



**redefining / standards**

**asua**  
All Seasons Underwriting Agencies

## TRAVEL INSURANCE POLICY WORDING

### INTRODUCTION

This is **your** travel insurance policy. It contains details of what is covered, conditions and what is not covered, for each **insured person** and is the basis on which all claims will be settled. It is validated by the issue of the schedule which **we** recommend be attached to the policy. In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the **period of insurance** provide insurance in accordance with the operative sections of **your** policy as referred to in **your** schedule. **Please note that the following sections of cover only apply if a sum insured is shown in the schedule. If the schedule does not specify that section or shows a sum insured of NIL then no cover will apply to that section under your policy.**

The schedule and any endorsements are all part of the policy. **Your** policy is evidence of the contract of insurance.

### UNITED KINGDOM RESIDENTS

This policy is only available to **you** if **you** are permanently resident in the **United Kingdom** or European Union and registered with a **medical practitioner** in the **United Kingdom** or European Union.

### THE LAW WHICH APPLIES TO THIS POLICY

**You** and **we** are free to choose the laws applicable to the policy. As **we** are based in England, **we** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.

### EMERGENCY AND MEDICAL SERVICE

**You** must contact the 24 hour emergency medical service as shown on the schedule of cover in the event of an illness or accident which may lead to in-patient hospital treatment or before any arrangements are made for repatriation; or in the event of **curtailment** necessitating **your** early return **home**. The service operates 24 hours a day, 365 days a year for advice, assistance, making arrangements for hospital admission, repatriation (returning **you** to **your home area**) and authorisation of medical expenses. If this is not possible because the condition requires emergency treatment **you** must contact 24 hour emergency medical service as soon as possible. Private medical treatment is not covered in countries where reciprocal health agreements entitle **you** to benefit from public health care arrangements unless authorised specifically by the 24 hour emergency medical service.

### MEDICAL ASSISTANCE ABROAD

The 24 hour emergency medical service has the medical expertise, contacts and facilities to help should **you** be injured in an accident or fall ill. The 24 hour emergency medical service will also arrange transport **home** when this is considered to be medically necessary or when **you** are told about the illness or death of a **close relative** or a **close business associate** at home.

### PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while abroad, the 24 hour emergency medical service will arrange for medical expenses, covered by the policy, to be paid direct to the hospital/clinic. To take advantage of this benefit someone must contact the 24 hour emergency medical service for **you** as soon as possible. For out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us** on **your** return to **your home area**. Beware of requests for **you** to sign for excessive treatment or charges. If **you** are in doubt, please call the 24 hour emergency medical service for guidance.

### RECIPROCAL HEALTH AGREEMENTS WITH OTHER COUNTRIES

#### 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) postal application form from **your** local Post Office. **You** can also apply either online through [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by telephoning 0845 606 2030. This will entitle **you** to benefit from the health care arrangements which exist between countries within the EU/EEA or Switzerland. If **we** agree to pay for a medical expense which has been reduced because **you** have used either a European Health Insurance Card or private health insurance, **we** will not deduct the excess under Section B - Emergency medical and other expenses. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under EHIC.

#### Australia

If **you** need medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol when **you** arrive, but **you** must do this after the first occasion **you** receive treatment. In-patient and out-patient treatment at a public hospital will then be available free of charge. Details of how to enrol and the free treatment available can be found in the Health advice for Travellers booklet available from **your** local Post Office or by visiting either [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or the MEDICARE website on [www.hic.gov.au](http://www.hic.gov.au). Alternatively please call the 24 hour emergency medical service for guidance. If **you** are admitted to hospital **you** must contact the 24 hour emergency medical service as soon as possible and get their authorisation for any treatment not available under MEDICARE.

## NON-EMERGENCY HELPLINES

**Claims** - You must contact us by phone if you want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim (see claims conditions below).

**Pre-existing medical conditions** - You must contact us by phone if you need to declare a health condition not normally covered by this policy (see important conditions relating to health below).

**Policy Information and advice** - If you would like more information or if you feel the insurance may not meet your needs please contact the agent who sold you this policy or telephone the customer helpline shown on the schedule.

## AGE ELIGIBILITY

This policy is not available to anyone older than the maximum age limit shown in your schedule of cover. If you reach any of the ages mentioned in your schedule during the **period of insurance**, cover will continue until the next renewal date but not after that.

If you are aged under 18 (or aged under 22 if in full time education) you are only insured as a child on a **family cover** or **single parent cover** when travelling with one or both of the insured adults (or accompanied by another responsible adult). Any person aged 16 or over can be issued with a policy in their own right as an insured adult.

## POLICY EXCESS

Under most sections of the policy, claims will be subject to an excess. This means that you will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**, unless you have paid the additional premium to waive the excess as stated in the schedule. If **family cover** or **single parent cover** applies then we will not apply more than two excess charges to any incident claimed for.

## AXA INSURANCE

AXA Insurance UK plc is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting them on 0845 606 1234.

## FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme in the unlikely event we cannot meet our obligations to you. This depends on the type of insurance and the circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS ([www.fscs.org.uk](http://www.fscs.org.uk)).

## DEFINITIONS

These definitions apply throughout your policy booklet. Where we explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. We have listed the definitions alphabetically.

**Baggage** - means luggage, clothing, personal effects, valuables and other articles (but excluding **business equipment, ski equipment, golf equipment, personal money** and documents of any kind) which belong to you (or for which you are legally responsible) which are worn, used or carried by you during any trip.

**Bodily injury** - means an identifiable physical injury caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

**Business equipment** - means items used by you and which belong to you in support of your business activity including office equipment which is portable by design including, but not restricted to, personal computers, telephones and calculators.

**Business trip** - means a trip taken wholly or in part for business purposes but excluding manual work.

**Close business associate** - means any person whose absence from business for one or more complete days at the same time as your absence prevents the proper continuation of that business.

**Close relative** - means mother, father, sister, brother, wife, husband, civil partner, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

**Couple** - means you and your close relative who lives with you in a domestic relationship at the same address as you.

**Curtailement / Curtail** - means either:

- abandoning or cutting short the trip by direct early return to your home area, in which case claims will be calculated from the day you returned to your home area and based on the number of complete days of your trip you have not used, or
- by attending a hospital outside your home area as an in-patient or being confined to your accommodation abroad due to compulsory quarantine or on the orders of a medical practitioner, in either case for a period in excess of 48 hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to your accommodation and based on the number of complete days for which you were hospitalised, quarantined or confined to your accommodation. Cover only applies to ill/injured persons.

**Excess** means the amount you will have to pay towards the cost of each claim under the policy after the application of the policy limits.

**Family cover** – means up to two adults and any number of their children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any trip to the same destination. The children are only insured when travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

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

**Home** - means your normal place of residence in the United Kingdom or European Union.

**Home area** For residents of the United Kingdom excluding Channel Islands and the Isle of Man, your home area means the United Kingdom excluding Channel Islands and the Isle of Man. For residents of the Channel Islands and the Isle of Man, your home area means either the Channel Islands or the Isle of Man depending on where your home is. For residents of the European Union, your home area is your country of residence in the European Union. Insured Person - See definition of You/Your/Yourself/Insured person.

**Medical condition** - means any disease, illness or injury.

**Medical practitioner** - means a registered practising member of the medical profession recognised by the law of the country where they are practising, who is not related to you or any person who you are travelling with

**Period of insurance - means if annual multi trip cover is selected:** the period for which **we** have accepted the premium as stated in the schedule. During this period any **trip** not exceeding 31 days (or as otherwise shown in the schedule) is covered, but limited to 17 days in total in each period of insurance for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). Under these policies Section A - Cancellation cover will be operative from the date stated in the schedule or the time of booking any **trip** (whichever is the later date) and terminates on commencement of any **trip**.

**- means if single trip cover is selected:** the period of the **trip** and terminating upon its completion, but not in any case exceeding the period shown in the schedule. Under these policies Section A - Cancellation cover will be operative from the time **you** pay the premium.

For all other sections of the policy, whichever cover is selected, the insurance starts when **you** leave **your home** or for a **business trip your** place of business (whichever is the later) to start the **trip** and ends at the time of **your** return to **your home** or place of business (whichever is the earlier) on completion of the **trip**.

However any **trip** that had already begun when **you** purchased this insurance will not be covered, except where **you** renew an existing annual multi trip policy which fell due for renewal during the **trip**.

The period of insurance is automatically extended for the period of the delay in the event that **your** return to **your home area** is unavoidably delayed due to an event insured by this policy.

**Personal money** - means bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, event and entertainment tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for private purposes.

**Pre-existing medical condition** - means:

- a) Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy or cancer for which **you** have ever received treatment (including surgery, tests or investigations by **your** doctor or a consultant/specialist and prescribed drugs or medication).
- b) Any **medical condition** for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months.
- c) Any **medical condition** for which **you** are taking prescribed drugs or medication.

**Public transport** - means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

**Secure baggage area** - means any of the following, as and where appropriate:

- a) The locked dashboard, boot or luggage compartment of a motor vehicle
- b) The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) The fixed storage units of a locked motorised or towed caravan
- d) A locked luggage box, locked to a roof rack which is itself locked to the vehicle roof.

**Single parent cover** - means one adult and any number of his or her children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parent insured on the same policy, travelling on any trip to the same destination. The children are only insured when travelling with the insured adult, (or accompanied by another responsible adult) but under annual multi trip cover the adult is also insured to travel on their own.

**Ski equipment** - means skis (including bindings), ski boots, ski poles and snowboards.

**Terrorism** - means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**Trip** - means any holiday, business or pleasure trip or journey made by **you** within the area of travel shown in the schedule which begins and ends in **your home area** or place of business during the **period of insurance**, but excluding one way trips or journeys.

If annual multi trip cover is selected any trip not exceeding 31 days is covered (unless otherwise shown in the schedule of cover) , but limited to 17 days in total in each **period of insurance** for winter sports (provided **you** have paid the appropriate winter sports premium to include this cover). In addition, any trip solely within **your home area** is only covered where **you** have pre - booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee. Each trip under annual multi trip cover is considered to be a separate insurance, with the terms, definitions, What is not covered and conditions contained in this policy applying to each trip. Where **we** have agreed to cover **your medical condition**, this applies to each **trip** during the **period of insurance**.

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

**United Kingdom** - means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands. If **you** are a permanent resident of a European Union country (other than the United Kingdom) all reference to the United Kingdom in this policy shall mean **your** country of residence.

**Valuables** - means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including MP3/4 players, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

**Vermin** - means rats, mice, squirrels, owls, pigeons, foxes, bees, wasps or hornets.

**We/Us/Our** - means AXA Insurance UK plc. Registered in England No. 78950. Registered Office: 5 Old Broad Street, London, EC2N 1AD.

**You/Your/Yourself/Insured person** - means each person travelling on a **trip** whose name appears in the policy schedule.

## SCHEDULE OF COVER AND LIMITS OF INDEMNITY PER INSURED PERSON

**SCHEME NO: AXA-2011-0032.** Policies issued from 31<sup>st</sup> January 2011 up to and including 31<sup>st</sup> January 2012, and for trips completed no later than 31<sup>st</sup> January 2013.

Section	Cover	Orbit Excel & Study Abroad	Orbit Basic	Excess Per Person Per Claim	
				Excel	Basis
A	<b>Cancellation or Curtailment Course Fees</b> (Study Abroad Only)	Up to £3,000 in total Up to £3,000 in total	Up to £2,000 in total Nil	£50 £50	£100
B	<b>Emergency Medical &amp; Other Expenses</b> Including Dental treatment Limit	Up to £5,000,000 in total Up to £250 in total	Up to £5,000,000 in total Up to £250 in total	£50 £50	£100 £100
C	<b>Hospital Confinement Benefit</b>	Up to £10 per 24 hours up to a maximum of £1,000 in total	Up to £10 per 24 hours up to a maximum of £1,000 in total	Nil	Nil
D	<b>Personal Accident</b>	Item 1 Up to £5,000 (£1,500 if under 16 or 65 and over) Item 2 Up to £25,000 (Nil if over 65) Item 3 Up to £25,000 (Nil if over 65)	Nil Nil Nil	Nil	
E	<b>Baggage</b> Single Article/Pair/Set Limit Total Valuables Limit	Up to £1,500 in total including Up to £150 in total Up to £150 in total	Up to £750 in total including Up to £150 in total Up to £150 in total	} £50 }	} £100 }
F	<b>Personal Money, Passport &amp; Documents</b>	Up to £250 in total. Cash limit carried on any one insured person limited to £100 in total	Nil	£50	
G	<b>Personal Liability</b>	Up to £2,000,000 in total	Nil	£250	
I	<b>Missed Departure</b>	Up to £500 in total	Nil	£50	
J	<b>Legal Expenses &amp; Assistance</b>	Up to £10,000 in total	Nil	Nil	

### PLEASE NOTE REDUCED SUMS INSURED APPLY TO CERTAIN AGE GROUPS POLICY EXCESSES ARE APPLIED ON A PER PERSON PER CLAIM BASIS

It is hereby noted and agreed that **NO COVER** will apply to any of Section A – Cancellation or Curtailment, Section B - Emergency Medical & Other Expenses, Section C - Hospital Confinement Benefit, Section D - Personal Accident and Section G - Personal Liability detailed above with respect to injury claims incurred whilst **you** (the insured person) are participating in sports events and training (excluding Golf and tennis) organised through an institution of further education where **you** are enrolled as a student or taking place on campus facilities. Please ensure that the institution of further education **you** are enrolled with has made proper provision to cover **you**.

Such injuries will be deemed to have occurred as a result of **Hazardous Pursuits** not covered by this policy of insurance.

### HELPFUL TELEPHONE NUMBERS

Please quote **AXA-2011-0032 All Seasons Underwriting sold by Coe Connections** when contacting any of the below:

If you need to contact the Healthcheck line to declare a pre-existing medical condition:

**Freedom Medical Screening**  
Tel: 01223 446 911

If you need 24 hour emergency medical assistance abroad or need to curtail your trip contact:

**Axa Assistance**  
Tel: 0844 811 8453 Or 0203 128 7529

If you need a claim form contact:

**Claims Settlement Agencies Ltd**  
Tel: 0844 826 2654  
**Claims for Section J - Legal Expenses Line**  
Tel: 0844 811 8427

For general policy enquiries please contact:

**COE Connections International**  
Tel: 01702 587 003  
e-mail: [coeconnect@blueyonder.co.uk](mailto:coeconnect@blueyonder.co.uk)

### GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

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

#### 1. Dual insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to Section D – Personal accident).

#### 2. Reasonable precautions

At all times **you** must take all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take all reasonable steps to safeguard **your** property from loss or damage and to recover property lost or stolen.

#### 3. Cancellation - Statutory cancellation rights

**You** may cancel this policy within 14 days of receipt of the policy documents (new business) and for annual policies the renewal date (the **cancellation period**) by writing to the address shown in **your** schedule during the **cancellation period**. Any premium already paid will be refunded to **you** providing **you** have not travelled, no claim has been made or is intended to be made and no incident likely to result in a claim has occurred.

If there is a claim and **you** are paying the premium by instalments the instalments owed will be taken from the claim payment

### CANCELLATION OUTSIDE THE STATUTORY PERIOD

**You** may cancel this policy at any time after the **cancellation period** by writing to the address above/shown in **your** schedule. If **you** cancel after the **cancellation period** no premium refund will be made.

### NON PAYMENT OF PREMIUMS

**We** can cancel the policy immediately by sending **you** written notice if **you** do not pay the premium or miss an instalment.

### CLAIMS CONDITIONS

**You** must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. **Claims - You** must contact **us** by phone if **you** want to make a claim using the relevant numbers shown on the schedule of cover, depending on the type of claim:
  - a) The claim notification must be made within 31 days or as soon as possible after that following any **bodily injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may lead to a claim under this policy. Make a statement in support of a claim knowing the statement to be false in any way; or
  - b) **You** must also tell **us** if **you** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **us** as soon as possible. **You** or anyone acting on **your** behalf must not negotiate, admit or repudiate (refuse) any claim without **our** permission in writing.
  - c) **You** or **your** legal representatives must supply at **your** own expense, all relevant information requested by us, evidence, details of household insurance, proof of ownership and medical certificates as required by **us**. **You** should refer to the section under which **you** are claiming for further details of the evidence that **we** need to deal with **your** claim.
  - d) **We** reserve the right to require **you** to undergo an independent medical examination at **our** expense. **We** may also request and will pay for a post mortem examination.
  - e) **You** must retain any property which is damaged, and if requested, send it to **us** at **your** own expense. If **we** pay a claim for the full value of the property and it is then recovered it will then become **our** property. **We** may refuse to reimburse **you** for any property which **you** cannot provide proof of ownership such as an original receipt, a valuation, user manual or bank or credit card statements.
2. **Transferring of rights - We** are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **your** name for **our** benefit against any other party.
3. **Fraud - You** must not act in a fraudulent manner.  
If **you** or anyone acting for **you**
  - a) Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any way; or
  - b) Make a statement in support of a claim knowing the statement to be false in any way; or
  - c) Submit a document in support of a claim knowing the document to be forged or false in any way; or
  - d) Make a claim for any loss or damage caused by **your** wilful act or with **your** connivance

**Then**

- a) **we** will not pay the claim
- b) **we** will not pay any other claim which has been or will be made under the policy
- c) **we** may make the policy void from the date of the fraudulent act
- d) **we** will be entitled to recover from **you** the amount of any claim already paid under the policy
- e) **we** will not refund any premium
- f) **we** may inform the police of the circumstances.

### IMPORTANT CONDITIONS RELATING TO HEALTH

**You** must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

1. It is a condition of this policy that **you** will not be covered under Section A – Cancellation or curtailment charges, Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident for any claims arising directly or indirectly from:
  - a) At the time of taking out this policy:
    - i) Any **pre-existing medical condition** that **you** have unless **you** have contacted the ASUA medical screening line on the number shown in **your** schedule of cover and **we** have agreed to provide cover, or all of the **pre-existing medical conditions** that **you** have are included in the list of NO SCREEN CONDITIONS\* shown on page 7 below and the words in brackets apply to **you**
    - ii) Any **medical condition** for which **you** have received a terminal prognosis
    - iii) Any **medical condition** **you** are aware of but for which **you** have not had a diagnosis
    - iv) Any **medical condition** for which **you** are on a waiting list for or have knowledge of the need for surgery, treatment or investigation at a hospital, clinic or nursing home

v) Any **medical condition** affecting **you**, a **close relative** or a **close business associate** that **you** are aware of, that could reasonably be expected to result in a claim on this policy unless **you** have been given **our** agreement.

b) At any time:

- i) Any **medical condition** **you** have which a **medical practitioner** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel
- ii) Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)
- iii) Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
- iv) **You** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.

If **your** health changes after the start date of **your** policy and the date **your** travel tickets or confirmation of booking were issued, **you** must telephone **our** customer helpline shown on the **your** schedule to make sure **your** cover is not affected.

**You** should also refer to What is not covered – applicable to all sections of the policy.

#### \* NO SCREEN CONDITIONS

(for which **you** do not need to contact **us** if all the **pre-existing medical conditions** that **you** have, are included in this list and the words in brackets apply to **you**).

Acne

ADHD (Attention Deficit Hyperactivity Disorder)

Asthma (diagnosed before age 50, no more than 2 medications/inhalers and no hospital admission in last year)

Carpal tunnel syndrome

Cataracts

Corneal graft

Deafness

Diabetes (no complications such as impaired kidney function, heart disease, peripheral vascular disease, leg or foot ulcers, retinal damage, nerve damage, amputation of foot or leg, liver damage)

Fungal nail infection

Glaucoma

Hayfever

High blood pressure (have not suffered from any heart disease, kidney damage, stroke or mini stroke)

High Cholesterol (not the inherited form)

Impetigo

Meniere's disease

Migraine (confirmed diagnosis, no ongoing investigations)

RSI (Repetitive strain injury/Tendinitis)

Tendonitis

Tinnitus

Tonsillitis

#### WHAT IS NOT COVERED - APPLICABLE TO ALL SECTIONS OF THE POLICY

**We** will not pay for claims arising directly or indirectly from:

1. **War risks, civil commotion and terrorism:** War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under Section B – Emergency medical and other expenses, Section C – Hospital benefit and Section D – Personal accident unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
2. **Radioactive contamination:** Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
3. **Sonic bangs:** Loss, destruction or damage directly caused by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. **Winter sports:** **Your** participation in winter sports unless the appropriate winter sports premium has been paid, then cover will apply under those sections shown as covered for winter sports in **your** schedule for:
  - a) the winter sports specified in the list on page 17 and
  - b) any other winter sports shown as covered in **your** schedulefor a period of no more than 17 days in total in each **period of insurance** under annual multi trip policies and for the period of the **trip** under single trip policies.
5. **Professional sports or entertaining:** **Your** participation in or practice of any professional sports or professional entertaining.
6. **Other sports or activities:** **Your** participation in or practice of any other sport or activity, manual work, driving any motorised vehicle or racing unless:
  - a) specified in the list on page 17 or
  - b) shown as covered in **your** schedule.
7. **Suicide, drug use, alcohol or solvent abuse and putting yourself at needless risk:** **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, drug use (other than drugs taken in accordance with treatment prescribed and directed by a **medical practitioner**, but not for the treatment of drug addiction), and putting **yourself** at needless risk (except in an attempt to save human life).
8. **Unlawful action:** **Your** own unlawful action or any criminal proceedings against **you**.
9. **Additional loss or expense:** Any other loss, damage or additional expense following on from the event for which **you** are claiming, unless **we** provide cover under this insurance. *Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, costs incurred in preparing a claim or loss of earnings following **bodily injury**, illness or disease.*
10. **Armed Forces:** Operational duties of a member of the Armed Forces (other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4. of Section A – Cancellation or curtailment charges).

11. **Travelling against FCO or WHO advice:** Your travel to a country, specific area or event when the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation (WHO) or regulatory authority in a country to/from which **you** are travelling has advised against all, or all but essential travel (other than claims arising from **you** not being able to travel and use **your** booked accommodation or **curtailing** the **trip** before completion, as provided for under the extended cancellation or curtailment cover under Section T – Independent travellers cover when operative).
12. **Family and single parent cover travel restrictions:** If **you** are aged under 18 (or aged under 22 if in full time education) **you** are only insured when travelling with one or both of the insured adults (ir accompanied by another responsible adult). If **you** reach any of the ages mentioned above during the **period of insurance**, cover will continue until the next renewal date but not after that.

## SPORTS AND ACTIVITIES COVERED

The following lists detail the sports and activities that this policy will cover. If **you** are participating in any other sports or activities not mentioned, please telephone **our** customer helpline shown on the **your** schedule of cover as **we** may be able to offer cover for an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your** policy schedule.

## COVERED AS STANDARD WITHOUT CHARGE

**No cover is provided under Section G – Personal liability for those sports or activities marked with \***

Abseiling (within organisers guidelines), administrative or clerical occupations, aerobics, amateur athletics (track and field), archaeological digging, archery, assault course, badminton, banana boating, baseball, basketball, beach games, billiards/snooker/pool, BMX Riding, body boarding (boogie boarding), bowls, Bungee Jumping, camel riding \*, canoeing (up to grade 2 rivers), clay pigeon shooting \*, climbing (on climbing wall only), cricket, croquet, curling, cycling (wearing a helmet and no racing), deep sea fishing, driving any motorised vehicle for which **you** are licensed to drive in the **United Kingdom** (other than in motor rallies or competitions) \*, elephant riding/trekking, falconry, fell walking/running, fencing, fishing, fives, flying as a fare paying passenger in a fully licensed passenger carrying aircraft, football (amateur only and not main purpose of **trip**), glass bottom boats/bubbles \*, go karting (within organisers guidelines) \*, golf, handball, horse riding (wearing a helmet and excluding competitions, racing, jumping and hunting), hot air ballooning (organised pleasure rides only), hovercraft, riving/passenger \*, hurling (amateur only and not main purpose of **trip**), indoor climbing (on climbing wall), jet boating (no racing) \*, jet skiing (no racing) \*, jogging, karting (wearing a helmet and no racing) \*, kayaking (up to grade 2 rivers), Kite Surfing, korfbal, Lacrosse, Marathon Running, mountain biking (wearing a helmet and no racing), netball, octopush, Orienteering, paint balling/war games (wearing eye protection) \*, Paragliding, Parascending (OVER WATER ONLY), pony trekking (wearing a helmet), power boating (no racing and non-competitive) \*, quad biking (wearing a helmet and no racing) \*, racket ball, rambling, refereeing (amateur only), ringo, roller skating/blading/in line skating (wearing pads and helmets), rounders, rowing (no racing), running (non-competitive and not a marathon of any type), safari trekking (must be organised tour), sailing/yachting (if qualified or accompanied by a qualified person and no racing) \*, sand boarding, sand dune surfing/skiing, sand yachting (no racing) \*, scuba diving up to depth of 30 metres (if qualified or accompanied by qualified instructor and not diving alone), shooting/small bore target/rifle range shooting (within organisers guidelines) \*, skateboarding (wearing pads and helmets), sledging (not on snow), snorkeling, softball, spear fishing (without tanks), speed sailing (no racing) \*, squash, Street Hockey, students working as counsellors or university exchanges for practical course work (non manual), surfing, swimming, swimming with dolphins, swimming/bathing with elephants, Sydney harbour bridge (walking across roped together), table tennis, tall ship crewing (no racing) \*, ten pin bowling, tennis, trampolining, tree canopy walking, trekking/hiking/walking up to 2,500 metres above sea level, tug of war, volleyball, wake boarding, water polo, water skiing/water ski jumping, whale watching, wind surfing/sailboarding, wind tunnel flying (pads and helmets to be worn), zip lining/trekking (safety harness must be worn), zorbing/hydro zorbing/sphering.

## SECTION A – CANCELLATION OR CURTAILMENT CHARGES

### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs (including excursions up to £250) and other pre-paid charges which **you** have paid or are contracted to pay, together with any reasonable additional travel expenses incurred if

- a) cancellation of the **trip** is necessary and unavoidable or
- b) the **trip** is **curtailed** before completion

as a result of any of the following events:

1. The death, **bodily injury**, illness, disease, or complications arising as a direct result of pregnancy of:
  - a) **you**
  - b) any person who **you** are travelling or have arranged to travel with
  - c) any person who **you** have arranged to stay with
  - d) **your close relative**
  - e) **your close business associate**.
2. **You** or any person who **you** are travelling or have arranged to travel with being quarantined, called as a witness at a Court of Law or for jury service attendance.
3. Redundancy of **you** or any person who **you** are travelling or have arranged to travel with (which qualifies for payment under current **United Kingdom** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant).
4. **You** or any person who **you** are travelling or have arranged to travel with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**.
5. The Police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

If the same costs, charges or expenses are also covered under Section T – Independent travellers cover or Section U – Special events cancellation or curtailment charges cover, **you** can only claim for these under one section for the same event.

### Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a **medical practitioner** and the prior approval of the 24 hour emergency medical service to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or complications arising as a direct result of pregnancy.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.
3. If **you** cancel the **trip** due to:
  - a) stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from a consultant specialising in the relevant field or
  - b) any other **bodily injury**, illness, disease or complications arising as a direct result of pregnancy, **you** must provide (at **your** own expense) a medical certificate from a **medical practitioner** stating that this necessarily and reasonably prevented **you** from travelling.

### What is not covered

1. The **excess** shown in the schedule of cover.
2. The cost of Airport Departure Duty/Tax (whether irrecoverable or not).
3. Any claims arising directly or indirectly from:
  - a) Redundancy caused by or resulting from misconduct leading to dismissal or resignation or voluntary redundancy, or where **you** received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**
  - b) Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
4. Travel tickets paid for using any airline mileage or supermarket reward scheme, for example Air Miles, unless specific evidence of the monetary value of the tickets can be provided.
5. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday point's scheme unless specific evidence of the monetary value of the accommodation costs can be provided.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

**You** should also refer to the Important conditions relating to health.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **medical practitioner** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the relevant authority or the treating **medical practitioner**.
- In the case of jury service or witness attendance, the court summons.
- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the Police or relevant authority.

## SECTION B – EMERGENCY MEDICAL AND OTHER EXPENSES

### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover for the following expenses which are necessarily incurred within 12 months of the incident as a result of **you** suffering unforeseen **bodily injury**, illness, disease and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit as shown in your schedule of cover outside of **your home area**.
3. Costs of telephone calls:
  - a) to the 24 hour emergency medical service notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
  - b) incurred by **you** when **you** receive calls on **your** mobile phone from the 24 hour emergency medical service for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
4. The cost of taxi fares 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.
5. If **you** die:
  - a) outside **your home area** the reasonable additional cost of funeral expenses abroad up to a maximum of £1,500 plus the reasonable cost of returning **your** ashes to **your home**, or the additional costs of returning **your** body to **your home**
  - b) within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home** up to a maximum of £750.

6. Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, bed and breakfast, self catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date.  
This includes, with the prior authorisation of the 24 hour emergency medical service, reasonable additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from the **United Kingdom** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.
7. With the prior authorisation of the 24 hour emergency medical service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **you** to **your home** if it is medically necessary. These expenses will be for the identical class of travel utilised on the outward journey unless the 24 hour emergency medical service agree otherwise.

#### Special conditions relating to claims

1. **You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness or disease **we** reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **United Kingdom** at any time during the **trip**. **We** will do this, if in the opinion of the **medical practitioner** in attendance, or the 24 hour emergency medical service, **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.

#### What is not covered

1. The **excess** shown in the schedule of cover.
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. Any claims arising directly or indirectly for:
  - a) The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury** or illness which necessitated **your** admittance into hospital.
  - b) Any expenses which are not usual, reasonable or customary to treat **your bodily injury**, illness or disease.
  - c) Any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
  - d) Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**.
  - e) Additional costs arising from single or private room accommodation.
  - f) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the 24 hour emergency medical service.
  - g) Any costs incurred by **you** to visit another person in hospital.
  - h) Any expenses incurred after **you** have returned to **your home area**.
  - i) Any expenses incurred in England, Scotland, Wales or Northern Ireland which are:
    - i. or private treatment or
    - ii. are funded by, or are recoverable from the Health Authority in **your home area**.
  - j) Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
  - k) Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

**You** should also refer to the important conditions relating to health.

#### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- Receipts or bills or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the 24 hour emergency medical service.

### SECTION C – HOSPITAL BENEFIT

**We** will pay **you** the amount shown in the schedule of cover for every complete 24 hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation due to **your** compulsory quarantine or on the orders of a **medical practitioner** outside **your home area**, up to the maximum amount shown in the schedule of cover as a result of **bodily injury**, illness or disease **you** sustain.

**We** will pay the amount above in addition to any amount payable under Section B – Emergency medical and other expenses. *This payment is meant to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.*

**You** can only claim benefit under this section or subsection 3 of Section Q – Cruise cover for the same event, not both.

#### Special conditions relating to claims

1. **You** must tell the 24 hour emergency medical service as soon as possible of any **bodily injury**, illness or disease which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **medical practitioner**.

### What is not covered

1. Any claims arising directly or indirectly from:
  - a) Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - i) relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness or disease which necessitated **your** admittance into hospital.
    - ii) relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
    - iii) following **your** decision not to be repatriated after the date, when in the opinion of the 24 hour emergency medical service it is safe to do so.
  - b) Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - i) relating to any form of treatment or surgery which in the opinion of the **medical practitioner** in attendance and the 24 hour emergency medical service can be delayed reasonably until **your** return to **your home area**.
    - ii) as a result of a tropical disease where **you** have not had the recommended inoculations and/or taken the recommended medication.
    - iii) occurring in England, Scotland, Wales or Northern Ireland and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by, or are recoverable from the Health Authority in **your home area**.
2. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- Confirmation in writing from the hospital, relevant authority or the treating **medical practitioner** of the dates when **you** were admitted and subsequently discharged from hospital, compulsory quarantine or confinement to **your** accommodation.

## SECTION D – PERSONAL ACCIDENT

**Loss of limb** - means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

**Loss of sight** - means total and irrecoverable 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 and
- b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Item 1 - Death

Item 2 – **Loss of Limb** or **Loss of Sight**

Item 3 - Permanent total disablement.

### What is covered

We will pay one of the benefits shown in the schedule of cover if **you** sustain **bodily injury** which shall solely and independently of any other cause, result within two years in **your** death, **loss of limb**, **loss of sight** or permanent total disablement.

### Special conditions relating to claims

1. **Our medical practitioner** may examine **you** as often as they consider necessary if **you** make a claim.

### PROVISIONS

1. Benefit is not payable to **you**:
  - a) Under more than one of items 1, 2 or 3.
  - b) Under item 3. until one year after the date **you** sustain **bodily injury**
  - c) Under item 3. if **you** are able or may be able to carry out any relevant occupation.
2. Benefit 1 will be paid to the deceased Insured person's estate.

### What is not covered

1. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

We will require (at **your** own expense) the following evidence where relevant:

- In the event of death, the original death certificate.
- A medical certificate or report in relation to claims for **loss of limb**, **loss of sight** or permanent total disablement.

## SECTION E – BAGGAGE

1. We will pay **you** up to the amount shown in the schedule of cover for the accidental loss of, theft of or damage to **baggage**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation (loss of value), or we may replace, reinstate or repair the lost or damaged **baggage**.

The maximum we will pay **you** for the following items is:

- a) the amount shown in the schedule of cover for any one article, pair or set of articles
- b) the amount shown in the schedule of cover for the total for all **valuables**.
2. We will also pay **you** up to the amount shown in the schedule of cover, for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within 12 hours, as long as we receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent we will deduct the amount paid from the final amount to be paid under this section.

If items of **baggage** are also covered under Section Q – Cruise cover or Section S – Wedding/Civil partnership cover **you** can only claim for these under one section for the same event.

### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

### What is not covered

1. The **excess** shown in the schedule of cover (except claims under subsection 2 of What is covered).
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
  - a) overnight between 9 pm and 9 am (local time) or
  - b) at any time between 9 am and 9 pm (local time) unless:
    - i) it is locked out of sight in a **secure baggage area** and
    - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **ski equipment, golf equipment** and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or an accident to the aircraft, sea vessel, train or vehicle in which they are being carried.
7. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
8. Loss, theft of or damage to **business equipment**, business goods, samples, tools of trade and other items used in connection with **your** business, trade, profession or occupation.
9. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, **vermin**, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
10. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than 12 hours.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Repair report where applicable.

## SECTION F – PERSONAL MONEY, PASSPORT AND DOCUMENTS

### What is covered

1. **We** will pay **you** up to the amounts shown below for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). **We** will also cover foreign currency during the 72 hours immediately before **your** departure on the outward journey.

The maximum **we** will pay for the following items is:

- a) the amount shown in the schedule of cover for bank notes, currency notes and coins
  - b) the amount shown in the schedule of cover for bank notes, currency notes and coins, if **you** are under the age of 16
  - c) the amount shown in the schedule of cover for all other **personal money** and documents (including the cost of the emergency replacement or temporary passport or visa).
2. **We** will pay up to the amount shown in the schedule of cover for each **insured person** for reasonable additional travel and accommodation expenses necessarily incurred outside **your home area** to obtain a replacement of **your** passport or visa which has been lost or stolen outside **your home area**.

### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within 24 hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money**, passports or documents are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
3. If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
  - b) keep all travel tickets and tags for submission to us if **you** are going to make a claim under this policy.
5. **You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

### What is not covered

1. The **excess** shown in the schedule of cover.
2. Loss, theft of or damage to **personal money** or **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss or damage due to depreciation (loss in value), variations in exchange rates or shortages due to error or omission.
6. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- Receipts or bills or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.

## SECTION G – PERSONAL LIABILITY

### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover (including legal costs and expenses) against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause for accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a **close relative** or persons residing with **you** but not paying for their accommodation.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a **close relative** and/or anyone in **your** employment other than any temporary holiday accommodation occupied (but not owned) by **you**.

### Special conditions relating to claims

1. **You** must give **us** written notice of any incident, which may result in a claim as soon as possible.
2. **You** must send **us** every writ, summons, letter of claim or other document as soon as **you** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
4. **We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance which **we** may require.
5. If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

### What is not covered

1. The first £250 of each and every claim, arising from the same £250 incident claimed for under this section in relation to any temporary holiday accommodation occupied by **you**.
2. Compensation or legal costs arising directly or indirectly from:
  - a) Liability which has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
  - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - c) Ownership, possession or use of mechanically propelled vehicles, aircraft or watercraft (other than surfboards or manually propelled rowing boats, punts or canoes).
  - d) The transmission of any contagious or infectious disease or virus.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details in writing of any incident.
- Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

## SECTION H – DELAYED DEPARTURE

### What is covered

If departure of the **public transport** on which **you** are booked to travel, is delayed at the final departure point from or to the **United Kingdom** (but not including delays to any subsequent outbound or return connecting **public transport**) for at least the amount of time shown in the schedule of cover from the scheduled time of departure due to:

- a) strike or
- b) industrial action or
- c) adverse weather conditions or
- d) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel

### we will pay you:

1. the amount shown in the schedule of cover for the first completed full 12 hours delay and the amount shown in the schedule of cover for the each additional full 12 hours of delay after that, up to a maximum of the amount shown in the schedule of cover (*which is meant to help you pay for telephone calls made, meals and refreshments purchased during the delay*) provided **you** eventually travel, or
2. Up to the amount shown in the schedule of cover for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if after a delay of at least 24 hours, **you** choose to cancel **your trip** before departure from the **United Kingdom**.

**You** can only claim under subsection 1. or 2. above for the same event, not both.

**You** can only claim under one of either Section H – Delayed departure, Section I – Missed departure or Section T – Independent travellers cover for the same event.

### Special conditions relating to claims

1. **You** must check in according to the itinerary given to **you**.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider.

### What is not covered

1. The **excess** shown in the schedule of cover under subsection 2. of What is covered.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which you are travelling.
  - c) Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to the **United Kingdom**.
3. Anything mentioned in What is not covered applicable to all sections of the policy.

### Claims Evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check in time.
- In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.

## SECTION I – MISSED DEPARTURE

### What is covered

**We** will pay **you** up to the amount shown in the schedule of cover for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or returning to the **United Kingdom**, if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel on for the initial international outbound and return legs of the **trip** or as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening ahead of **you** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **you** are travelling or
4. strike, industrial action or adverse weather conditions.

If the same expenses are also covered under Section H – Delayed departure or Section T – Independent travellers cover **you** can only claim under one section for the same event.

### Special conditions relating to claims

1. If **you** make a claim caused by any delay happening on a motorway or dual carriage way **you** must get written confirmation or proof of the incident happening (at **your** own expense) from the Police or emergency breakdown services, of the location, reason for and duration of the delay.

2. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.

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

1. The **excess** shown in the schedule of cover.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
  - c) Breakdown of any vehicle owned by **you** which has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - d) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - e) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound and return legs of the **trip**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in What is not covered applicable to all sections of the policy.

#### **Claims Evidence**

**We** will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter or written proof from the Police or emergency breakdown services confirming the location, reason for and duration of the delay on a motorway or dual carriage way if appropriate.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or adverse weather conditions.
- **Your** unused travel tickets.
- Receipts or bills or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.

## **SECTION J – LEGAL EXPENSES AND ASSISTANCE**

#### **What is covered**

**We** will pay up to the amount shown in the schedule of cover for legal costs to pursue a civil action for compensation, against someone else who causes **you** **bodily injury**, illness or death.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed the amount shown in the schedule of cover.

#### **Special conditions relating to claims**

1. **We** shall have complete control over the legal case through agents **we** nominate, by appointing agents of **our** choice on **your** behalf with the expertise to pursue **your** claim.
2. **You** must follow **our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **us** of any offers of settlement made by the negligent third party and **you** must not accept any such offer without **our** permission.
4. **We** may include a claim for **our** legal costs and other related expenses.
5. **We** may, at **our** own expense, take proceedings in **your** name to recover compensation from any third party for any legal costs incurred under this policy. **You** must give **us** any assistance **we** require from **you** and any amount recovered shall belong to **us**.

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

**We** shall not be liable for:

1. Any claim where in **our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
2. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **us**, the 24 hour emergency medical service or their agents or any service supplier detailed on the schedule, someone **you** were travelling with, a person related to **you**, or another **insured person**.
3. Legal costs and expenses incurred prior to **our** written acceptance of the case.
4. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. Any claim where legal costs and expenses are variable depending on the outcome of the claim.
6. Legal costs and expenses incurred if an action is brought in more than one country.
7. Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each **insured person**.
8. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
9. The costs of any Appeal.
10. Claims by **you** other than in **your** private capacity.
11. Anything mentioned in What is not covered applicable to all sections of the policy.

#### **Claims Evidence**

**We** will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim, including photographic evidence.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine a letter from the relevant authority or the treating **medical practitioner**.
- In the case of jury service or witness attendance the court summons.

- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the police or relevant authority.
- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt or proof of ownership for items lost, stolen or damaged and for all items of **golf equipment** replaced if **your golf equipment** is temporarily lost in transit for more than 12 hours.
- Receipts or bills detailing the costs incurred in hiring replacement **golf equipment**.
- A letter from the carrier confirming the number of hours **your golf equipment** was delayed for.
- Repair report where applicable.
- Full details in writing of any incident involving the use of a golf buggy on a golf course.
- Any writ, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.

## COMPLAINTS PROCEDURE

**We** are committed to providing **you** with an exceptional level of service and customer care. **We** realise that things can go wrong and there may be occasions when **you** feel that **we** have not provided the service **you** expected. When this happens, **we** want to hear about it so that **we** can try to put things right.

### Who to contact?

The most important factors in getting **your** complaint dealt with as quickly and efficiently as possible are:

- a) to be sure **you** are talking to the right person, and;
- b) that **you** are giving them the right information.

### When you contact us?

Please give **us** **your** name and contact telephone number.

Please quote **your** policy and/or claim number and the type of policy **you** hold.

Please explain clearly and concisely the reason for **your** complaint.

So **we** begin by establishing **your** first point of contact:

### Step One – initiating your complaint:

Does your complaint relate to:

**A: your policy?**

**B: a claim on your policy?**

If **A, you** need to contact the agent who sold **you your** policy. Call the number on **your** schedule of cover and state **your** complaint.

If **B, you** need to contact whoever is currently dealing with **your** claim and state **your** complaint. The claims handler will be shown on your schedule of cover.

In either case, if **you** wish to provide written details, the following checklist has been prepared for **you** to use when drafting **your** letter.

Head **your** letter 'COMPLAINT'.

Give **your** full name, post code and contact telephone number(s).

Quote the type of policy and **your** policy and/or claim number.

Explain clearly and concisely the reason(s) for **your** complaint.

The letter should be sent to the person dealing with **your** complaint along with any other material required.

**We** expect that the majority of complaints will be quickly and satisfactorily resolved at this stage, but if **you** are not satisfied, **you** can take the issue further:

### Step Two – if you are still unhappy:

Should their response be unsatisfactory and **your** complaint is not resolved to **your** satisfaction, or if **your** complaint is not regarding a claim, **you** should write to:

Managing Director

**All Seasons Underwriting Agencies Ltd**, 6-8 Fenchurch Buildings, Fenchurch Street, London EC3M 5HT

Tel: 020 7481 2399 Fax: 0870 051 2778

### Step Three – contacting AXA Head Office:

If **your** complaint is one of the few that cannot be resolved by this stage contact the Head of Customer Care, who will arrange for an investigation on behalf of the Chief Executive:

Head of Customer Care

**AXA Insurance**, Civic Drive, Ipswich, IP1 2AN

Tel: 01473 205926 Fax: 01473 205101

e-mail: [customercare@axa-insurance.co.uk](mailto:customercare@axa-insurance.co.uk)

### Step Four – beyond AXA:

If **we** have given **you our** final response and **you** are still not satisfied **you** may refer **your** case to the Financial Ombudsman Service (FOS).

The Ombudsman is an independent body that arbitrates on complaints about general insurance products and other financial services. It will only consider complaints after **we** have provided **you** with written confirmation that **our** internal complaints procedure has been exhausted.

Insurance Division

**Financial Ombudsman Service.** South Quay Plaza, 183 Marsh Wall, London, E14 9SR

Tel: 0845 080 1800 Fax: 020 7964 1001

Please note that **you** have six months from the date of **our** final response in which to refer **your** complaint to the Ombudsman. Referral to the Ombudsman will not affect **your** right to take legal action.

**Our** promise to **you**

**We** will acknowledge written complaints promptly.

**We** will investigate quickly and thoroughly.

**We** will keep **you** informed of progress.

**We** will do everything possible to resolve **your** complaint.

**We** will learn from **our** mistakes. **We** will use the information from complaints to continuously improve **our** service.

Calls are recorded and monitored.