You** must have planned to arrive at **Your** departure point in advance of **Your** earliest scheduled check-in time and provide a written report from the carrier, police or relevant transport authority confirming the delay and stating its cause.
- in the event of a claim arising from any delay occurring following an **Accident** or **Breakdown** of the vehicle in which **You** are travelling **You** must obtain written confirmation from the carrier, police or relevant transport authority confirming the delay and stating its cause.
- in the event that the vehicle in which **You** are travelling is delayed by heavy traffic or road closures **You** must obtain confirmation that the delays were sufficiently severe to warrant reporting on a recognised motoring association Website, Highways Agency Website on television, news bulletins or in the press.

Please also refer to the **General Exclusions and Conditions**.

## Section 8

### Personal Baggage

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate, after making reasonable allowance for wear, tear and depreciation for the loss or theft of, or damage to;

- Your Baggage**.
- Your Valuables**.

**We may at Our option replace, reinstate or repair the lost or damaged Baggage.**

**You are also covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** show on **Your** insurance certificate in respect of emergency purchases for the cost of buying necessary items (for example clothing, and toiletries) if **You** are deprived of **Your Baggage** for more than 12 hours after arrival at **Your** outbound destination. **You** must provide receipts for the items that **You** buy. If **Your Baggage** is permanently lost, any amount that **We** pay for emergency purchases will be deducted from the total claim.

#### Replacement Key Cover

**You are also covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the costs of (parts and labour) of replacing the relevant locks in

the event **You** lose **Your** keys to **Your** main permanent residence and/or **Your** car and/or **Your** motorcycle whilst on a **Trip**. **We** will not arrange for the work to be carried out and will not be liable for any damage caused in the process of replacing the locks.

#### You are not covered for

- the amount of the excess shown in the Benefits Schedule in respect of each claim, except for emergency purchases.
- more than the amount shown in the benefits schedule for any one item, pair or set in respect of **Baggage and Valuables**.
- more than the amount shown in the benefits schedule in respect of spectacles and sunglasses.
- any additional value an item may have because it forms part of a pair or set.
- more than £100 in total for **Baggage** stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if the theft occurs at any other time of day, unless the vehicle is being used for travel between different points of overnight accommodation.
- loss or theft of or damage to **Valuables** whilst they are **Unattended** unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
- breakage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.
- loss or theft of or damage;
  - to household goods, bicycles, waterborne craft and their fittings of any kind.
  - to motor vehicles, trailers or caravans or any fixtures, fittings or accessories therein or thereon.
  - to watersports and **Winter sports equipment**.
  - to **Baggage** in transit unless reported to the carrier immediately and a written Property Irregularity Report is obtained.
  - to **Baggage** sent by post, freight or any other form of unaccompanied transit.
  - to sports clothes and equipment whilst in use.
  - caused by moth or vermin or by gradual wear and tear in normal use.
  - caused by any process of cleaning, repairing or restoring.
  - caused by leakage of powder or fluid from containers carried in **Your Baggage**.
  - to **Your Gadgets**, if section 25 is operative under **Your** policy.
- mechanical or electrical **Breakdown**.
- Medical aids** and prescribed medication.
- Golf equipment**
- Business equipment** and **Business samples**

Please note the insurer's liability for articles owned by the insured shall be further limited to take into account wear and tear, as follows;

Age of equipment	Proportion of original purchase price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

Please also refer to the **Special Exclusions and conditions** shown on page 10 and to the **General Exclusions and Conditions**.

## Section 9

### Additional Cover For Your Medical Items

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate, after making reasonable allowance for wear, tear and depreciation for the loss or theft of, or damage to:

- Medical Aids** owned by **You** or for which **You** are legally responsible, including the necessary costs to hire other Mobility Aids, and
- Prescribed medication.

**You are also covered** up to the amount shown in the benefits schedule in respect of emergency hire costs or purchases for the cost of:

- buying necessary prescribed medication (including the additional costs incurred in arranging and transporting emergency prescribed medications if this is not available locally), and
- Medical Aids**;

If **You** are deprived of **Your** prescribed medication, **Medical Items** for more than 12 hours after arrival at

**Your** outbound destination.

**We** may at **Our** option replace, reinstate or repair the lost or damaged **Medical Aids**.

**You** must provide receipts for the items that **You** buy including any eligible hire costs. If **Your** medication or **Medical Aids** are permanently lost, any amount that **We** pay for emergency purchases will be deducted from the total claim.

#### You are not covered for

- the amount of the excess shown in the Benefits Schedule in respect of each claim, except for claims under loss or damage to prescribed medications and emergency replacement of prescribed medications.
- more than £100 in total for **Medical Aids** or prescribed medication stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if the theft occurs at any other time of day, unless the vehicle is being used for travel between different points of overnight accommodation.
- loss or theft of or damage to **Medical Aids**, or prescribed medication whilst they are **Unattended** including on a beach, unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
- breakage of fragile articles unless caused by fire or by an **Accident** to the aeroplane, ship or vehicle in which they are being carried.
- loss or theft of or damage to
  - Medical Aids**, or prescribed medication in transit unless reported to the carrier immediately and a written Property Irregularity Report is obtained.
  - Medical Aids**, or prescribed medication sent by post, freight or any other form of unaccompanied transit.
  - caused by any process of cleaning, repairing or restoring.
  - caused by leakage of powder or fluid from containers carried in **Your Baggage**.
- mechanical or electrical **Breakdown**.

Please note the insurer's liability for articles owned by the insured shall be further limited to take into account wear and tear, as follows;

Age of equipment	Proportion of original purchase price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

Please also refer to the **Special Exclusions and conditions** shown on page 10 and to the **General Exclusions and Conditions**.

#### Important Recommendation:

Please make sure that **You** keep all important prescribed medication in **Your** hand luggage when travelling and not in **Your** check-in luggage. This is to make sure **You** have **Your** prescribed medication readily available with **You** in the event of loss or delay of **Your** checked in luggage.

## Section 10

### Personal Money

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for loss or theft of **Personal money** which is the property of **You** and carried on **Your** person or placed in a safety deposit box or similar locked, fixed receptacle.

#### You are not covered for

- the amount of the excess shown in the benefits schedule in respect of each claim.
- more than the amount shown in the Benefits Schedule in respect of all cash carried by **You** belonging to **You** or a **Travelling companion**.
- any loss resulting from shortages due to error, omission or depreciation in value.
- claims for loss which has not been reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- claims arising from delay, detention, seizure or confiscation by customers or other officials.
- claims arising for loss or theft of **Personal money** which at the time of such loss or theft was located in checked-in luggage or an **Unattended** motor vehicle at any time.

g. claims arising for **Personal money** left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property including loss or theft occurring on a beach or in or around a swimming pool.

Please also refer to the **Special Exclusions and conditions shown on page 10 and to the General Exclusions and Conditions.**

## Section 11

### Loss of Passport & Travel Documents

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate following loss or theft of **Your** passport for any necessary additional travel and accommodation costs, including the cost of any travel documents such as emergency passports, visas or permits incurred to enable **You** to continue **Your Trip** or return to **Your Home country**.

**You are not covered for**

- loss or theft either from an **Unattended** motor vehicle at any time or from **Baggage** whilst in transit unless **You** are carrying it.
- the cost of a permanent replacement for the passport itself.

Please also refer to the **Special Exclusions and conditions shown below and to the General Exclusions and Conditions.**

### Special Exclusions applicable to Sections 8,9,10 & 11

**You are not covered for**

- more than £100 in total under these sections in respect of loss or theft of anything left **Unattended** in a public place, including on a beach.
- any loss or theft unless reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- loss of bonds or securities of any kind.
- delay, detention, seizure or confiscation by customs or other officials.

### Special Conditions applicable to Sections 8,9,10 & 11

It is a requirement of this insurance that **You** must:

- in the event of a claim;
  - provide receipts or other documentation to prove ownership and value, especially in respect of **Valuables, Medical Aids** and any items for which **You** are claiming more than £100 and,
  - retain any damaged items for **Our** inspection. Failure to exercise all reasonable care may result in **Your** claim being reduced or declined.
- take care of **Your** property at all times and take all practical steps to recover any item lost or stolen.

Please also refer to the **General Exclusions and Conditions.**

## Section 12

### Personal Liability

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate (inclusive of legal costs and expenses), incurred with **Our** written consent, if **You** are held legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause if **You** are held legally liable for causing;

- Accidental Bodily Injury**, including death, **Illness** and disease to a person, and/or
- Accidental** loss of or damage to material property (property that is both material and tangible).

**You are not covered for**

- the amount of the excess shown in the Benefits Schedule in respect of each claim.
- any liability for;
  - Bodily Injury, Illness** or disease of any person who is **Your Relative, a Travelling companion**, or under a contract of employment, service or apprenticeship with **You** when the **Bodily Injury, Illness** or disease arises out of and in the course of their employment to **You**.

- loss or damage to property belonging to or held in trust by or in the custody or control of **You** other than temporary accommodation occupied by **You** in the course of the journey;
- Bodily Injury** or damage caused directly or indirectly in connection with the ownership, possession or use by **You** or on behalf of **You** of aircraft, hovercraft, watercraft (other than non-mechanically powered watercraft less than 30 feet in length used on inland waters), mechanically propelled vehicles (other than golf buggies used on golf courses and not on public roads), firearms (other than sporting guns).
- Bodily Injury** caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers, any wilful or malicious act, carrying on of any trade, business or profession, any racing activity.
- fraudulent, dishonest, malicious or criminal acts of **You** or any person authorised by **You**.
- any claim assumed by **You** under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.
- punitive or exemplary damages.

**Conditions**

- You** or **Your** legal representatives will give **Us** written notice immediately if **You** have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section.
- no admission, offer, promise, payment or indemnity shall be made by or on behalf of **You** without **Our** prior written consent.
- every claim notice, letter, writ or process or other document served on **You** shall be forwarded to **Us** immediately upon receipt.
- We** shall be entitled to take over and conduct in **Your** name the defence or settlement of any claim or to prosecute in **Your** name for **Our** own benefit any claim for indemnity or damages against all other parties or persons.
- We** may at any time pay **You** in connection with any claim or series of claims the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made **We** shall relinquish the conduct and control and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.

Please also refer to the **General Exclusions and Conditions.**

## Section 13

### Legal Expenses

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for legal costs and expenses incurred in pursuit of a claim for compensation or damages from a third party who causes **Your** death or **Bodily Injury** or **Illness** during **Your Trip**.

*Where there are two or more persons insured by this policy, then the maximum amount We will pay for all such claims shall not exceed £20,000 if You have purchased Silver cover, £30,000 if You have purchased Gold cover, or £50,000 if You have purchased Platinum cover.*

**Definitions applicable to this section**

**Legal expenses** means;

- fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a legal representative in pursuing a claim or legal proceedings for damages and/or compensation against a third party who has caused **Your Bodily Injury, death or Illness**.
- fees, expenses and other disbursements reasonably incurred (as determined by **Our** legal counsel) by a legal representative in appealing or resisting an appeal against the judgement of a court tribunal or arbitrator.
- costs that **You** are legally liable for following an award of costs by any court or tribunal or an out-of-court settlement made in connection with any claim or legal proceedings.

**Legal representative** means a solicitor, firm of solicitors, lawyer, or any appropriately qualified person, firm or company, appointed by **Us** to act on **Your** behalf.

**You are not covered for**

- the amount of the excess shown in the Benefits Schedule in respect of each claim.
- any liability for;
  - any claim reported to **Us** more than 12 months after the beginning of the incident which led to the claim.
  - Legal expenses** incurred in the defence against any civil claim or legal proceedings made or brought against **You**.
  - Legal expenses** incurred before receiving **Our** prior written approval, unless such costs would have been incurred subsequently to **Our** approval.
  - incurred in connection with any criminal or wilful act committed by **You**.
  - Legal expenses** incurred for any claim or legal proceedings brought against the **Insurer, Us, Our** agents.
  - finances, compensation or other penalties imposed by a court or other authority.
  - Legal expenses** incurred after **You** have not accepted an offer from a third party to settle a claim or legal proceeding where the offer is considered by all parties to be reasonable or **You** not accepting an offer from **Us** to settle a claim.
  - Legal Expenses** which **We** consider to be unreasonable or excessive or unreasonably incurred (as determined by **Our** legal counsel).
  - actions between individuals named on **Your** certificate.
  - Legal Expenses** incurred in pursuing any claim for compensation against the manufacturer, distributor or supplier of any drug, medication or medicine.

**Conditions**

- written consent must be obtained from **Us** prior to incurring **Legal expenses**. This consent will be given if **You** can satisfy **Us** that;
  - there are reasonable (as determined by **Our** legal counsel) grounds for pursuing or defending the claim or legal proceedings, and
  - it is reasonable (as determined by **Our** legal counsel) for **Legal expenses** to be provided in a particular case. The decision to grant consent will take into account the opinion of **Your Legal representative** as well as that of **Our** own advisers. **We** may request, at **Your** own expense, an opinion of counsel as to the merits of the claim or legal proceedings. If the claim is admitted, **Your** costs in obtaining this opinion will be covered by this policy.
- all claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstance, will be regarded as one claim.
- if **You** are successful in any action, any **Legal expenses** provided by **Us** will be reimbursed to **Us**.
- We** may at **Our** discretion assume control at any time of any claim or legal proceedings in **Your** name for damages and or compensation from a third party.
- We** may at **Our** discretion offer to settle a claim with **You** instead of initiating or continuing any claim or legal proceedings for damages and or compensation from a third party, and any such settlement will be full and final in respect to the claim.
- We** may at **Our** discretion offer to settle a counter-claim against **You** instead of continuing any claim or legal proceedings for damages and or compensation from a third party.

Please also refer to the **General Exclusions and Conditions.**

## Section 14

### Catastrophe & Travel Disruption

*The following section only applies if You have paid the appropriate premium for Gold or Platinum Level of cover as shown on Your certificate.*

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate in respect of the following;

#### 1. Extended Cancellation or Curtailment/Loss of Holiday

The cover detailed under Section 1 - Cancellation or Curtailment/Loss of Holiday is extended up to the amounts shown in the Benefits Schedule to include necessary cancellation or **Curtailment** or **Loss of Holiday** of **Your** planned **Trip** due to the closure of air space directly attributable to volcanic eruption or as a result of the Travel Advice Unit of the Foreign & Common Wealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **You** are travelling issuing a directive;

- a. prohibiting all travel or all but essential travel to, or
- b. recommending evacuation from; the country or specific area or event to which **You** were travelling, providing the directive came into force after **You** purchased this insurance or, booked the **Trip** (whichever is the later) and, in the case of **Curtailement**, after **You** had left **Your Home country** to commence the **Trip**.

## 2. Extended Travel Delay & Abandonment

The cover detailed under Section 6 - Travel Delay & Abandonment is extended up to the amounts shown in the Benefits Schedule to include;

- a. any irrecoverable unused travel and accommodation costs if **You** choose to abandon **Your Trip** as a result of **You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 24 hours.
- b. suitable additional travel and accommodation expenses (room only up to the equivalent standard to that originally booked) incurred in reaching **Your** overseas destination and/or in returning to **Your Home country** as a result of;
  - i. the **Public transport** on which **You** were booked to travel being cancelled, delayed for more than 24 hours, diverted or re-directed after take-off, or
  - ii. **You** being denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 24 hours.
  - iii. closure of air space directly attributable to volcanic eruption.

If the same expenses are also covered under Section 7 – Missed Departure & Connections **You** can only claim for these under one section for the same event. The amount payable will be calculated after deduction of the amount of the refund on **Your** ticket(s) together with any compensation from the **Public transport** operator.

## 3. Catastrophe & Travel Disruption cover related to pre-booked accommodation;

**You** are covered up to the amounts shown in the Benefits Schedule for either:

- a. **Your** proportionate share of irrecoverable unused accommodation costs (including unused pre-booked excursions up to a value of £100) that have been paid or where there is a contract to pay that cannot be recovered from anywhere else; or
- b. necessary additional travel and accommodation expenses incurred to an equivalent value and standard in the event that **You** are forced to move from pre-booked accommodation to continue **Your Trip**, or if the **Trip** cannot be continued, to return **Home** as a result of;
  - i. an infectious disease affecting **Your** stay in **Your** accommodation or resort;
  - ii. local medical epidemic or directive from the responsible government or local authority directly affecting the area where the pre-booked accommodation is.
  - iii. fire, flood, earthquake, explosion, tsunami, landslide, avalanche, hurricane, volcanic eruption, storm or other natural disaster that threatens **Your** safety such that official evacuation orders are issued or that the pre-booked accommodation is rendered uninhabitable.

**You** can only claim under one of subsections a. or b. above, not both. If the same costs and charges are also covered under Section 1 - Cancellation or Curtailement/ Loss of Holiday **You** can only claim for these under one section for the same event.

## 4. Extended Missed Departure & Connections

Section 7 - Missed Departure & Connections is extended to provide cover in the event;

- a. that **You** are denied boarding (because there are too many passengers for the seats available) and no other suitable alternative flight could be provided within 12 hours;
- b. of the closure of air space directly attributable to volcanic eruption.

### Special condition relating to volcanic eruption claims

If **You** arrive at **Your** departure point and **You** booked **Public transport** is cancelled because of a volcanic eruption, then cover is available to **You** for necessary additional travel and accommodation expenses (room only up to the equivalent standard to that originally booked) necessarily incurred to reach **Your** overseas destination or to return **You** to **Your Home**.

If the same expenses are also covered under Section 7 – Missed Departure & Connections **You** can only claim for these under one section for the same event.

### You are not covered for

- a. the amount of the excess shown in the the Benefits Schedule in respect of each claim, except for 4. Extended Missed Departure & Connections.
- b. **Your** own decision not to stay in **Your** pre-booked accommodation when official directives from local or national authorities state that it is safe and acceptable to do so, unless the Foreign & Common Wealth Office (FCO) deem otherwise.
- c. any costs, expenses or compensation payable by or recoverable from a carrier, travel agent, tour operator, tour organiser, airline, hotel, credit card company or other service provider.
- d. any claim under Section 14 - Catastrophe & Travel Disruption which is also covered under Section 1 - Cancellation or Curtailement/Loss of Holiday, Section 6 - Travel Delay and Abandonment or Section 7 - Missed Departure & Connections for the same event.
- e. loss of timeshare points, fees and other administrative costs normally associated within a timeshare membership programme. Loss of air miles, air mile points, loyalty card points.
- f. where no contractual liability exists or where no financial loss has been sustained.
- g. costs incurred if acting against the Travel Advice Unit of the Foreign & Common Wealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **You** are travelling.
- h. any claims arising directly or indirectly from;
  - i. strike, industrial action or a directive advising against travel, or all but essential travel, to a country or specific area or event to which **You** are travelling, if it had started or been announced before **You** arranged this insurance or booked **Your Trip**, whichever is the later.
  - ii. the **Public transport** on which **You** were booked to travel being taken out of service on the instructions of the Civil Aviation Authority, Port Authority or similar authority.

### Conditions

It is a condition of this insurance that before any claim may be considered under this section;

- a. **You** must provide a statement from the appropriate local authority and/or accommodation provider confirming the reason, nature and duration of the circumstances leading to a claim under this section.
- b. **You** must notify **Our** nominated emergency service and obtain their prior authority before **You** make any arrangements to return **Home** safely.
- c. **You** must notify the travel agent, tour operator or provider of transport or accommodation as soon as **You** find it necessary to cancel the **Trip**. If **You** fail to do so then the amount **We** will pay will be limited to the cancellation charges that would have otherwise applied.
- d. **You** must check in according to the booked itinerary unless the **tour** operator or **Public transport** operator has requested **You** not to travel to the intended departure point.
- e. **You** must comply with the terms of the contract of the **Public transport** operator and seek financial compensation, assistance or a refund of **Your** ticket from them, in accordance with the terms and/ or (where applicable) **Your** rights under the EU Air Passenger Rights legislation in the event of denied boarding, cancellation or long delay of flights.

Please also refer to the General Exclusions and Conditions.

## Section 15

### Personal Carer, Chaperone or Nanny Replacement

The following section only applies if **You** have paid the appropriate premium for Gold or Platinum Level of Cover as shown on **Your** insurance certificate.

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen Level of cover shown on **Your** insurance certificate if **Your** original personal carer, chaperone or nanny that was travelling with **You** on **Your Trip**, is certified by a **Medical practitioner** as being unable to fulfil their duty of care and assist **You** as a result of their death, injury or **Illness** occurring during **Your Trip** (whether they are insured with **Us** or not), for **Your** necessary additional hire, travel and accommodation expenses for a replacement personal carer, chaperone or nanny (or excluding hire or employment costs, for a **Relative** or friend, if a replacement personal carer, chaperone or nanny is not available) to travel to **Your** location, stay with **You** and to assist **You** during, and so that **You** can complete **Your Trip** and accompany **You Home** subject to **You** obtaining approval from **Our** nominated emergency service prior to

incurring any cost. This is extended for up to two people if **You** are under 18 years of age.

**You are not covered for** anything that **You** are not covered for under Section 2 - Emergency Medical Expenses and Repatriation.

### Conditions

a. **You must contact and obtain approval from our nominated emergency service for assistance prior to incurring any costs if You need to claim under this section.**

Please also refer to the General Exclusions and Conditions.

## Section 16

### Kennel & Cattery Fees

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen Level of cover shown on **Your** insurance certificate for each complete 24 hour period and in total for extra kennel and/or cattery costs for **Your** dog or cat if **You** are delayed in returning from **Your Trip** because of death, **Bodily Injury**.

Please also refer to the exclusions and conditions relating to Section 2 - Emergency Medical Expenses and Repatriation and Section 7 - Missed Departure & Connections, and also the General exclusions and conditions.

## Section 17

### Hijack, Kidnap & Mugging Benefit

**You are covered** up to the amount shown in the benefits schedule for each complete 24 hour period and in total if:

- a. **You** are prevented from reaching **Your Trip** destination as a result of the aircraft, sea vessel or international train in which **You** are travelling being hijacked; or
- b. if during **Your Trip** **You** are unlawfully and illegally abducted and held against **Your** will as a result of being kidnapped; or
- c. **You** are hospitalised during **Your Trip** because of **Bodily Injuries** sustained during a mugging or similar violent and unprovoked attack.

### You are not covered for

- a. any claim relating to the payment of ransom.
- b. any claim where the hijack, kidnap or mugging has not been reported to or investigated by the police or local authority and a written report provided to **Us** by them confirming the details of the incident, that **You** were involved and the duration of any hijack or kidnapping during which **You** were unlawfully detained.
- c. any claim as a result of an act of a **Relative**, another insured person under this policy or an individual who resides with **You** on a permanent basis, or person previously known to **You** at time of departing on the **Trip**.
- d. any claim unless **Our** nominated emergency service was contacted as soon as possible after hijack, kidnapping or **Your** admission to hospital in the event of mugging.
- e. any claim for Mugging Benefit unless **You** can provide medical evidence from the treating doctor to confirm the injuries and treatment given.

Please also refer to the General Exclusions and Conditions.

## Section 18

### Financial Failure

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen level of cover shown on **Your** insurance certificate for;

- a. irrecoverable sums paid in advance in the event of insolvency of the scheduled airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the **UK**; coach operator, car hire company, caravan sites, campsites, mobile home, camper rental, safaris; excursions; Eurotunnel; theme parks such as Disney Land Paris all known as the **End supplier** of the travel arrangements not forming part of an inclusive **Trip** prior to departure; or
- b. in the event of insolvency after departure;
  - i. additional pro rata costs incurred by **You** in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the **Curtailement** of the travel arrangements; or

- ii. if **Curtalement** of the **Trip** is unavoidable - the cost of return transportation to the **United Kingdom**, Channel Islands or the Isle of Man to a similar standard of transportation as enjoyed prior to the **Curtalement** of the travel arrangements.

PROVIDED THAT in the case of b (i) and (ii) above where practicable **You** have obtained the approval of the insurer prior to incurring the relevant costs.

#### You are not covered for

- a. travel or accommodation not booked within the **United Kingdom**, Channel Islands or the Isle of Man prior to departure.
- b. the financial failure of:
  - i. any travel or accommodation provider in Chapter 11 or any threat of insolvency being known as at **Your** date of application for this policy;
  - ii. any travel or accommodation provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim);
  - iii. any travel agent, tour organiser, booking agent or consolidator with whom **You** have booked travel or accommodation.
- c. any loss for which a third party is liable or which can be recovered by other legal means.
- d. any losses which are not directly associated with the incident that caused **You** to claim. For example, loss due to being unable to reach **Your** pre-booked hotel following the financial failure of an airline.

Please also refer to the **General Exclusions and Conditions**.

## Section 19 Winter Sports Cover Option

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.

### Winter sports equipment

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate, after **Us** making reasonable allowance for wear, tear and depreciation and subject to the special condition shown below for;

- i. loss or theft of, or damage to **Winter sports equipment** owned or borrowed by **You**.
- ii. loss or theft of, or damage to **Winter sports equipment** hired by **You**.  
the cost of necessary hire of **Winter sports equipment** following;
  - i. loss or theft of, or damage to, **Your Winter sports equipment** insured by **Us**, or
  - ii. the delayed arrival of **Your Winter sports equipment**, subject to **You** being deprived of their use for not less than 12 hours.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule for each claim other than claims for hire costs.
- b. **Winter sports equipment** stolen from an **Unattended** motor vehicle between the hours of 8pm and 8am or, if stolen at any other time, unless they were forcibly removed whilst locked and whilst out of sight wherever possible either inside the vehicle or to a purpose designed ski rack.
- c. damage to **Winter sports equipment** whilst in use for race training or racing.
- d. **Your** damaged **Winter sports equipment** unless returned to the **United Kingdom**, Channel Islands or the Isle of Man for **Our** inspection.
- e. loss or theft of **Winter sports equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report or reference obtained in the country where the incident occurred.
- f. loss or theft of, or damage to, **Winter sports equipment** whilst in transit unless reported to the carrier and a Property Irregularity Report obtained.
- g. loss or theft of, or damage to, **Winter sports equipment** over 5 years old.
- h. loss or theft of **Winter sports equipment** left **Unattended** in a public place.

### Special conditions

In respect of loss or damage to **Winter sports equipment**, **We** will not pay more than the proportion shown below depending on the age of the equipment.

Age of equipment	Proportion of original purchase price
Up to 1 year	85%
Up to 2 years	70%
Up to 3 years	50%
Up to 4 years	25%
Up to 5 years	10%
Over 5 years	NIL

It is a requirement of this insurance that **You** must, in the event of a claim, provide receipts or other documentation to prove ownership and value.

Please also refer to the **General Exclusions and Conditions**.

### Lift pass

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the proportionate value of any ski pass that **You** are unable to use following;

- i. **Accidental** injury or sickness that prevents **You** from skiing, as medically certified, or
- ii. loss or theft of **Your** ski pass.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule for each claim.
- b. any claim not substantiated by a police and/or a medical report.

Please also refer to the **General Exclusions and Conditions**.

### Ski pack

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the proportionate value of any ski hire or ski school fee that **You** are unable to use following **Your**;

- i. **Accidental** injury or sickness that prevents **You** from skiing, as medically certified, or
- ii. loss or theft of **Your** ski pass.

#### You are not covered for

- a. the amount of the excess shown in the benefits schedule for each claim.
- b. any claim not substantiated by a police and/or a medical report.

Please also refer to the **General Exclusions and Conditions**.

### Piste closure

Valid for the period 1st December to 31st March only.

**You are covered** up to the amounts shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for each complete day that it is not possible to ski because all lifts are closed due to a complete lack of snow, adverse conditions or avalanche danger in **Your** pre-booked **Trip** resort, for either;

- a. the costs **You** have paid for travel to an alternative resort including the necessary additional cost of a ski pass, or
- b. a compensation payment to **You** after **You** return where no alternative is available.

**You are not covered** if **You** arranged this insurance or booked **Your Trip** within 14 days of departure and at that time conditions in **Your** planned resort were such that it was likely to be not possible to ski.

#### Conditions

- a. **You** must provide written confirmation from the resort authorities or ski lift operators for the period that there was no skiing available owing to the closure of all ski lifts.
- b. **You** must submit receipts for the travel and ski pass costs that **You** wish to claim.

Please also refer to the **General Exclusions and Conditions**.

### Physiotherapy in the UK

The following section only applies if **You** have paid the appropriate additional premium for **Winter Sports Option** and **You** have purchased either **Gold** or **Platinum Cover** as shown on **Your** insurance certificate.

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the cost of further Physiotherapy treatment prescribed and authorised by a **Medical practitioner** in **Your Home Country** and agreed by **Us** following bodily injury sustained during **Your** Winter sports **Trip**.

**You are not covered** for anything listed under 'what is not covered' under Section 2 - Emergency Medical Expenses and Repatriation.

Please also refer to the **General Exclusions and Conditions**.

## Section 20

### Cruise Plus Cover Option

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.

#### Rejoin your Cruise cover

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by **Our** nominated emergency service to reach;

- a. the next docking port in order for **You** to re-join the **Cruise**; or
- b. the final destination of **Your Cruise**, following **Your** temporary **Illness** or injury requiring hospital treatment on dry land which is covered under Section 2 – Emergency Medical Expenses and Repatriation.

If, at the time of requesting **Our** assistance to rejoin **Your Cruise**, satisfactory medical or other evidence required by **Us**, is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. any costs where transportation or accommodation costs are payable or refundable by the **Cruise** operator.
- c. any claim arising directly or indirectly from any **Pre-existing medical condition** unless **You** have declared these to **Us** and **We** have written to **You** accepting them for insurance.
- d. any claim as a result of an insured person being a hospital in-patient where the condition was not covered under Section 2 – Emergency Medical Expenses and repatriation, or where **We** have not been contacted and/or a recommended hospital has not been appointed by **Us** and where **You** have not obtained a medical certificate from the **Medical practitioner** in attendance confirming it was medically necessary for **You** to accompany and assist an insured person admitted as an in-patient for an insured condition.
- e. any travel costs where **You** failed to contact **Us** for approval prior to arranging travel and so **We** could provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.

Please also refer to the **General Exclusions and Conditions**.

#### Missed Port Departure

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by **Our** nominated emergency service for **You** to join **Your Cruise** ship journey at the next docking port if **You** fail to arrive at the international departure point in time to board the ship on which **You** are booked to travel on the initial international journey of **Your** trip as a result of;

- a. the failure of scheduled **Public transport**, or
- b. an **Accident** to or **Breakdown** of the vehicle in which **You** are travelling, or
- c. an **Accident** or **Breakdown** occurring ahead of **You** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **You** are travelling, or
- d. strike or industrial action or adverse weather conditions.

If, at the time of requesting **Our** assistance in a missed port departure claim, satisfactory evidence required by **Us**, is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

#### You are not covered for

- a. claims arising directly or indirectly from;
  - i. strike or Industrial action or air traffic control delay existing or publicly declared by the date

this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.

- ii. an **Accident** to or **Breakdown** of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
  - iii. 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 manufacturer's instructions.
  - iv. withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a port authority or any such regulatory body in a country to/from which **You** are travelling.
- b. additional expenses where the scheduled **Public transport** operator has offered suitable alternative travel arrangements.
  - c. additional expenses where **You** planned arrival time at the port is less than 3 hours in advance of the sail departure time if **You** are travelling independently and not part of an integrated **Cruise** package.

#### Special Conditions

- a. in the event of a claim arising from any delay arising from traffic congestion **You** must obtain written confirmation from the police or emergency breakdown services of the location, reason for and duration of the delay.
- b. **You** must allow sufficient time for the scheduled **Public transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

Please also refer to the **General Exclusions and Conditions**.

#### Cabin Confinement

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for each complete 24 hour period that **You** are confined by the ship's medical officer, to **Your** cabin or stateroom due to **Your** compulsory quarantine, or for medical reasons during the period of the **Trip**.

#### You are not covered for

- a. any claim arising directly or indirectly from any **Pre-existing medical condition** unless **You** have declared all **Pre-existing medical conditions** to **Us** and **We** have written to **You** accepting them for insurance.
- b. any confinement to **Your** cabin where **You** are unable to provide written confirmation from **Your** ship's medical officer confirming **You** were confined to **Your** cabin, the reason for and the length of **Your** confinement.
- c. any additional period of confinement or compulsory quarantine;
  - i. relating to treatment or surgery, including exploratory tests, which are not directly related to the injury or **Illness** which made **Your** confinement necessary.
  - ii. following **Your** decision not to be repatriated after the date when in **Our** opinion, it is safe to do so.
- d. confinement or necessary quarantine;
  - i. relating to any form of treatment or surgery which in **Our** opinion (based on information received from the ship's doctor or other **Medical Practitioner** in attendance) can be delayed until **Your** return to **Your Home Country**.
  - ii. as a result of a tropical disease where **You** had not had the recommended inoculations and/or taken the recommended medication.

Please also refer to the **General Exclusions and Conditions**.

#### Cruise Itinerary Change

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for each missed port in the event **Your** scheduled port visit is cancelled due to adverse weather or timetable restrictions.

**You** must get written confirmation from **Your Cruise** operator, carrier or tour operator confirming **Your** scheduled port visit was cancelled and the reason for the cancellation.

#### You are not covered for

- a. claims arising from a missed port caused by strike or industrial action if the strike or industrial action was notified at the time that the insurance was purchased.
- b. any claim arising from **Your** ship's failure to put people ashore due to the mechanical or operational failure of the ship's tender (or any other boat used to transport passengers to shore).
- c. **Your** failure to attend the excursion as per **Your** itinerary.
- d. any claim where a monetary amount, including but not limited to on board credit or other compensation, has been offered to **You** by the ship or tour operator.
- e. any claim where **You** do not have written confirmation from **Your Cruise** operator, carrier or tour operator confirming **Your** scheduled port visit was cancelled.

Please also refer to the **General Exclusions and Conditions**.

#### Loss of Shore Excursions

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the cost of pre-booked, prepaid and non-refundable excursions, which **You** were unable to use as a direct result of being a hospital inpatient or being confined to **Your** cabin, due to an **Accident** or **Illness** which is covered under Section 2 – Emergency Medical Expenses and Repatriation.

#### You are not covered for

- a. the amount of the excess shown in the benefits schedule.
- b. any claim as a result of being a hospital in-patient where **Our** nominated emergency service have not been contacted and/or a recommended hospital has not been appointed by **Us**.
- c. any claim arising directly or indirectly from any **Pre-existing medical condition** unless **You** have declared all **Pre-existing medical conditions** to **Us** and **We** have written to **You** accepting them for insurance.
- d. any claim as a result of cabin confinement where written confirmation is not provided by **Your** ship's medical officer that **You** were confined to **Your** cabin and confirming the length of **Your** confinement.

Please also refer to the **General Exclusions and Conditions**.

#### Cruise Interruption

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for necessary additional travel expenses by the most direct route and additional accommodation (room only), that is agreed by **Our** nominated emergency service and necessarily incurred by **You**:

- a. to reach the next docking port in order to re-join the **Cruise**; or
- b. to reach the final destination of **Your Cruise**, following **Your Cruise** being necessarily and unavoidably interrupted as a result of;
  - i. **Your** passport being lost after **Your** international departure but before embarkation of **Your** planned **Cruise** or during disembarkation ashore on one of the scheduled stops as a result of loss or theft, or
  - ii. it being deemed medically necessary by a **Medical practitioner** for **You** to accompany and assist an insured person who is admitted as an in-patient that is covered under Section 2 – Emergency Medical Expenses and Repatriation; or
  - iii. **You** being detained by local police as a result of being a witness or being required to give evidence as a result of **Your** participation in a road traffic accident, or criminal investigation where **You** are not the accused.

If, at the time of requesting **Our** assistance in the event of a **Cruise** interruption claim, satisfactory medical or other evidence required by **Us** is not supplied in order to substantiate the claim, **We** will make all necessary arrangements at **Your** cost and arrange appropriate reimbursement as soon as the claim has been validated.

#### You are not covered for

- a. any claim for loss of passport not reported to the police or other authority within 48 hours of discovery and which **You** do not get a written report.
- b. any travel costs where **You** failed to contact **Our** nominated emergency service for approval prior to arranging travel and so **We** could provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.
- c. any claim as a result of an insured person being a hospital in-patient where the condition was not covered under Section 2 – Emergency Medical Expenses and Repatriation of the policy, or where **Our** nominated emergency service have not been contacted and/or a recommended hospital has not been appointed by **Us** and where **You** have not obtained a medical certificate from the **Medical practitioner** in attendance confirming it was medically necessary for to accompany and assist an insured person admitted as an in-patient for an insured condition.
- d. any claim arising directly or indirectly from any **Pre-existing medical condition** unless the insured person has declared all **Pre-existing medical conditions** to **Us** and **We** have written to them accepting them for insurance.
- e. any claim where **You** have been detained by local police that is not evidenced by a written report from the local police confirming the reason and period of **Your** detention, or reason and period in which **You** were required to give evidence, that necessitated **You** missing the scheduled departure of **Your Cruise**.

[Please also refer to the General Exclusions and Conditions.](#)

## Section 21

### Business Plus Cover Option

*The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.*

#### Definitions applicable to this section

**Business equipment** means computer equipment, communication devices and other business related equipment which **You** need in the course of **Your** business, trade or profession, which is not insured on a company policy and is carried by **You** in the course of **Your** business **Trip**. The equipment must be owned by **Your** employer or if **You** are self-employed it must be owned by **You**.

**Business money** means cash or money orders held by **You** for business purposes which is not insured on a company policy.

#### Business equipment & samples

**You are covered up** to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the value or repair of **Your Business equipment** or business sample as a result of their accidental loss, theft, damage or destruction (after allowing for wear, tear and depreciation).

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. claims arising out of **Your** participation or engagement of manual work in connection with **Your** business, trade, profession or occupation.
- c. more than the amount shown in the benefits schedule for any one item, pair or set. In the event of a claim for a pair or set of articles **We** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed, up to a maximum of £200 in total for any one claim if **You** are unable to provide the original receipt, proof of purchase or an insurance valuation which was obtained prior to the loss.
- d. loss or theft of **Your Business equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- e. loss or theft of or damage;

- i. to **Business equipment** in transit unless reported to the carrier within 24 hours and a written Property Irregularity Report (PIR) is obtained. If the loss, theft or damage to **Your Business equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within 7 days of leaving the airport and get a written report from them.
- ii. caused by leakage of powder or liquid from containers carried in **Your Baggage**.
- iii. caused by moth or vermin or by gradual wear and tear in normal use.
- iv. to **Business equipment** whilst **Unattended** unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
- v. to **Business equipment** which is being carried on a vehicle roof rack.
- vi. to **Business equipment** stolen from an **Unattended** motor vehicle, unless they have been taken between the hours of 8am and 8pm local time from a locked roof box, locked rear boot or luggage area whilst out of sight and there is evidence of forced entry, which is confirmed by a police report, except motor homes, provided they are stored out of view.
- vii. to **Business equipment** sent by post, freight, any form of unaccompanied transit or under a Bill of Lading.
- f. claims arising from delay, detention, seizure or confiscation by customs or other officials.
- g. any breakage of fragile items unless the breakage is caused by fire or an **Accident** involving the vehicle in which **You** are being carried.
- h. damage to, loss or theft of **Your Business equipment**, if it has been left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
- i. laptop computers and/or accessories, photographic, audio, video, electrical and computer equipment carried in 'checked-in' baggage, or not carried in **Your** hand luggage while **You** are travelling on **Public transport**.
- k. any claim if **You** have claimed under another policy section or policy option.

**Please note** **You** should make claims relating to loss, theft or damage of **Your Business equipment** while being held by an airline, to the airline first. Any money **You** get under this policy will be reduced by the amount of compensation **You** receive from the airline for the same event.

[Please also refer to the General Exclusions and Conditions.](#)

#### Business money

**You are covered up** to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the loss or theft of **Business money** during **Your Trip**, which is **Your** property (if self-employed) or **Your** employer's property whilst being carried on **Your** person or left in a locked safety deposit box.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. loss or theft of **Your Business money** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- c. any loss if **You** have not taken necessary steps to prevent a loss happening.
- d. loss or theft of **Business money** that is;
  - i. not on **Your** person, or
  - ii. not deposited in a safe, a safety deposit box or similar fixed container in **Your Trip** accommodation.
- iii. loss or theft of **Business money** that does not belong to **Your** employer or **You**, if **You** are self employed.
- iv. loss or theft of travellers cheques, if the issuer provides a replacement service.
- v. depreciation in value, currency changes or shortage caused by any error or omission.
- e. claims arising from delay, detention, seizure or confiscation by customs or other officials.

- f. anything that can be replaced by the issuer.
- g. claims where **You** or **Your** employer are unable to provide receipts or other proof of ownership wherever possible for the items being claimed.
- h. any claim if **You** have claimed under another policy section or policy option.

[Please also refer to the General Exclusions and Conditions.](#)

#### Delayed business equipment/hire

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate if **Your Business equipment** is accidentally lost, stolen, damaged, destroyed, misdirected or delayed in transit by more than 12 hours, for the cost of hiring necessary **Business equipment** for each 24 hour period **You** are without **Your Business equipment**.

#### You are not covered for

- a. loss or theft of **Your Business equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- b. any claim for loss or theft of **Business equipment** that **You** have claimed for under another policy section or policy option.
- c. loss or theft of or damage;
  - i. to **Business equipment** in transit unless reported to the carrier within 24 hours and a written Property Irregularity Report (PIR) is obtained. If the loss, theft or damage to **Your Business equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within 7 days of leaving the airport and get a written report from them.
  - ii. caused by leakage of powder or liquid from containers carried in **Your Baggage**.
  - iii. caused by moth or vermin or by gradual wear and tear in normal use.
  - iv. to **Business equipment** whilst **Unattended** unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
  - v. to **Business equipment** which is being carried on a vehicle roof rack.
  - vi. to **Business equipment** stolen from an **Unattended** motor vehicle, unless they have been taken between the hours of 8am and 8pm local time from a locked roof box, locked rear boot or luggage area whilst out of sight and there is evidence of forced entry, which is confirmed by a police report, except motor homes, provided they are stored out of view.
  - vii. to **Business equipment** sent by post, freight, any form of unaccompanied transit or under a Bill of Lading.
- d. claims arising from delay, detention, seizure or confiscation by customs or other officials.
- e. damage to, loss or theft of **Your Business equipment**, if it has been left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
- f. laptop computers and/or accessories, photographic, audio, video, electrical and computer equipment carried in 'checked-in' baggage, or not carried in **Your** hand luggage while **You** are travelling on **Public transport**.
- g. any claim if **You** have claimed under another policy section or policy option.
- h. any claim for **Business equipment** delay, if **You** cannot supply receipts for the essential items purchased and written confirmation from the carrier as to the length of the delay.
- i. claims where **You** or **Your** employer are unable to provide receipts or other proof of ownership wherever possible for the items being claimed.

**You** should make claims relating to loss, theft or damage of **Your Business equipment** while being held by an airline, to the airline first. Any money **You** get under this policy will be reduced by the amount of compensation **You** receive from the airline for the same event.

[Please also refer to the General Exclusions and Conditions.](#)

## Emergency courier of essential equipment

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for any emergency courier expenses **You** have necessarily incurred, in obtaining and replacing any **Business equipment** that is covered under **Business equipment** and which cannot be hired locally at a lower cost and is which is essential to **Your** intended business itinerary after theft or damage, or if **Your Business equipment** is misdirected or delayed in transit by more than 12 hours. **You** must keep receipts for all courier expenses **You** incurred.

### You are not covered for

- a. loss or theft of **Your Business equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- b. any claim for loss or theft of **Business equipment** that **You** have claimed for under another policy section or policy option.
- c. loss or theft of or damage;
  - i. to **Business equipment** in transit unless reported to the carrier within 24 hours and a written Property Irregularity Report (PIR) is obtained. If the loss, theft or damage to **Your Business equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within 7 days of leaving the airport and get a written report from them.
  - ii. caused by leakage of powder or liquid from containers carried in **Your** baggage.
  - iii. caused by moth or vermin or by gradual wear and tear in normal use.
  - iv. to **Business equipment** whilst **Unattended** unless locked in a hotel safe (or equivalent facility) or locked in **Your** private accommodation.
  - v. to **Business equipment** which is being carried on a vehicle roof rack.
  - vi. to **Business equipment** stolen from an **Unattended** motor vehicle, unless they have been taken between the hours of 8am and 8pm local time from a locked roof box, locked rear boot or luggage area whilst out of sight and there is evidence of forced entry, which is confirmed by a police report, except motor homes, provided they are stored out of view.
  - vii. to **Business equipment** sent by post, freight, any form of unaccompanied transit or under a Bill of Lading.
- d. claims arising from delay, detention, seizure or confiscation by customs or other officials.
- e. damage to, loss or theft of **Your Business equipment**, if it has been left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
- f. laptop computers and/or accessories, photographic, audio, video, electrical and computer equipment carried in 'checked-in' baggage, or not carried in **Your** hand luggage while **You** are travelling on **Public transport**.
- g. any claim if **You** have claimed under another policy section or policy option.
- h. any claim for **Business equipment** delay, if **You** cannot supply receipts for the essential items purchased and written confirmation from the carrier as to the length of the delay.
- i. claims where **You** or **Your** employer are unable to provide receipts or other proof of ownership wherever possible for the items being claimed.

**Please note** **You** should make claims relating to loss, theft or damage of **Your Business equipment** while being held by an airline, to the airline first. Any money **You** get under this policy will be reduced by the amount of compensation **You** receive from the airline for the same event.

**Please also refer to the General Exclusions and Conditions.**

## Business personnel replacement

*The following section only applies if **You** have paid the appropriate additional premium for **Business Plus Option** and **You** have purchased either **Gold** or **Platinum Cover** as shown on **Your** insurance certificate.*

- You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for necessary additional return travel and accommodation expenses (on a bed & breakfast basis) for **You** or a **Business colleague** to complete essential business commitments that were left unfinished due to;
- a. **Your** medical repatriation, death, hospitalisation, or temporary total disablement (which lasts for a continuous period of at least 72 hours) occurring during **Your Trip** and as certified by a **Medical practitioner**, or
  - b. the death, injury or illness (occurring in **Your Home country** during the period of the **Trip**) of **Your Relative** or **Business colleague**.

### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. any air travel costs in excess of a return economy/tourist class ticket.
- c. accommodation costs other than on a bed and breakfast basis i.e. the cost of the room plus breakfast.
- d. anything that **You** are not covered for under Section 2 – Emergency Medical Expenses and Repatriation.

**Please also refer to the General Exclusions and Conditions.**

## Section 22

### Golf Cover Option

*The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.*

#### Golf equipment

- You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate, for accidental loss, theft of or damage to **Golf equipment** which **You** own. Within this amount the following sub-limits apply;
- a. the maximum **We** will pay **You** for any one club or one piece of **Golf equipment** is shown in the Benefits Schedule. If **You** cannot provide an original receipt, valuation report or other satisfactory proof of ownership and value to support the claim, payment for any one article, or for any one pair or set of articles, will be limited to a maximum of £50. Evidence of replacement value is not sufficient.
  - b. the maximum **We** will pay in total for all items lost, damaged or stolen in any one incident is limited to £250 if **You** cannot provide satisfactory proof of ownership and value.

### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim and this is shown on **Your** certificate.
- b. more than the amount shown in the **Benefits Schedule** per single club or single item of **Golf equipment**.
- c. wear and tear, damage caused by moth or vermin, denting or scratching, or any process of dyeing or cleaning.
- d. loss or theft of **Your Golf equipment** not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred.
- e. any **Golf equipment** or documents **You** lose or that are stolen or damaged during **Your Trip**, unless reported to the carrier within 24 hours and a written Property Irregularity Report (PIR) is obtained. If the loss, theft or damage to **Your Golf equipment** is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within 7 days of leaving the airport and get a written report from them.

- f. claims arising from delay, detention, seizure or confiscation by customs or other officials.
- g. claims for loss, theft or damage to anything being shipped as freight or under a Bill of Lading.
- h. damage to, loss or theft of **Golf equipment**, which is being carried on a vehicle roof rack.
- i. damage to, loss or theft of **Golf equipment**, if it has been left;
  - i. **Unattended** in a place to which the public have access, or
  - ii. left in an **Unattended** motor vehicle unless in a locked boot and out of sight, or
  - iii. in the custody of a person who does not have an official responsibility for the safekeeping of the property.
- j. any claim for damage to **Golf equipment** whilst in use.
- k. claims arising from weather conditions resulting from the failure to protect items.
- l. any claim if **You** have claimed under another policy section or policy option.

**Please note** Our liability is solely based upon the value of the **Golf equipment** which has been lost, stolen or damaged and would not extend to the replacement of **Your** whole set of woods, or irons in the event of a claim being made for one item.

**Please also refer to the General Exclusions and Conditions.**

### Golf equipment hire

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the necessary cost of hiring replacement **Golf equipment** as a result of the accidental loss, theft or damage of **Your Golf equipment** during the period of insurance, or if **Your Golf equipment** is certified by the carrier to have been lost or misplaced on the outward journey of a **Trip** for a period more than 24 hours, then **We** will pay **You** up to the amount shown in the policy options benefits schedule to hire replacement **Golf equipment**.

Please note **You** must provide receipts and a report from the carrier confirming the length of the delay, otherwise no payment will be made.

**You are not covered for** any claim arising in connection with a **Trip** solely within **Your Home Country**.

**Please also refer to the General Exclusions and Conditions.**

### Green fees

**You are covered** up to the amount shown in the Benefits Schedule for the proportionate value of any pre-paid green fees, **Golf equipment** hire fees or tuition hire fees which are confirmed as non-refundable and **You** are unable to use following;

- a. **You** being involved in an accident or **Your** sickness or injury, as certified by a **Medical practitioner**, which prevents **You** participating in the pre-paid golfing activity; or
- b. loss or theft of documentation which prevents **You** participating in the pre-paid golfing activity, or adverse weather conditions which causes the closure of the golf course, confirmed in writing by the golf club.

### You are not covered for

- a. any claim arising directly or indirectly from any **Pre-existing medical condition** unless **You** have declared these to **Us** and **We** have written to **You** accepting them for insurance.
- b. claims arising directly from a medical condition which is not substantiated by a report from the treating doctor confirming **Your** inability to play golf.
- c. loss or theft not reported to the police within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred. In the case of an airline, a Property Irregularity Report (PIR) will be required.
- d. any claims relating to loss or theft of documentation, or closure of the course due to adverse weather conditions that are not substantiated in writing by the golf club.

- e. claims arising for loss, theft or damage to documentation shipped as freight or under a Bill of Lading.
- f. claims arising for documentation left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the documentation.
- g. claims arising for loss, theft or damage of documentation from an **Unattended** motor vehicle, unless taken from a locked boot or roof rack (which is itself locked to the roof of a vehicle) between 8am to 8pm local time and there is evidence of damage or forced entry which is confirmed by a written police report.

Please also refer to the **General Exclusions and Conditions**.

#### Special conditions relating to Golf Cover Option

- a. We have the option to either pay **You** for the loss, or replace, reinstate or repair the items concerned.
- b. claims are paid based on the value of the goods at the time that they are lost and not on a 'new for old basis' or replacement cost basis; thus a deduction is made for wear, tear, and depreciation, bearing in mind the age of the items.
- c. **You** must take suitable precautions to secure the safety of **Your Golf equipment**, and must not leave it unsecured or **Unattended** or beyond **Your** reach at any time in a place to which the public have access.
- d. if claiming for **Your** goods that were stolen or lost **You** should produce proof of ownership and proof of purchase of the original goods by way of receipts, credit card or bank statements, as failure to do so may affect the assessment of the claim. The maximum **We** will pay for all pieces of **Golf equipment** lost, damaged or stolen in any one incident is limited to £200 in total if **You** are unable to provide the original receipt, proof of purchase or an insurance valuation which was obtained prior to the loss.
- e. **You** must report loss of **Golf equipment** to the local police, the carrier, the hotel or accommodation management or to the tour operator representative as appropriate, within 24 hours of discovering the loss, or as soon as possible after that, and a written report obtained, which includes the crime reference number, in the country where the incident occurred. Damage to **Golf equipment** in transit must be reported to the carrier before **You** leave the baggage hall and a Property Irregularity Report (PIR) must be obtained.
- f. **You** should make any claims about losing **Your Golf equipment** or it being damaged or delayed while being held by an airline, to the airline first. Any money **You** get under this policy will be reduced by the amount of compensation **You** receive from the airline for the same event.

Please also refer to the **General Exclusions and Conditions**.

## Section 23 Wedding Cover Option

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** insurance certificate.

**Your** insurance is extended to include the following extra cover, as an extension to Section 8 – Personal Baggage in respect of weddings. The standard exclusions and conditions remain in force, as far as applicable, in respect of wedding rings, gifts and attire unless specifically amended below.

#### Definitions applicable to this section

**You** and **Your** means each insured couple, where appropriate.

**Wedding attire** means clothing and shoes bought specifically for the occasion and the cost of make-up, hair styling and flowers paid for or bought for the occasion.

#### Ceremonial attire

**You are covered** up to the amount shown in the Benefits Schedule following the loss or theft of, or damage to **Your Wedding attire** in respect of the repair or replacement of the lost or damaged items.

#### Wedding gifts

**You are covered** up to the amount shown in the Benefits Schedule for the loss or theft of, or damage to **Your** wedding gifts taken on, sent up to 7 days in advance or bought during the **Trip**.

#### Wedding rings

**You are covered** up to the amount shown in the Benefits Schedule for the loss or theft of, or damage to one or both wedding rings taken on, sent in advance or bought during the **Trip**.

#### Wedding photographs or video recordings

**You are covered** up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate for the necessary additional costs **You** incur to reproduce the photographs or retake the video recordings if;

- a. the photographer who was pre-booked to take the photographs or video recording on **Your** wedding day is unable to fulfil such obligations due to **Illness**, injury or unavoidable and unforeseen transport problems, or
- b. the photographs or video recordings of the wedding day taken by a professional **photographer** are lost, damaged or destroyed within 14 days after the wedding day and whilst **You** are still at the wedding/honeymoon location.

#### You are not covered for

- a. the amount of the excess shown in the benefits schedule in respect of each claim.
- b. claims excluded under the standard terms of Section 8 – Personal Baggage.

Please also refer to the **General Exclusions and Conditions**.

## Section 24 Extended Carer Cover Option

Only available on Single Trip Policies

The following option only applies if **You** have paid the appropriate additional premium as shown on **Your** certificate.

#### Definitions applicable to this section

**Carer** means a person who provides help and support (whether paid or not) on a daily basis to a **Relative**, friend or neighbour who could not cope without their support due to **Illness**, frailty, a mental health problem, addiction or disability. A **Carer** may be the recipient of benefits and/or support allowance.

**Stand-In carer** means a person who has agreed to take over **Your** responsibilities as **Carer** for the duration of **Your** **Trip**.

**Cared for person** means the person in **Your** **Home country** that **You** care for as a **Carer**.

#### Important Note:

We are aware that the person **You** are caring for may have one or more pre-existing medical conditions (this may also apply to a **Stand-in carer**). We do not need their pre-existing medical condition(s) to be declared to **Us**.

However, please note any claim under this Extended **Carer** Cover Option is subject to the doctor of the **Cared for person** confirming to **Us** that at the time the insurance was taken out, or at the time **You** booked **Your** **Trip**, he/she would not have foreseen such an imminent serious deterioration in their patient's condition and that would make it necessary for **You** to cancel or cut short **Your** **Trip**.

If **You** are in any doubt, **You** must check with their doctor before purchasing **Your** policy and booking or before departing on **Your** **Trip**.

## Extended Cancellation and Curtailment/ Loss of Holiday

This option extends coverage under Section 1 – Cancellation or Curtailment/Loss of Holiday up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate to provide additional cover for **You** if:

**A) You** are a **Carer** who is travelling on a **Trip** that is covered under this policy and has bought this option but the person **You** usually care for back in **Your** **Home country** suddenly and unexpectedly dies, falls seriously ill, or is seriously injured, which results in **You** being necessarily and unavoidably being unable to travel or **You** needing to come home early from **Your** **Trip**,

or

**B) if You** have arranged and nominated a **Stand-in carer** for the **Cared for person** person **You** usually care for in **Your** **Home Country** while **You** are on **Your** **Trip** and the **Stand-in carer** is unable to fulfil their obligations to attend to the person **You** usually care for due to;

the **Stand-In carer's** injury, sudden and unexpected **Illness** or death, or the injury, sudden **Illness** or death of a close **Relative** of theirs, or is required for jury service or as a witness in a court of law;

and

**You** cannot find anyone to act as an emergency replacement **Stand-In Carer**, which results in **You** being necessarily and unavoidably unable to travel or **You** needing to come **Home** early from **Your** **Trip**.

#### Name change administration charges

Cover is extended up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate to include **Your** costs of related name or ticket administration charges, if **You** are able to change the names or dates on **Your** original booking so as to prevent **You** having to cancel the **Trip**; and

#### Transport of replacement Carer charges

Cover is extended up to the amount shown in the Benefits Schedule applicable to **Your** chosen **Level of cover** shown on **Your** insurance certificate to provide economy transport costs of an emergency replacement **Stand-in carer** to travel to and attend to the **Cared for person** person **You** usually care for, so as to prevent **You** having to cancel **Your** **Trip** or **You** needing to come home early.

#### Conditions

1. In the event of a claim **We** will require **Your** **Stand-in carer's** or **Your** **Cared for person's** **Medical practitioner** to confirm that at the time the insurance was taken out they would not have foreseen such a serious and imminent deterioration in their patient's condition and that would make it necessary for **You** to cancel or cut short **Your** **Trip**.
2. **Your** **Stand-in carer** agrees that **We** may contact them to verify they have agreed to act as **Stand-in carer** for **You** for the **Cared for person**, during **Your** absence.
3. At the time **You** purchase this insurance **You** are not aware of any reason why **Your** **Stand-in carer** might not be able to fulfil their obligations.
4. Both **You** and **Your** **Stand-in carer** agree to tell **Us** if, between the date **You** purchase this insurance and the date of **Your** departure, **You** (or they) become aware of any reason why the **Stand-in carer** might not be able to fulfil their duties.
5. In the event of a claim both **You** and the **Stand-in carer** agree to provide **Us** with any information (including access to medical records) that **We** might require in order to validate **Your** claim.

#### You are not covered for

- a. the amount of the excess shown in the Benefits Schedule in respect of each claim.
- b. claims excluded under the standard terms of Section 1 – Cancellation or Curtailment/Loss of Holiday.
- c. claims where **You** have not complied with the above Conditions.



## Condition

a. You must contact and obtain approval from Our nominated emergency service for assistance prior to incurring any costs if You need to claim under this section.

Please also refer to the General Exclusions and Conditions.

## Section 25 Gadget Cover Option

The following option only applies if You have paid the appropriate additional premium as shown on Your certificate.

### Definitions applicable to this section only.

The following words shall have the meanings given below.

**Accessories** means any item that You may attach or connect to Your Gadget (for example a phone charger).

**Accidental damage** means the unintentional and unforeseen failure, breakage or destruction of Your Gadget, with visible evidence of an external force being applied and which results in the Gadget being unusable.

**Cosmetic damage** means any damage which is non-structural, including but not limited to scratches, dents and marks, which does not affect the usage of the Gadget.

**Gadget** means the portable electronic equipment item(s) owned by You, the replacement value of which must not exceed the Gadget maximum per item, pair or set limit shown in the benefits schedule within the relevant proof of purchase, that is in good condition and in full working order at the time of Your Trip, including laptops, mobile phones, smart phones, iPhones, iPads, tablets, e-readers, MP3 Players, CD/DVD players, head/ear phones, satellite navigation devices, PDAs, handheld games, consoles, cameras, video cameras and wearable technology (e.g. smart watch or health and fitness tracker) but excluding drones. All Gadgets must be less than 48 months old at the start date of the insurance and must have been manufactured to a UK Specification, with valid proof of purchase. All Gadgets must have been purchased as new from a UK VAT registered supplier or registered company and must be in full working order at the start date of this policy.

The Gadget cannot have been purchased during the Trip. The Gadget cannot have been purchased outside the UK or Isle of Man or have been purchased second hand.

**Loss** means that the Gadget has been accidentally lost by You and You are permanently deprived of its use.

**Malicious damage** means the intentional or deliberate actions of another party which causes damage of Your Gadget.

**Proof of purchase** means an original receipt and any other documentation required to prove Your Gadget was purchased from a UK VAT registered company and that it is owned by You - including the date of purchase, make and model of Your Gadget, where applicable.

**Proof of usage** means evidence that shows Your Gadget has been in use before the event giving rise to the claim. Where the Gadget is a mobile phone this evidence can be obtained from Your airtime provider. For other Gadgets, such as laptops or tablets, in the event of accidental damage claims this may be determined through inspection by Our repairers.

**Replacement item(s)** means an identical Gadget of the same age and condition, or if not available, one of comparable specification or the equivalent value taking into account the age and condition of the original Gadget. Replacement Items will only be delivered to a UK address of Your choice.

**Theft** means the unlawful taking of Your Gadget against You will by another party using force or threat of violence, with the intent to permanently deprive You of that property, or burglary by forcible and violent entry, as confirmed by a Police crime report.

**Unauthorised calls, texts or data use** means any calls, texts or data use made from Your Gadget after the time that it was stolen, to the time that it was blacklisted by Your airtime provider.

### What is covered

You are covered up to the amount shown in the Benefits Schedule applicable to Your chosen Level of cover shown on Your insurance certificate in respect of Gadgets and Accessories owned by You against Theft, Loss, Accidental Damage and Malicious Damage, liquid damage and Unauthorised Calls, Texts or Data Use, while You are on a Trip that is covered by Your travel insurance policy.

Please also refer to the 'What is not covered' section and conditions applicable to this section and the General Exclusions and Conditions.

### Theft or loss

You are covered up to the amount shown in the Benefits Schedule applicable to Your chosen Level of cover shown on Your insurance certificate to replace Your Gadget with a Replacement Item if it is stolen or lost. Where only part or parts of Your Gadget have been stolen or lost, We will only replace that part or parts.

You are also covered to replace Accessories that are lost or stolen with Your Gadget subject to the limits shown in the Benefits Schedule for Your chosen Level of cover.

### You are not covered

- if Your Gadget is stolen from a motor vehicle (including a motorcycle) unless all windows and doors were closed and locked (where the vehicle has windows and doors) and all security systems activated;
- for Theft from any premises, building, land or vehicle unless force resulting in damage to the building, premises or vehicle was used to gain entry or exit;
- where the Gadget has been removed from Your control or the control of a Relative unless it was concealed either on or about Your person or on or about the person of a Relative and has not been left Unattended.
- where the Gadget has been left Unattended when it is away from Your Home;
- where all precautions have not been taken;
- unless the incident is reported to the police within 24 hours of Your discovery of the incident and You obtain a crime reference number or lost property reference from the police. In the case of a lost property reference, You can also obtain this from a reporting service which is accredited by the police, such as [www.reportmyloss.com](http://www.reportmyloss.com), which allows You to register a lost item. There may be a small cost involved in doing this which You will need to pay. If Your claim is successful then We will reimburse this cost.

### Please note:

- You must report the Theft or Loss of Your Gadget to the police within 24 hours of discovery and obtain a written police report or crime reference number in relation to the Theft of the item. Lost property numbers are not acceptable in support of a Theft claim.
- You must report the Theft or Loss of Your mobile phone or smart phone within 24 hours of discovery of the occurrence of the Theft or Loss to Your airtime provider and instruct them to blacklist Your handset.
- If Your claim is for a mobile phone or smartphone, We will request Your call records to prove the Gadget has been in use since policy inception and up to the event giving rise to the claim.

Please also refer to the 'What is not covered' section and conditions applicable to this section and the General Exclusions and Conditions.

### Accidental damage and Malicious damage

You are covered up to the amount shown in the Benefits Schedule applicable to Your chosen Level of cover shown on Your insurance certificate for the costs of repairing Your Gadget as a result of Accidental damage or Malicious damage, which was not deliberately caused by You or bound to happen. If We are unable to economically repair Your

Gadget then, at Our discretion, a replacement item will be provided by Us.

You are also covered to repair or replace Accessories that are Accidentally Damaged with Your Gadget subject to the limits shown in the Benefits Schedule for Your chosen Level of cover.

You are not covered for Accidental damage or Malicious damage caused by:

- deliberate damage or neglect of the Gadget;
- failure on Your part to follow the manufacturer's instructions;
- inspection, maintenance, routine servicing or cleaning.
- Malicious Damage caused by You, Your Relatives or any of Your Travelling Companions.

Please also refer to the 'What is not covered' section and conditions applicable to this section and the General Exclusions and Conditions.

### Liquid Damage

You are covered up to the amount shown in the Benefit Schedule applicable to Your chosen Level of cover shown on Your insurance certificate to repair or provide a Replacement Item for Your Gadget if it is damaged as a result of accidentally coming into contact with any liquid.

You are also covered to repair or replace Accessories that are Accidentally Damaged with Your Gadget subject to the limits shown in the Benefits Schedule for Your chosen Level of cover.

You are not covered for any liquid damage claims excluded under the "What is not covered" section.

Please also refer to the 'What is not covered' section and conditions applicable to this section and the General Exclusions and Conditions.

### Unauthorised calls, texts or data use

Where Your Gadget is a device where You are charged for Unauthorised Calls, Texts or Data Use and it is lost or stolen.

You are covered up to the amount shown in the Benefits Schedule applicable to Your chosen Level of cover shown on Your insurance certificate for the cost of any Unauthorised Calls, Texts or Data Use after the time it was lost or stolen to the time it was blacklisted by Your airtime provider. This is subject to You providing an itemised bill.

You are not covered for any Unauthorised Calls, Texts or Data Use where the Theft has not been reported to Your airtime provider within 24 hours of the Theft and there is no protection from such losses from them.

Please also refer to the 'What is not covered' section and conditions applicable to this section and the General Exclusions and Conditions.

### You are not covered for

- the amount of the excess shown in the Benefits Schedule (for claims for Gadget only). This is increased to £100 in respect of claims for Loss.
- any claims for Loss, Theft or damage to Accessories unless included with a valid claim for Gadget with which they are associated.
- any Loss, Theft or Accidental Damage to a Gadget left as 'checked in' baggage.
- any claim for Loss where the circumstances of the Loss cannot be clearly identified i.e. where You are unable to confirm the time and place of the Loss.
- any claim where Proof of Usage cannot be provided or evidenced.
- Loss, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any computer virus or similar mechanism or as a result of any failure of the internet, or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the Loss.
- any kind of damage whatsoever unless the damaged Gadget is provided for repair.
- any expense incurred as a result of not being able to use the Gadget, or any loss other than the repair or replacement costs of the Gadget.

- i. repairs or any other costs for:
  - a) cleaning, inspection, routine servicing or maintenance;
  - b) **Loss** or damage arising from a manufacturer's defect or recall of the **Gadget**;
  - c) replacement of or adjustment to fittings, control knobs or buttons, batteries or aerials;
  - d) any repairs carried out without prior authorisation from **Us**;
  - e) claims arising from abuse, misuse or neglect;
  - f) wear and tear to the **Gadget** and/or gradual deterioration of performance;
  - g) **Cosmetic Damage**.
  - h) sudden and unforeseen electrical or mechanical breakdown.
- j. any claim if the serial number, IMEI (international mobile equipment identity) or simgate has been tampered with in any way or deleted.
- k. any claim made, or any event causing the need for a claim to be made, which occurred prior to the commencement date of the period of insurance.
- l. any claim for a mobile phone which has not been used for its core purpose since the inception of **Your** policy, or since it was added to **Your** policy, as verified by **Your** airtime provider.
- m. any claim arising whilst **You** are not on a **Trip**. **You** are not covered for any **Loss, Theft or Accidental Damage** occurring before or after **Your Trip**.
- n. any repair or replacement if a SIM card registered to **You** was not in the insured mobile phone or **Gadget** the time of the **Accidental damage, Theft, Loss, breakdown, or liquid damage**.
- o. reconnection costs or subscription fees of any kind.
- p. any claim arising from loss, damage or replacement of information, data or software including but not limited to personalised ring tones, graphics contained in or stored on the **Gadget** whether arising as a result of a claim paid by this insurance or otherwise.
- q. items purchased from an on-line auction site unless from a VAT registered supplier or registered company.
- r. any other costs that arise directly or indirectly from the event which led to **Your** claim unless specifically stated in this policy.
- s. liability of whatsoever nature arising from ownership or use of the **Gadget**, including any **Illness** or injury resulting from it.
- t. Value Added Tax (VAT) where **You** are registered with HM Revenue & Customs for VAT.
- u. any **Loss, Theft or Accidental damage** due to confiscation or detention by customs, other officials or authorities.
- v. claims for any **Gadget** used in connection with **Your** profession or trade.
- w. any **Gadget** more specifically insured elsewhere, or costs or payments recoverable from any party, under the terms of any other contract, guarantee or warranty.

#### Special Conditions

- a. this insurance only covers **Gadgets** owned by **You** and in full working order at the start date of this policy. Cover includes the use of the **Gadget** for the period and destination shown on **Your** insurance certificate. Any repairs or replacements must be carried out in the **UK** by repairers or retailers approved by **Us**.
- b. **You** must provide **Us** with any receipts, proof of usage or documents to support **Your** claim as requested. All proof of purchase must include the make and model of the **Gadget** and must be in **Your** name. If **We** do not receive the documents **We** have requested from **You** or if any documents submitted by **You** are not acceptable to **Us**, it may delay **Your** claim or **We** may decline to pay **Your** claim.
- c. **You** must take all precautions to prevent any damage to **Your Gadget**.
- d. if **Your Gadget** is damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company. etc), **You** must notify such carrier immediately and obtain a copy of their report.
- e. **We** will process **Your** claim under the terms and conditions of this insurance based on the first reason notified to **Us** for the claim. Please note that it may be necessary for **Us** to contact **Your** airtime provider in order to validate **Your** claim.

- f. cover for **Your Gadget** applies to **You** as the person who purchased the policy and **Your Relative**.
- g. the benefits of this policy cannot be transferred to someone else or to any other **Gadget** without **Our** written permission.

#### Repairs and Replacement Conditions

All repaired or replaced **Gadgets** will be supplied and configured to **UK** specification and set-up in English language.

Where **We** are able to provide a replacement, this is not on a 'new for old' basis. Cover is limited to the amount and number of items as shown in the Benefits Schedule. If **Your Gadget** cannot be replaced with an identical **Gadget** of the same age and condition, **We** will replace it with one of comparable specification or the equivalent value taking into account the age and condition of the original **Gadget** subject to the following depreciation scale:

20% over one year old and less than two years old  
 30% over two years old and less than three years old  
 40% over three years old and less than four years old

#### Please Note :

- i. if **We** replace **Your Gadget** the damaged or lost items becomes **Ours**. If it is returned or found **You** must notify **Us** and send it to **Us** if **We** ask **You** to.
- ii. it may not always be possible or economical to replace **Your Gadget** with the same colour or finish, in which case an alternative colour/finish will be provided.

## How to make a claim under Section 25 Gadget Cover Options

### Who to contact

To make a claim, please call Stream Claims Services on

**0161 974 1166.**

Lines are open between 8:00am and 6:00pm  
 Monday to Friday.

Alternatively, please send an email to

**newclaims@streamcs.co.uk**

or write to:

**Stream Claims Services,  
 Copthall House,  
 Newcastle Under Lyme  
 ST5 1EL.**

Calls may be recorded for training, compliance and fraud prevention purposes.

## General Exclusions

**You are not covered for** claims arising out of;

1. loss or damage directly or indirectly occasioned by, happening through or in consequence of war, **Terrorism**, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation, or requisition or destruction of or damage to property by or under the order of any government or public or local authority. However cover is provided in respect of claims under Section 2 - Emergency Medical Expenses and Repatriation, Section 3 - Hospital Stay Benefit or Section 4 - Personal Accident of the policy arising through **Terrorism** unless **You** planned to travel to areas that were publicly known to be affected or threatened by such risks (please see general condition 3).
2. **You** travelling to an area that the Foreign and Common Wealth Office (or equivalent in other EU Countries) have advised against all, or all but essential travel.
3. loss, damage, expense or indemnity directly or indirectly resulting from or attributable to radioactive contamination of any nature.
4. **You** being exposed to the **Utilisation of nuclear, chemical or biological weapons of mass destruction**.
5. loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other flying objects travelling at sonic or supersonic speeds.
6. **You** travelling in an aircraft other than as a fare paying passenger in a fully licensed passenger carrying aircraft.
7. **You** suicide or attempted suicide or **You** deliberate exposure to unnecessary danger (except in an attempt to save human life).
8. any form of alcohol abuse including alcohol withdrawal or **You** drinking too much alcohol where it is reasonably foreseeable that such consumption could result in a serious impairment of **Your** faculties and/or judgement resulting in a claim. **We** do not expect **You** to avoid alcohol on **Your Trip** but **We** will not cover any claim arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a claim as a result.
9. **You** wilful, self-inflicted injury or **Illness**, suicide or attempted suicide, solvent abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a **Medical practitioner** but not for the treatment of drug addiction) or self-exposure to needless peril (except in an attempt to save human life).
10. **Your** failure to obtain any necessary vaccines, inoculations or medications prior to **Your Trip** departure and take the complete course of recommended medications.
11. **Your** participation in activities of a hazardous nature except as listed on page 20, unless declared to and accepted by **Us**. **We** reserve the right to apply special terms and conditions (which may include additional premiums) and coverage will be subject to **Your** compliance with them.
12. winter sporting activities, except **Wintersports** as defined and the appropriate premium paid. In no event, however, is cover granted for **Wintersports** if **You** are aged over 79.
13. scuba diving if **You** are;
  - i. not qualified for the dive undertaken unless **You** are accompanied by a properly qualified instructor or,
  - ii. diving alone.Cover applies to depths according to **Your** qualifications but in any event no greater than 30 metres.
14. racing or race training of any kind (other than on foot or sailing).
15. **Your** participation or engagement in manual work, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
16. **You** taking part in civil commotions or riots of any kind.
17. **You** breaking or failing to comply with any law whatsoever.
18. any financial incapacity, whether directly or indirectly related to the claim.

19. the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation, unless specifically covered under Section 18 - Financial Failure.
20. a tour operator failing to supply advertised facilities.
21. any government regulation or act.
22. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other **Public transport** provider.
23. **You** travelling against the advice of a **Medical practitioner**, or where **You** would have been if **You** had sought medical advice before beginning **Your Trip**.
24. any losses that are not directly associated with the incident that caused **You** to claim for example, loss of earnings due to being unable to return to work following injury or **Illness** happening while on a **Trip** or the cost of replacing locks in the event that keys are lost while on a **Trip**.
25. loss, damage, expense or indemnity which has not been proven and the amount thereof substantiated.
26. any search and rescue costs.
27. claims where there is another insurance policy covering the same risk.
28. costs recoverable elsewhere.
29. claims arising from the unauthorised use of a swimming pool outside the specified times of opening.
30. **You** climbing on top of, or jumping from a vehicle or jumping from a building or balcony, or climbing or moving from any external part of any building to another (apart from stairs) regardless of the height, unless **Your** life is in danger or **You** are attempting to save human life.
31. any claim where **You** are not wearing a helmet whilst on a motorcycle, motor scooter or moped.
32. any claim where **You** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.
33. any claim arising directly or indirectly from a **Cyber event**.
34. any claims directly or indirectly related to a pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19), including any related and/or similar condition(s) howsoever named or any mutation of these.  
This policy will also not provide cover for claims relating to the fear or threat of pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19) including any related and/or similar condition(s) howsoever called or any mutation of these.  
In the event of a conflict between this general exclusion and any other term in **Your** policy terms and conditions, this general exclusion takes precedence.  
This general exclusion applies to all sections of cover with the exception of Section 2 – Emergency Medical Expenses as long as, prior to **Your Trip** commencing, the Foreign and Commonwealth Office had NOT advised against all (but essential) travel to **Your** intended destination.

## General Conditions

**You** must comply with the following conditions to have full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

1. **You** must answer the important conditions relating to health shown on page 4 truthfully and to the best of **Your** knowledge and contact **Us** if required. If **You** do not do so then any related claim may be reduced or rejected or **Your** policy may become invalid.
2. **You** must tell **Able2Travel** as soon as possible about any change in circumstances which affects **Your** policy, including **You**, a **Travelling companion**, a **Business colleague** or **Relative** receiving confirmation of a new or changed medical condition or currently being under medical investigation, change in sporting activity or leisure activities **You** intend to participate in during **Your Trip** or any additional persons(s) to be insured under this policy by calling **01483 806826**.

**We** have the right to reassess **Your** coverage, policy terms and/or premium after **You** have advised **Us** of any change in circumstance. If **You** do not advise **Us** of any change then any related claim may be reduced to rejected or **Your** policy may become invalid.

3. **You** must tell **Able2Travel** if **Your** plans for **Your Trip** include travel to areas affected or threatened by war or similar risks as set out in General Exclusion 1 by calling **01483 806826**. **We** reserve the right not to cover such **Trips** or, if **We** will cover them, to apply special terms or conditions and/or charge an additional premium as **We** think appropriate. No cover for such **Trips** shall attach unless **You** accept such terms, including any additional premium, before **You** depart.
4. **You** must advise the claims handlers of any possible claim within 31 days of **Your** return **Home**. **You** must supply them with full details of all the circumstances and any other information and documents **We** may require.
5. **You** must keep any damaged articles that **You** wish to claim for and, if requested, send them to the claims handlers at **Your** own expense. If **We** pay a claim for the full value of an article, it will become **Our** property.
6. **You** must agree to have medical examination(s) if required. In the event of **Your** death, **We** are entitled to have a post mortem examination. All such examinations will be at **Our** expense.
7. **You** must assist **Us** to obtain or pursue a recovery or contribution from any third party or other insurers (including the Department of Work & Pensions) by providing all necessary details and by completing any forms.
8. all certificates, information and evidence required by the insurer shall be furnished at the expense of the insured or their legal personal representatives and shall be in such form and of such nature as the insurer may prescribe.
9. **You** must pay **Us** back within 1 month of demand any amounts that **We** have paid on **Your** behalf that are not covered by this insurance.
10. **You** must take all reasonable steps to avoid or minimise any loss that might result in **You** making a claim under this insurance.
11. **You** must comply with all the terms, provisions, conditions and endorsements of this insurance. Failure to do so may result in a claim being declined.
12. except for claims under Section 3 - Hospital Stay Benefit, Section 4 - Personal Accident & Section 6 - Travel Delay & Abandonment, this insurance shall only be liable for its proportionate share of any loss or damage that is covered by any other insurance.
13. **We** may take action in **Your** name but at **Our** own expense to recover for **Our** benefit the amount of any payment made under this insurance.
14. **We** may at **Our** option discharge any liability under this insurance by replacing or repairing any article or articles lost or damaged, or by issuing **You** with a credit voucher.
15. no refund of premium will be allowed after the 14 day money back guarantee period following the date of purchase of this insurance nor after any travel has begun.
16. this insurance is non-transferable. If a **Trip** is cancelled for any reason other than that described in Section 1 - Cancellation or Curtailment/Loss of Holiday then the cover for that **Trip** terminates immediately and no refund of premium in whole or part will be made.
17. if **You** or anyone acting on **Your** behalf makes any claim knowing it to be false or fraudulent in any way then this insurance shall become void, premiums non refundable and all claims shall be forfeited.
18. it is a condition of this policy that when booking **Your Trip** or purchasing this policy whichever is later that **You** are fit to travel and participate in any activities and excursions that **You** have planned during **Your Trip**.
19. **We** shall not provide any cover or pay any claim or provide any benefit to the extent that this cover, payment of a claim or benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or the United States of America.

20. Several Liability Notice. The subscribing (re) insurers' obligations under contracts of (re) insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing (re)insurers are not responsible for the subscription of any co-subscribing (re)insurer who for any reason does not satisfy all or part of its obligations.

## Activities - Cover options

**Please note** any involvement in the following sports and/or activities is subject to **Your** compliance with local laws and regulations and the use of recommended safety equipment (such as a helmet, harness, knee and/or elbow pads).

**Please note** that whilst participating in any of the activities marked with an asterisk the following will apply;

- no cover will be provided under Section 4 - Personal Accident.
- no cover will be provided under Section 12 - Personal Liability.

Please note the policy terms and conditions will still apply in all other respects.

**Please also refer to the General exclusions and conditions.**

## Leisure

**This policy automatically covers You to undertake the activities listed below on an amateur basis.**

Abseiling;  
Aerobics;  
Angling;  
Archery;  
Athletics;  
Badminton;  
Ballooning;  
Banana boating;  
Baseball;  
Basketball;  
Biathlon;  
Big foot skiing (W/S premium must be paid);  
Black water rafting;  
Boating (any craft less than 10 metres long, inside 12 mile limit)\*;  
Boardsailing\*;  
Bowls;  
Bowling;  
Bungee jumping (incidental 1-3 jumps);  
Camel riding;  
Canoeing (grades 1-3);  
Clay pigeon shooting\*;  
Climbing (indoor only);  
Cricket;  
Croquet;  
Cross county skiing (W/S premium must be paid);  
Curling;  
Cycling (recreational only, not BMX or competition or stunting);  
Dance;  
Deep sea fishing (recreational inside 12 mile limit);  
Dinghy sailing (inside 12 mile limit)\*;  
Diving (recreational);  
Dog sledging;  
Dry slope skiing;  
Elephant trekking;  
Fell running;  
Fell walking;  
Fencing;  
Fishing (angling);  
Flying (in light aircraft as a passenger, not piloting)\*;  
Football (recreational or incidental soccer);  
Glacier walking (under 2000m, W/S premium must be paid);  
Gliding (as a passenger, not piloting);  
Go karting below 250cc\*;  
Golf;  
Handball;  
Hiking/trekking/walking below 3000m;  
Hill walking;  
Hockey;  
Horse riding (NOT competitions, racing, jumping & hunting);  
Hot air ballooning (as a passenger only);  
Ice skating (on rink, recreational only);  
Indoor climbing (on climbing wall only);  
Jet skiing\*;  
Kayaking (grades 1-3 rivers/sea);  
Kite buggying (single seat)\*;

Kite flying (traction)\*;  
Kite surfing (over water)\*;  
Lacrosse;  
Mono-skiing (W/S premium must be paid);  
Motorcycling (on road, provided **You** hold an appropriate full licence and are wearing a helmet, max 14 days any one **Trip**)\*;  
Mountain biking (not competition or downhill);  
Netball;  
Off-piste skiing (providing local safety guidelines and warnings are observed, W/S premium must be paid);  
Orienteering;  
Paintballing\*;  
Parascending (towed by boat);  
Pistol shooting\*;  
Pony trekking;  
Racquet ball;  
Rafting (grades 1-3);  
Rambling;  
Rifle range shooting\*;  
Roller blading;  
Roller skating;  
Rounders;  
Rowing;  
Safari (organised **Trips** only);  
Sail boarding (inside 12 mile limit)\*;  
Sailing yachts (longer than 10 metres, within 60 miles of a safe haven)\*;  
Scuba diving (maximum depth 30m);  
Skateboarding (recreational);  
Skiing (W/S premium must be paid);  
Sledging;  
Sleigh riding (pulled by reindeer, horses or dogs);  
Snooker;  
Snorkelling;  
Snowboarding (W/S premium must be paid);  
Snowmobiling (W/S premium must be paid)\*;  
Softball;  
Squash;  
Surfing;  
Table tennis;  
Tai chi (non-contact);  
Ten pin bowling;  
Tennis;  
Tobogganing;  
Trampolining (recreational);  
Volleyball;  
Water polo;  
Water skiing;  
Water tubing;  
White water canoeing/rafting (up to grade 3 rivers only);  
Windsurfing (inside 12 mile limit);  
Yachting (longer than 10 metres, within 60 miles of a safe haven)\*;  
Zip wiring;

W/S means Winter Sports Option

**We can arrange cover for a wide range of sports and activities. If the activity in which **You** are participating is not listed, please contact **Able2Travel** on **01483 806826**.**

## Complaints procedure

**We** aim to provide the highest standard of service to every customer. If **our** service does not meet **your** expectations, **we** want to hear about it so **we** can try to put things right. All complaints **we** receive are taken seriously. The following will help **us** understand **your** concerns and give **you** a fair response.

### 1. Does your complaint relate to a claim?

**a) In the first instance**, please contact:  
The Complaints Officer  
Claims Settlement Agencies,  
308-314 London Road,  
Hadleigh,  
Benfleet,  
Essex, SS7 2DD  
United Kingdom  
  
Tel: 01702 746560  
Email: info@csal.co.uk

When **you** make contact please provide the following information:

- Your** name, address and postcode, telephone number and e-mail address (if **you** have one)
- Your** policy and/or claim number, and the type of policy **you** hold
- The reason for **your** complaint.

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, **we** will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

**b) If you are dissatisfied with our response**, then **you** can raise the matter with the Financial Services and Pensions Ombudsman (FSPO), an independent body that adjudicates on complaints, at the following address:

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
D02 VH29

Telephone: +353 1 567 7000  
Email: info@fsp.ie  
Website: www.fspo.ie

## 2. Does your complaint relate to your policy?

**a) In the first instance**, please contact:  
Voyager Insurance Services Ltd  
13-21 High Street,  
Guildford,  
Surrey, GU1 3DG  
  
Tel: 01483 806680  
Email: enquiries@voyagerins.com

When **you** make contact please provide the following information:

- Your** name, address and postcode, telephone number and e-mail address (if **you** have one)
- Your** policy and/or claim number, and the type of policy **you** hold
- The reason for **your** complaint

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, **we** will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

**b) If you are dissatisfied with our response**, then **you** can raise the matter with the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products. **You** have six (6) months from the date of **our** final response to refer **your** complaint to the FOS.

If **we** cannot resolve **your** complaint, **you** may refer it to Financial Ombudsman Service (FOS) at the following address:

Financial Ombudsman Service  
Exchange Tower  
London, E14 9SR

Telephone: 0800 023 4567 – From UK Landline  
Telephone: 0300 123 9123 – From UK Mobile  
Email: complaint.info@financial-ombudsman.org.uk  
Website: www.financial-ombudsman.org.uk

If **you** purchased your policy online, **you** are also able to use the EC On-line Dispute Resolution (ODR) platform at <http://ec.europa.eu/consumers/odr/> who will notify the Financial Services and Pensions Ombudsman on **your** behalf. Please note that this can only be used for complaints about purchases made online.

Complaints about non-insured events and **your** travel arrangements must be referred to your travel organiser.

Making a complaint does not affect **your** right to take legal action.

### **3. Does your complaint relate to Section 25 - Gadget cover option:**

Our aim is to provide **You** with a high quality service at all times, although **We** do appreciate that there may be instances where **You** feel it is necessary to lodge a complaint.

If **You** do wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note that should **You** wish to direct **Your** complaint directly to Lloyd's in the first instance, **You** may do so by using the contact information referenced in Step 2 below.

#### **Step 1:**

In the first instance, if **Your** complaint relates to a claim, please direct it to:

**Stream Claims Services,  
Cophall House,  
Newcastle Under Lyme  
ST5 1EL  
Tel: 0161 974 1166**

If **Your** complaint does not relate to a claim, please direct it to:

**Voyager Insurance Services Ltd  
13-21 High Street, Guildford, Surrey, GU1 3DG.  
Tel: 01483 806680  
Fax: 01483 569676  
Email: [enquiries@voyagerins.com](mailto:enquiries@voyagerins.com)**

#### **Step 2:**

Should **You** remain dissatisfied with the outcome of **Your** complaint from Voyager or the claims administrator, **Your** legal rights are not affected and **You** may refer **Your** complaint to Lloyd's. Lloyd's contact information is:

**Complaints at Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Kent, ME4 4RN  
Tel: +44 (0)20 7327 5693**

**Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)**

Details of Lloyd's complaints procedure are set out in a leaflet "How **We** Will Handle **Your** Complaint", which is available at the website address above. Alternatively, **You** may ask Lloyd's for a hard copy.

#### **Step 3:**

If **You** remain dissatisfied after Lloyd's has considered **Your** complaint, **You** may have the right to refer **Your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is:

**Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR**

**Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).**

**Tel: 0300 1239 123 (calls to this number cost no more than calls to 01 and 02 numbers).**

**Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)**

**Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)**

Alternatively, if **You** live in the UK and if **You** purchased **Your** insurance online\*, please note that **You** can, if **You** wish, also submit **Your** complaint via the Online Dispute Resolution (ODR) Platform set up by the European Commission. This service has been set up to help residents in the European Economic Area (EEA), who have bought goods or services online, get **their** complaint resolved. You can access the ODR Platform by clicking on the following link: <http://ec.europa.eu/consumers/odr/>

This does not affect **Your** right to submit **Your** complaint following the process above. Please note that under current rules the European Commission will ultimately redirect **Your** complaint to the Financial Ombudsman Service.

\* "Online" includes all products sold via a website, email, telephone and social media amongst others with a digital element.

## **Data Protection Notice**

### **Introduction**

Please make sure that **You** read and understand this Data Protection notice as it explains to **You** what **We** will do with the information that **You** give **Us** in respect of this travel insurance policy.

In certain circumstances, **We** may need **Your** consent to process certain categories of information about **You** (including sensitive details such as information about **Your** health). Where **We** need **Your** consent, **We** will ask **You** for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect **Our** ability to provide the insurance cover from which **You** benefit and may prevent **Us** from providing cover for **You** or handling **Your** claims.

**You** should show this notice to any other person covered under **Your** insurance policy. If **Your** application includes other individuals **You** should obtain their consent to **Us** using their personal information as described in this notice before **You** give their information to **Us**.

When **We** Use the terms '**We**', '**Our**' or '**Us**' in this Data Protection notice, **We** mean both Voyager Insurance Services Limited and Chaucer Insurance Company DAC.

The ways in which **We** use the personal information **You** give to **Us** are described below. **Your** insurance policy is made available to **You** by Voyager Insurance Services Limited and Chaucer Insurance Company DAC.

**We** will sometimes use the personal information **You** give to **Us** for different purposes than Voyager Insurance Services Limited.

### **The Data Controllers**

Voyager Insurance Services Limited and Chaucer Insurance Company DAC are the Data Controllers of all information collected and processed in the context of the insurance policy.

### **Protection And Uses Of Your Personal Data**

The security of **Your** personal information is very important to **Us**. All personal information that **You** supply to **Us** either in respect of **Yourself** or other individuals in connection with **Our** products and/or services will be treated in confidence by **Us** and will be used by **Us** for the purpose of providing and administering **Our** products and services. This may involve the collection and processing of sensitive data (as defined in the Data Protection Act 1998 and from 25th May 2018 the General Data Protection Regulation (EU) 2016/649) and if **You** complete an application form for **Our** products and/or services **You** will be giving **Your** consent to such information being processed by **Us** (which may include other companies within the Voyager Insurance Services Limited and Chaucer Insurance Company DAC or **Our** agents. **We** may collect **Your** personal information from third parties where this is necessary in order to provide insurance services to **You**.

**We** may analyse the personal information **You** provide in combination with any other information that **We** lawfully hold or receive for the purposes of reviewing, tailoring and improving **Our** products and services. **We** may also engage the services of third parties to perform any such analysis on **Our** behalf, however in doing so **We** will ensure that all such activities are carried out in compliance with the applicable data protection legislation.

In order to protect **Your** privacy, **We** will anonymise any information **We** analyse as far as possible. **Your** personal and sensitive data may also be shared with the underwriter of **Our** insurance products. It may be necessary to pass **Your** personal and sensitive data to other companies for processing on **Our** behalf, or to organisations with which **We** work to provide the benefits under **Your** policy (for example, to a hospital which is responsible for any treatment **You** receive through **Your** policy). Some of these companies or organisations may be based outside Europe in countries which may not have the laws to protect **Your** personal data, but in all cases **We** will ensure that it is kept securely and only used for the purposes described in this notice.

### **Want more details?**

For more information about how **We** use **Your** personal information please see **Our** full privacy notice(s), which is/are available online on **Our** website [www.chaucerplc.com/privacy-cookie-policy/](http://www.chaucerplc.com/privacy-cookie-policy/) or in other formats on request.

For details of Voyager Travel Insurance Services Ltd's full privacy notice please visit [www.able2travel.com/privacy-notice/](http://www.able2travel.com/privacy-notice/)

### **Inaccurate Data**

If **You** believe that **We** are holding inaccurate information about **You** in relation to **Your** insurance policy, please contact **Us** and **We** will be happy to correct any errors.

### **Telephone Calls**

Please note that for **Your** and **Our** mutual protection telephone calls to **Us** may be monitored and/or recorded for the purposes of:

- establishing facts relevant to **Our** business;
- checking that **We** comply with laws, regulations and self-regulatory procedures;
- checking and/or demonstrating the standards that **We** should be meeting, for example, for quality control and staff training purposes;
- preventing or detecting crime;
- investigating or detecting the unauthorised use of **Our** systems, to secure **Our** system and to ensure the effective operation of **Our** systems.

### **Fraud Prevention, Detection and Claims History**

In order to prevent and detect fraud **We** may at any time:

- Share information about **You** with other organisations and public bodies including the Police, loss adjustors and other third parties that **We** engage to investigate claims;
- Check and/or file **Your** details with fraud prevention agencies and databases, and if **You** give **Us** false or inaccurate information and **We** suspect fraud, **We** will record this. **We**, and other organisations involved in the administration of **Your** policy, may also search these agencies and databases to:
- Help make decisions about the provision and administration of insurance, credit and related services for **You** and members of **Your** household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage **Your** accounts or insurance policies;
- Check **Your** identity to prevent money laundering, unless **You** furnish **Us** with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

**We** can supply on request further details of the databases **We** access or contribute to. [When **We** investigate claims, **We** may conduct searches of publicly accessible information about **You** available on the internet, including using sources such as search engines and social media].

### **Customer Satisfaction Surveys**

**We** aim to continuously improve the services **We** offer to **Our** customers.

Occasionally **We** carry out customer satisfaction surveys which may be for **Our** own benefit or for more general interest, and **We** may need to collect further information about **You** in connection with them. Surveys will usually be carried out by **Us** but in some circumstances **We** will use an external firm. **Your** participation in such a survey is entirely optional but **Your** help and feedback would be appreciated.

### **Contact Us**

If **You** have any questions about the way in which **We** use **Your** personal information, please contact the Customer Helpline.

## **Have a safe Trip**

**We** are working with the Foreign and Commonwealth Office to do all that **We** can to help British Travellers stay safe overseas. Before **You** go overseas, check out the FCO Website at [www.fco.gov.uk/](http://www.fco.gov.uk/) knowbeforeyougo. It is packed with essential travel advice and tips, and up-to-date country specific information.