

# TRAVEL INSURANCE

## POLICY WORDING



## **Thank you for purchasing your insurance from Just Travel Cover.**

Our policies are designed to provide peace of mind for all travellers regardless of age or medical history. We aim to help all travellers enjoy their experience to the fullest by providing high quality, reasonably priced travel insurance which can be tailored to meet your specific requirements.

We would advise You to keep Your Policy documents in a safe place in case You need assistance or need to make a claim. If You have any questions or queries, please do not hesitate to contact us on any of the numbers below:

### **Useful Telephone Numbers**

Just Travel Cover: **0333 003 0021**

### **YOUR IMPORTANT INFORMATION**

**If you need Emergency Medical Assistance abroad or need to cut your trip short: contact advice line on:**

**+44 (0) 1444 465573**

**If you need a claim form:**

**You can download the relevant form: <https://www.imglobal.com/member/assistance/claims> or contact The Claims Department on +44 (0) 1444 465590**

**If you need legal advice: contact Penningtons Manches LLP on +44 (0) 345 241 1875**

Single and Annual Multi Trip Policies

This policy is for residents of the United Kingdom, Isle of Man, the Channel Islands and British Forces Posted Overseas only

For policies issued from 01/01/2023 to 31/12/2023

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SCHEDULE OF COVER		Gold	
		Cover Limit up to	EXCESS
A1	Cancellation	£5,000	Nil
B1	Curtailement	£5,000	Nil
B2	Missed Departure	£500	Nil
B2	Travel Delay Abandonment	£20 each full 12 hrs up to £100 £5,000	Nil
B3	Personal Accident		
	Death	£15,000	Nil
	Loss of limb/sight Permanent Total Disablement	£15,000 £15,000	Nil Nil
B4	Emergency Medical & Repatriation Expenses (not private medical insurance)	£10,000,000	Nil
	Hospital Benefit	£25 per 24 hours up to £1,000	Nil
	Emergency Dental limit	£350	Nil
	Loss of Medication	£300	Nil
	Confinement and Isolation	£25 per 24 hours up to £1,000	Nil
	Pre-paid excursion	£250	Nil
B5	Additional Medical Expenses		
	Recuperation Holiday	£750	Nil
	UK Medical Exam	£500	Nil
	Home Help or Nanny	£100 per 24 hours to £500	Nil
	Cosmetic Surgery	£2,500	Nil
	Overseas Return Quarantine: Accommodation Expenses	£40 per 24 hours up to £560	Nil
	Return Transport Europe Return Transport Worldwide	£300 £500	Nil Nil
B6	Personal Possessions (not gadgets)	£3,000	Nil
	Single Article Limit	£300	Nil
	Valuables Limit	£300	Nil
	Spectacles Limit	£300	Nil
	Laptop Limit	£500	Nil
	Delayed Baggage	£300	Nil
	Personal Money	£400	Nil
	Cash Limit	£300	Nil
B7	Mobility Aids	£2,500	Nil
B8	Loss of Passport & Travel Documents	£300	Nil
B9	Personal Liability	£2,000,000	Nil
B10	Legal Expenses	£25,000	Nil
B11	Catastrophe	£1,000	Nil
B12	Hijack	£40 per 24 hours up to £500	Nil
B13	Kennel and Cattery	£500	Nil
EXT	Scheduled Airline Failure and End Supplier Failure Cover	Up to £1,500	Nil
EXT	Travel Dispute Professional Fees	£25,000	£35
<b>Wintersports Extension – on payment of the appropriate premium</b>			
EXT	Ski Equipment	£500	Nil
	Single Article Limit	£250	Nil
	Ski Hire	£50 per 24 hours up to £250	Nil
	Ski Pack	£400	Nil
	Piste Closure Avalanche Closure	£35 per 24 hours up to £500 £35 per 24 hours up to £500	Nil Nil
<b>Golf Extension – on payment of the appropriate premium</b>			
EXT	Loss of Golf Equipment(owned)	£1,500	Nil
	Single Article Limit	£300	Nil
	Equipment Hire	£75 per 24 hours up to £500	Nil
	Loss of Green Fees	£75 per 24 hours up to £500	Nil
	Hole in One	£100	Nil

Policy excesses are applied on a per person, per claim, per section basis and reduced sums insured apply to certain age groups (see policy section).

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## Definitions

When these words are used throughout **your** policy, they will always have the following meaning:

Definition	Meaning
<b>Accidental bodily injury</b>	death or injury caused by external, violent, and accidental means.
<b>Australia and New Zealand</b>	Australia, including Territory of Cocos (Keeling Islands, The Territory of Christmas Island, Norfolk Island and Lord Howe Island), and New Zealand, including the Cook Islands, Niue and Tokelau.
<b>Back country</b>	Guided Skiing in terrain which are in remote areas away from groomed pistes, not within ski boundaries and outside of patrolled resort boundaries, this includes terrain that has been accessed by a ski lift but then requiring a hike, ski, climb or skidoo to reach these areas.
<b>Beach swimming</b>	Within fifty (50) metres of the shore, in areas marked with safety buoys or under the supervision of a lifeguard.
<b>BFPO</b>	British Forces Posted Overseas
<b>Business associate</b>	Someone <b>you</b> work with, who due to the nature of their job means their absence from work requires <b>you</b> to cancel or alter <b>your trip</b> . A senior manager or director of the business must confirm this in the event of a claim.
<b>Business equipment</b>	Any business owned property that is fundamental to the business. Examples of equipment include devices such as mobile phones, Tablets, tools, <b>laptops</b> , and <b>business samples</b> .
<b>Business samples</b>	Business goods, samples and equipment taken on an insured journey by an <b>insured person</b> and that are owned by <b>you</b> or <b>your</b> employer.
<b>Capable public facility / facilities</b>	(For the purposes of medical treatment abroad) - means a state medical facility which has the facilities and expertise to treat the medical condition ( <b>illness</b> or injury) as determined by <b>us</b> and / or <b>our</b> appointed representative
<b>Cash</b>	Sterling or foreign currency in note or coin form.
<b>Catastrophe or Natural Catastrophe</b>	A natural event such as avalanche, blizzard, earthquake, flood, forest fire, hurricane, lightning, tornado, tsunami, or volcanic eruption.
<b>Change(s) in your health</b>	Any deterioration or <b>change in your health</b> between the date the policy was bought and the date of travel, this includes new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.
<b>Channel Islands</b>	Jersey, Guernsey, Alderney, Sark, Herm, Jethou, Brecqhou and Lihou.
<b>Close relative</b>	Spouse or partner of over 6 months, parents, grandparents, legal guardians, foster child, parents-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepparents, stepchild, stepbrother, stepsister, aunt, uncle, brother, sister, child, grandchild, niece, nephew, or fiancé(e).
<b>Complications of Pregnancy and Childbirth</b>	In this policy ' <b>complications of pregnancy and childbirth</b> ' will only include the following: Toxaemia (toxins in the blood), Bicornuate uterus, Gestational diabetes (diabetes arising as a result of pregnancy), Gestational hypertension (high blood pressure arising as a result of pregnancy), Pre-eclampsia (where <b>you</b> develop high blood pressure, carry abnormal fluid and have protein in <b>your</b> urine during the second half of pregnancy), Ectopic pregnancy (a pregnancy that develops outside of the uterus), Foetal Growth Retardation due to Placental Insufficiency, Molar pregnancy or hydatidiform mole (a pregnancy in which a tumour develops from the placental tissue), Post-partum haemorrhage (excessive bleeding following childbirth), Retained placenta membrane (part or all of the placenta is left behind in the uterus after delivery), Placental abruption (part or all of the placenta separates from the wall of the uterus), Hyperemesis gravidarum (excessive vomiting as a result of pregnancy), Obstetric cholestasis, Placenta praevia (when the placenta is in the lower part of the uterus and covers part or all of the cervix), Stillbirth, Miscarriage, Emergency Caesarean section, A termination needed for medical reasons, or Premature birth more than 8 weeks (or 16 weeks if <b>you</b> know <b>you</b> are having more than one baby) before the expected delivery date.
<b>Connecting transport</b>	A <b>connecting flight</b> , watercraft, train, or motor vehicle which departs <b>your</b> first scheduled stop-over destination twelve (12) hours after arrival from <b>your international departure point</b> .
<b>Cruise</b>	A pleasure voyage, sailing as a passenger on a purpose-built ship on river/s, sea/s or oceans that may include stops at various ports.
<b>Curtailement</b>	The cutting short of <b>your trip</b> by <b>your</b> early return <b>home</b> or <b>your repatriation</b> to a hospital or nursing home in <b>your home country</b> . Payment will be made on the number of full days of <b>your trip</b> that are lost from the day <b>you</b> are brought <b>home</b> .
<b>Domestic flight</b>	A <b>flight</b> where the departure and arrival take place within the <b>United Kingdom, Channel Islands, or the Isle of Man</b> .
<b>Drones</b>	Un-manned aerial vehicles.
<b>Emergency treatment</b>	Any ill-health or injury which occurs during <b>your trip</b> and requires immediate medical treatment before <b>you</b> return <b>home</b>
<b>Essential items</b>	Underwear, socks, toiletries, and a change of clothing.

<b>Europe 1</b>	Albania, Andorra, Austria, Azores, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Corfu, Corsica, Crete, Croatia, Czech Republic, Denmark, Eire (Republic of Ireland), Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Greece, Holland (Netherlands), Hungary, Iceland, Italy, Kos (Greek Island), Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Moldova, Monaco, Montenegro, Morocco, Norway, Poland, Portugal, Rhodes, Romania, Russia (West of the Ural Mountains), San Marino, Sardinia, Serbia, Slovakia, Slovenia, Sweden, The <b>Channel Islands</b> , Tunisia, Ukraine, <b>United Kingdom</b> , Vatican City. <u>Excluding</u> Spain, the Balearics, the Canaries, Turkey, Cyprus, Malta, Egypt, Israel, Jordan and Switzerland.
<b>Europe 2</b>	All countries listed in <b>Europe 1</b> , including Spain, the Balearics, the Canaries, Turkey, Cyprus, Malta, and Switzerland.
<b>Excess</b>	The amount <b>you</b> must contribute towards each claim. All excesses shown for this policy are per section and are payable by each <b>insured person</b> , for each incident giving rise to a separate claim and will be deducted from <b>your</b> claim settlement if <b>you</b> have not made any direct payments. If <b>you</b> have made any direct payments, these will be refunded to <b>you</b> , minus any excesses which apply, on the approval of <b>your</b> claim. <b>Your excess</b> may be increased to include <b>existing medical conditions</b> (including anything directly or indirectly related to that condition) confirmed in writing by <b>us</b> . The increased <b>excess</b> will apply to all persons insured on the policy whose claim has been caused by the declared medical condition.
<b>Excursion</b>	A short journey or activity undertaken for leisure purposes.
<b>Existing medical condition</b>	Any disease, <b>illness</b> , or injury, including any psychological conditions which <b>you</b> knew about before <b>you</b> bought this insurance, or which develops before <b>your</b> outward journey and where <b>you</b> answer "Yes" to any of the questions stated under the Health/existing medical conditions section of this policy
<b>Family</b>	Two adults and their dependents who are under the age of 18, <b>resident</b> in the <b>United Kingdom, Channel Islands</b> , or the Isle of Man and in full time education. In this scenario, a dependent is considered as children, grandchildren, stepchildren, adopted children or foster children.
<b>Flight</b>	A service using the same airline or airline <b>flight</b> number.
<b>Gadgets</b>	Includes: Mobile phones, iPhones, iPads, Tablets, Smartwatches and Go Pro's.
<b>Golf equipment</b>	Golf Clubs, Golf Balls, Golf Bag, Golf Trolley and Golf Shoes.
<b>Home</b>	One of <b>your</b> normal places of residence in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> .
<b>Home country</b>	Either the <b>United Kingdom, Channel Islands, or the Isle of Man</b>
<b>Household</b>	a house or <b>home</b> and its occupants regarded as a unit
<b>Ill/illness</b>	A condition, disease, set of symptoms or sickness leading to a significant <b>change in your health</b> , as diagnosed and confirmed by a doctor
<b>Insured person</b>	Each individual person in their own right named on schedule of cover
<b>Inshore</b>	Within twelve (12) Nautical miles off the shore.
<b>International departure point</b>	The airport, international rail terminal or port from which <b>you</b> departed from the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> to <b>your</b> destination, and from where <b>you</b> depart to begin the final part of <b>your</b> journey <b>home</b> at the end of <b>your</b> trip.
<b>Issuing Agent</b>	The company who has directly issued <b>your</b> insurance document to <b>you</b> whether on the phone or online through the internet
<b>Known event</b>	An existing, publicly announced or publicly broadcasted occurrence such as government directives, unusual weather conditions, road traffic accidents, passport or custom delays or a strike.
<b>Manual labour</b>	Work that is physical including, but not limited to construction, installation, assembly and building work and involving the lifting or carrying of heavy items in excess of 25Kg.
<b>Medical conditions</b>	Any disease, <b>illness</b> , or injury, including any psychological conditions.
<b>Mobility equipment</b>	Wheelchair, motorised wheelchair, mobility scooter, walking frame, prosthetic limb, walking stick or crutches.
<b>Money</b>	Travellers Cheques and non-cash equivalents.
<b>Motorised vehicle</b>	A self-propelled vehicle with an engine or motor that is either internal combustion, electric or combination of both.
<b>Off piste</b>	Skiing on slopes which are un-marked and ungroomed within resort boundaries that are considered safe by resort management, where ski lifts and emergency services are easily accessible and ending back at a ski area lift. Not including <b>back country</b> or areas marked as prohibited from entry.
<b>On piste</b>	Skiing on pistes marked and groomed within resort areas and always finishing at the bottom of tows or lifts within the resort and never in areas that are cordoned off or restricted. All other areas are considered as ' <b>off piste</b> ' or ' <b>back country</b> ' and therefore require purchase of an additional <b>Sports and hazardous activities</b> pack.
<b>Offshore</b>	Over twelve (12) Nautical miles off the shore
<b>Open water swimming</b>	Swimming in outdoor bodies of water such as open oceans, lakes, and rivers, outside of marked swimming areas and with the absence of a lifeguard.
<b>Our</b>	Red Sands Insurance Company (Europe) Limited

<b>Pair or set</b>	Two or more items of <b>possessions</b> that are complementary or purchased as one item or used or worn together.
<b>Package holiday</b>	any holiday where two or more components (i.e., transport and accommodation) have been booked with a tour operator and therefore falls within the Package Travel and Linked Travel Arrangements Regulations 2018'.
<b>Period of Insurance</b>	<p>Single <b>trip</b> policies:  A single trip policy commences when <b>you</b> leave <b>home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> to start <b>your trip</b> and ends when <b>you</b> have returned to <b>your home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> as shown on the Schedule of cover and limits.  The cancellation section for Single <b>Trip</b> insurance commences when the premium has been paid and ends when <b>you</b> depart the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> on <b>your</b> outward journey.</p> <p>Annual multi-trip policies:  If <b>you</b> have chosen an Annual Multi <b>Trip</b> Insurance, the outward journey and return journey from and to, <b>your home</b> in the <b>United Kingdom, Channel Islands or BFPO</b> must be pre-booked prior to the outward journey and take place during the start and end date of the insurance as shown on the Schedule of cover and limits. Any <b>trips</b> where the return date falls outside of the end date shown on the schedule of cover will not be covered. The total duration of any one <b>trip</b> is limited to a maximum of 31 days and any <b>trip</b> exceeding this duration will not be covered in whole or in part (unless the required premium has been paid to increase the duration and this is confirmed in writing).  The cancellation section commences from the start date of the policy. Subsequent <b>trips</b> will be covered for cancellation from the date <b>you</b> booked the <b>trip</b> and provided that the <b>trip</b> falls within the start and end date of the insurance as shown on the Schedule of cover.</p>
<b>Possessions;</b>  <b>Clothes, Cosmetics (excluding items considered as 'Duty Free'), Luggage, Buggies, strollers and car seats, Laptops,</b>  <b>Electrical items and photographic equipment,</b>  <b>Fine jewellery and watches,</b>  <b>Eyewear, Duty free, Shoes, Valuables</b>	<p>Each of <b>your</b> suitcases and containers of a similar nature and their contents and articles <b>you</b> are wearing or carrying:  Underwear, outerwear, hats, socks, stockings, belts, and braces.  Make-up, hair products, perfumes, creams, lotions, deodorants, brushes, combs, toothbrushes, toothpastes, and mouthwashes.</p> <p>Handbags, suitcases, holdalls, rucksacks, and briefcases.  Buggies, Strollers &amp; Car seats</p> <p>A computer that is portable and suitable for use while travelling excluding Mobile phones, iPhones, iPads, Tablets, Smartwatches, E-reader, and gaming consoles.</p> <p>Any item requiring power, either from the mains or from a battery and any equipment used with them (such as CDs, Flash Drives, or other personal storage media), e-readers, electronic games, cameras, video cameras, camera cases, stands/tripod, satellite navigation systems and electronic shavers excluding <b>Laptops</b> and <b>Gadgets</b> as defined in these definitions.</p> <p>Rings, watches (only meaning a traditional watch such as analogue; automatic or digital, and not an item such as a smart watch (this is defined as a <b>gadget</b> as shown in these definitions), necklaces, earrings, bracelets, body rings, made of or containing any precious or semi-precious stones or metal.</p> <p>Spectacles, sunglasses, prescription spectacles or binoculars.  Any items purchased at <b>duty free</b>.  Boots, shoes, trainers, and sandals.  <b>Fine jewellery and watches, Electrical items and photographic equipment,</b> musical instruments, furs, or leather clothing, (excluding footwear).</p>
<b>Public transport</b>	Buses, coaches, <b>domestic flights</b> or trains that run to a published scheduled timetable.
<b>Redundant</b>	Being an employee where <b>you</b> qualify under the provision of the Employment Rights Acts, and who, at the date of termination of employment by reason of redundancy, has been continuously employed for a period of two (2) years or longer and is not on a short-term fixed contract.
<b>Repatriation</b>	medically necessary evacuation to return <b>home</b> , or the return of <b>your</b> ashes <b>home</b> or the return of <b>your</b> body to <b>your home</b> in the <b>United Kingdom, Channel Islands, Isle of Man or BFPO</b> .
<b>Resident</b>	Means a person who has had their main <b>home</b> in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> and has not spent more than six (6) months abroad in the year before buying this policy.
<b>Scheduled airline</b>	An airline that publishes a timetable and operates its service to a distinct schedule and sells tickets to the public at large, separate to accommodation and other ground arrangements.
<b>Ski equipment</b>	Skis, ski bindings, ski poles, ski boots, ski goggles, ski helmet, board boots, snowboard bindings and snowboards.
<b>Ski pack</b>	Ski pass, ski lift pass and ski school fees.

<b>Sports and hazardous activities</b>	Any recreational activity that requires skill and involves increased risk of injury. If <b>you</b> are taking part in any sport/activity, please refer to the Additional <b>Sports and Hazardous Pursuits</b> section of this policy where there are lists of <b>Sports and hazardous activities</b> informing <b>you</b> of which <b>Sports and hazardous activities</b> are covered on the policy as standard and which <b>Sports and hazardous activities</b> require an additional premium to be included. If the <b>Sports and hazardous activities you</b> are participating in does not appear in the lists, please call: 0333 003 0021 during working hours to see if it can be added to the policy
<b>Sports Equipment</b>	Items which are usually worn, carried, used or held during the participation of <b>Sports and hazardous activities</b> .
<b>Terrorism</b>	an act of unlawful use of violence and intimidation, in the pursuit of political, religious, ideological, or ethnic aims, which has been declared as an act of <b>terrorism</b> by the Government of the United Kingdom or the government of the country where the act occurred.
<b>Travel documents</b>	Current passports, ESTAs, valid visas, travel tickets, Vaccine Certificate, Global or European Health Insurance Cards (GHIC or EHIC) and valid reciprocal health form S2.
<b>Travel/Travelling companion</b>	A person with whom <b>you</b> are travelling with and on the same booking, or with whom <b>you</b> have arranged to meet at <b>your trip destination</b> with the intention of spending a proportion of <b>your trip</b> with, who may have booked independently and therefore not included on the same booking and may have differing inbound and outbound departure times or dates.
<b>Trip</b>	A holiday or journey for which <b>you</b> have made a booking such as, a <b>flight</b> or accommodation that begins when <b>you</b> leave <b>home</b> and ends on <b>your</b> return to either (i) <b>your home</b> , or (ii) a hospital or nursing home in the <b>United Kingdom, the Channel Islands, Isle of Man or BFPO</b> , following <b>your repatriation</b> .
<b>Trip destination</b>	The final destination shown on <b>your</b> travel itinerary.
<b>Unattended</b>	When <b>you</b> do not have direct and clear sight of, and are not in a position to prevent any unauthorised activity (loss, theft or damage) to, <b>your Possessions, Passports and Travel Documents</b> and Personal <b>money or cash</b> .
<b>Unexpectedly</b>	At the time of purchase of this insurance policy there was no knowledge of a circumstance that would lead to a claim, including information publicised in mainstream media/medical outlets.
<b>United Kingdom/UK</b>	United Kingdom - England, Wales, Scotland, and Northern Ireland, Isle of Man.
<b>Us</b>	Red Sands Insurance Company (Europe) Limited
<b>We</b>	Red Sands Insurance Company (Europe) Limited
<b>Wintersports</b>	Skiing, snowboarding, ice skating, big foot skiing, cross country / Nordic skiing, dry slope skiing, sledging, snowmobiling, snow kiting and snow shoeing.
<b>Worldwide 1</b>	Argentina, Ascension Islands, <b>Australia and New Zealand</b> , Bahrain, Brazil, British Indian Ocean Territories, Brunei, Chile, China, Costa Rica, Ecuador, Egypt, Falkland Islands, French Guiana, India, Iran, Israel, Jordan, Kenya, Kuwait, Lebanon, Malaysia, Mauritius, Namibia, New Caledonia, Oman, Panama, Peru, Philippines, Qatar, Saint Helena, Saudi Arabia, Senegal, South Korea, Taiwan, Tristan da Cunha and United Arab Emirates (UAE).
<b>Worldwide 2</b>	Anywhere in the world <u>Excluding</u> the United States of America (USA), Canada, Greenland, the Caribbean and Thailand.
<b>Worldwide 3</b>	Anywhere in the world.
<b>You/Your</b>	Each individual person in their own right named on schedule of cover

## About us

**Your** travel policy is specially arranged by goodtogoinurance.com. Goodtogoinurance.com is a trading name of Ancile Insurance Group Limited who are Registered in England and Wales under company number 05429313, registered office at Kao Hockham Building, Edinburgh Way, Harlow, Essex CM20 2NQ, and is authorised and regulated by the Financial Conduct Authority (FCA). **Our** Financial Services Register number is 471641. **You** can check this on the Financial Services Register by visiting the FCA's website [www.fca.org.uk/firms/financial-services-register](http://www.fca.org.uk/firms/financial-services-register) or by contacting the FCA on 0800 111 6768.

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regulation by the Prudential Regulation Authority in respect of business underwritten in the UK (No: 231635). Red Sands Insurance Company (Europe) Limited is a member of the UK's Financial Services Compensation Scheme (FSCS) and Association of British Insurers (ABI). Details of the insurers financial strength can be viewed on the Red Sands website. See [www.redsands.gi](http://www.redsands.gi).

**We** have appointed Global Response Limited for **our** 24/7 emergency assistance services and claims management. Global Response Limited is a company registered in England and Wales under company number 05830667 with its registered address at 254 Upper Shoreham Road, Shoreham-By-Sea, West Sussex, BN43 6BF. Global Response Limited forms part of the International Medical Group® (IMG®) group of companies and operates under the medical supervision an in-house team of highly experienced doctors and nurses who oversee all medical cases.



## Information about your policy

It is important that **you** read this policy document along with **your** schedule of cover carefully to ensure that it meets **your** requirements and that **you** understand the conditions and what is and what is not covered by this policy.

The policy is designed to cover most events; however, it will not provide cover for all circumstances, and **we** expect that **you** take all possible care to safeguard against accident, injury, loss or damage as if **you** had no insurance cover. **You** will find full details of the cover, conditions, and exclusions in this policy. If **you** have any queries, or require additional cover please contact the **issuing agent**.

Cover is provided for each traveller whose name appears on the insurance documentation and where the policy premium has been paid.

In the event that **you** have paid for a **trip** on behalf of other individuals not insured by this policy please be advised that **your** policy only provides cover for **your** proportion of **trip** costs, as opposed to the amount **you** have paid on behalf of others.

If the Schedule of Cover and limits show NIL/No cover then that section of the policy is not applicable to the insurance cover, **you** have purchased.

**We** have a cancellation and refund policy, which **you** will find in full later in this document.

## Accurate and relevant information

**You** have a duty to answer questions fully, honestly, accurately, to the best of **your** knowledge and any information **you** give to **us** must not be misleading. This applies when **you** take the policy out, at any time during the policy period and in the event of a claim.

The terms of any insurance that **we** arrange on **your** behalf will be based upon the information provided by **you** to **us**. If **you** don't understand the meaning of any question, or do not know the answer it is vital that **you** tell **us**. Once cover has been arranged, **you** must contact **us** immediately to notify **us** of any changes to the information that has been previously provided to **us**. The most serious consequence of failing to provide full, and accurate information, or misleading information before **you** take out insurance or when **your** circumstances change, could be the invalidation of **your** cover and in that instance, it would mean that a claim will be rejected.

**We** reserve the right to cancel **your** policy from inception and refuse all claims made against it following any fraud, misleading information, or deliberate misrepresentation. In the event that it becomes necessary to cancel **your** policy, **we** will issue immediate notice of cancellation of the policy by email and/or recorded delivery to **you** at **your** last known address.

## Criteria for purchase

This insurance is sold on the understanding that **you** agree with all of the following points unless an amendment has been agreed with **us** and **we** have confirmed the amendment to **you** in writing:

- **you** will not be covered if **your trip** has already started when the insurance is purchased.
- **you** must be in the **United Kingdom, Channel Islands, Isle of Man or BFPO** when the policy starts and when the policy ends.
- travel must take place within the dates shown on **your** schedule of cover.
- there is no cover under this policy if **you** purchase this insurance and are aware of any circumstances that are likely to lead to a claim.
- for international travel the policy is only valid for **trips** commencing in and returning to **your home country** and **you** must have a pre-booked outbound and a return coach, ferry, **flight, train** or **cruise**. For all **trips** (including **trips** in **your home country**) the policy must cover the whole duration of the **trip** for the insurance to be valid.
- **you** are a **resident** of the **United Kingdom, the Channel Islands, Isle of Man or BFPO** and have not spent more than 6 months abroad in the year prior to purchasing the policy.
- **you** must be registered with a General Practitioner in the **United Kingdom, Isle of Man or Channel Islands**.
- **you** are not travelling specifically to receive medical treatment during **your trip** or in the knowledge that **you** are likely to need treatment.
- **you** are not travelling against medical advice and are fit and able to undertake the planned **trip**.
- **you** are not travelling for more than 94 consecutive days on a single trip policy.
- **you** are not travelling for more than 31 consecutive days on an annual multi-trip policy (unless the required premium has been paid to increase the single trip duration and this is confirmed in writing).
- **you** are not travelling independently of the named insured adults on the policy where **you** are under 18 years of age.
- **you** are travelling with the intention to return to the **United Kingdom, Channel Islands, Isle of Man or BFPO** within **your trip** dates unless an extension has been agreed with **us** and **you** have received confirmation in writing.
- **you** are not awaiting an initial diagnosis for symptoms **you** are currently experiencing. **We** are unable to provide any cover until **you** have a confirmed diagnosis.
- all **existing medical conditions** must be disclosed as well as any previous **existing medical conditions** that fall within the questions stated under the Health/existing medical conditions section of this policy and any additional premium required must be paid.
- if **your** medical circumstances have changed in any way **you** must notify **us** of any change, and **we** must have agreed to the change(s) in writing and any additional premium required must be paid.

## How your policy works

### Your policy wording

**You** insurance document shows details of both pre-travel (Policy A - cancellation) and travel (Policy B - all other sections) insurance policies, including the sections of cover, terms, conditions, things which are not covered, and information on what to do if **you** need to claim.

The policy is a legal contract between **us** and **you**.

**We** will pay for any insured event, as described in the policy, that happens during the **period of insurance** and for which **you** have paid the required premium.

Travel insurance policies have specific requirements for both purchasing and making successful claims. Please take the time to read and understand it straight away as not all policies are the same. All risks which are covered are set out clearly in sections with terms, conditions, and things which are not covered; if **your** circumstances do not fit those specified then there is no cover in place.

### Extension of cover

If **you** are unable to complete the **trip** before **your** travel policy expires, cover will be automatically extended without additional premium for the additional days necessary to complete the **trip** in the event of either:

- **your** injury, or **illness** during **your trip**
- **you** having to isolate due to an infectious disease during **your trip**
- delay or failure of **public transport** services during **your trip**
- delay or failure of **your** return **flight** to the **United Kingdom, Channel Islands, Isle of Man or BFPO** from **your international departure point**

If **you** request an extension of the **period of insurance** (for any reason not listed above), after the commencement of travel **you** must contact **your issuing agent** to see if **we** can provide cover. **We** will be unable to extend **your** policy:

- if **you** have submitted a claim or are aware of a circumstance that could be expected to cause a claim under this policy.
- if the total period exceeds the maximum **trip** duration allowed under this policy.
- if **your** policy has expired.

### Cancelling your policies and “cooling off” period

Under the Financial Conduct Authority’s Insurance Conduct of Business, **you** have cancellation rights:

**You** have the right to cancel this policy, at which point all benefits of the policy will stop.

**You** have a ‘cooling off’ period where, should **you** decide that **you** find that the terms and conditions do not meet **your** requirements and provided **you** have not travelled or claimed on the policy, **you** can advise **your issuing agent**, within 14 days of purchase for a full refund. Should **you** wish to cancel **your** policy outside of the 14-day cooling off period and can confirm that there have been no claims on the policy and that **you** have not travelled, in addition to a £18 administration charge, the following cancellation terms will be applied dependant on what type of policy **you** have purchased:

- Single Trip policies of one (1) month or less **trip** duration - no premium will be refunded.

- Single Trip policies of more than one (1) month **trip** duration - a refund of 50% of the policy premium. If **you** have travelled or are intending to claim or have made a claim (irrespective of whether **your** claim was successful or not) **we** will not consider refunding any amount of **your** premium.
- Annual Multi Trip policies - Provided **you** have not made a claim (irrespective of whether **your** claim was successful or not) on the policy and **you** confirm in writing that there is no claim pending, should **you** chose to cancel and understand that all benefits of the policy will be cancelled, **we** will refund 1/12th of the total premium paid, for each **full** calendar month remaining on the policy from the date of cancellation. If **you** are intending to or have claimed (irrespective of whether **your** claim was successful or not) **we** will not consider refunding any proportion of **your** premium.

**We** reserve the right to give immediate notice of cancellation of this policy, without refund, by email and/or recorded delivery to **you** at **your** last known address in the event of the following circumstances: fraud, misleading information or deliberate misrepresentation, abusive behaviour to any of **our** staff or agents. **We** also reserve the right to cancel **your** policy immediately with a pro-rata refund if **you** have a change in circumstances prior to travelling and **you** are no longer eligible for cover, examples of this include **you** not being able to meet the criteria for purchase or **us** not being able to offer **you** cover for any **medical conditions**.

### Medical cover

**Your** travel policy is not Private Medical Insurance, in that it only covers unavoidable, unexpected **emergency treatment**. **You** are not covered for private medical treatment if **we** have confirmed medically **capable public facilities** are/were available.

**You** need to check with **your** doctor that **you** have had all the recommended vaccinations and inoculations by the **UK** government for the area **you** are travelling to. It is also recommended that **you** check with **your** doctor that it is safe for **you** to travel bearing in mind **your** method of travel, the climate and the availability and standard of local medical services in **your** chosen destination.

**You** will then need to declare **your existing medical condition/s**, and have it accepted by **us** for it to be eligible for cover under **your** policy.

**You** may be required to obtain **your** medical records in the event of a claim.

It is often wise to carry additional supplies of **your** regular prescribed medications in **your** hand **luggage** in case **your** bags are delayed.

Cover will not be granted if travel is against the advice of any of **your** medical professionals, such as **your** doctor or dentist.

See ‘In case of serious medical emergency’ section of this policy wording for more details.

### Medicare

If **you** are travelling to Australia, **you** must register with Medicare on arrival. There is a Medicare office in all major towns and cities in Australia. Registration is free and this will entitle **you** to reduce medical charges from doctors, reduced prescription charges and access to Medicare hospitals.

## Claims

To make a non-emergency claim on the policy please visit <https://www.imglobal.com/member/assistance/claims> or call 01444 465 590. Open 9am-5pm Monday-Friday.

## In case of a serious medical emergency

This is a travel insurance policy and not private medical insurance. This means there is no cover for any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available. **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.

If **you** become unwell, or sustain a minor injury whilst abroad, please call **our 24/7 assistance team** first on **+44 (0)1444 465 573** so that they can help **you** find appropriate treatment locally. However, **you** should call the local emergency services immediately, **112 in Europe, 911 in the USA and Canada or the local equivalent to 999**, if **you** have any symptoms that might require **emergency treatment** including, but not limited to, difficulty breathing, chest pain, seizure (fit) activity, decreased level of consciousness, heavy bleeding, sudden swelling of the face and lips, signs of a stroke or any other life-threatening condition.

**You must, in all cases call our 24/7 assistance team on +44 (0) 1444 465 573 to authorise cover. Failure to do so may invalidate your claim.**

Customers should receive emergency medical treatment or management regardless of their ability to pay or any other consideration. A failure or refusal by a treating hospital or treating doctor to provide **emergency treatment**, management or care is a clear breach of an established duty of care.

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans. **We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where **we** have concerns over their medical practice.

In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records. **You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim. **We** will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so. **We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

It is important that **you** are aware of the following:

### Medical Treatment (important considerations):

- There is no cover for:
  - routine, non-emergency, elective cosmetic or elective treatment
  - treatment that can wait until **you** return **home**
  - any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
- **The 24/7 assistance** doctors are not treating **you**; they are not responsible or in control of the clinical care **you** are receiving in a medical facility.
- **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.
- Having travel insurance does not ensure a 'fast track' medical service from the treating facility, much like the NHS – emergency service rooms can be busy at certain times and so it is possible **you** may have to wait as **you** would in **your** local NHS hospital unless **you** require critical care.
- Once **you** are discharged from hospital this does not always mean **you** are fit to fly **home** – For example, if **you** were in the **United Kingdom** and suffered the same injury/illness, then **you** would not consider flying out on holiday so soon after surgery/treatment/incident. In an instance like this **you** must speak to the 24/7 assistance team for advice.
- Some medical facilities may raise charges that are far in excess of what is customary or appropriate; **we** will deal with bills directly and **you should not** pay them yourself. **You** simply need to pass any correspondence about bills to **our** claims administrator to ensure **we** can provide full financial protection.

### Repatriation (important considerations for bringing you home):

- Coming **home** straight away is not always an option even if **you** are considered 'fit to fly' by the treating doctor.
- **We** have a medical team with experience in aviation medicine who will advise on both the timing and method of **repatriation** which is best suited to **your** individual needs and **your** recovery.
- Most airlines require specific criteria to be met in order to accept a 'medical passenger'.
- Things change – if **your** health, stability, or vitals change – then so do the plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air Ambulances are 'flying intensive care units' and are only used to transport critical patients to a hospital in the **United Kingdom** when medically necessary.
- If **you** require **emergency treatment** during **your trip**, **we** reserve the right to bring **you** back **home**, providing the 24/7 emergency assistance doctor in consultation with the treating doctor agree **you** can safely travel **home**. If **you** refuse to return **home**, **we** have the right to stop cover with immediate effect.

### **In the event that you do receive out-patient treatment when you are travelling:**

- **In European Union Countries** – The Global Health Insurance Card (GHIC) allows **you** (provided **you** are a **United Kingdom** or **BFPO resident**) to access state-provided healthcare in all European Union (EU) countries, excluding Switzerland, Iceland, Liechtenstein. The GHIC is also not valid in Norway, however **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. Applying at <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> for the card is free. If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared **medical conditions**). Please note **residents** of the Isle of Man or **Channel Islands** are not eligible for a GHIC. Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card.
- **In Australia** – **you** should enrol for Medicare, and have it accepted. Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make.
- **In the United States** – **you** must contact **the 24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of what is customary or appropriate and due to local practices, **you** may be contacted about bills by collection agencies.
- **Everywhere in the World** – **You** will be responsible for 75% of the medical charges if treated in a private facility, where **we** have made **you** aware that there were/are **capable public facilities** available to **you**. if there is no **capable public facility** that will treat **you** free of charge, **you** can pay the medical facility and retain all receipts so that **you** can make a claim when **you** get **home** provided the costs do not exceed £500.

**If the costs exceed or are likely to exceed £500; or if you are admitted to hospital, you must call the 24/7 assistance team on: +44 (0) 1444 465 573** to authorise cover

**If you do not follow these instructions or the advice and recommendations of the 24/7 assistance team your claim may be rejected or not paid in full.**

If **you** are travelling outside the EU, then there are some countries that have reciprocal agreements with the **UK** and the **Channel Islands** and these can be found on [www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEACountries/Pages/Non-EEACountries.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEACountries/Pages/Non-EEACountries.aspx) .

### **Health/existing medical conditions**

This policy contains health restrictions that apply to the cover provided under the Cancellation, **Curtailment** and Emergency medical and repatriation expenses section. For the purposes of this insurance, **you** are considered to have an **existing medical condition** if **you** answer “Yes” to any part of the following questions, which **you** were asked when **you** applied for insurance with **us**:

Have **you**, or are **you**, or anyone in **your** party;

1. taken any prescribed medication, had any symptoms for any **illness** or received any medical treatment in the last two (2) years
2. attended a medical practitioner’s surgery, or hospital or clinic (outpatient or in-patient) in the last two (2) years
3. had any symptoms or are awaiting medical treatment or investigation
4. ever had any stress, anxiety, depression, or psychiatric condition such as eating disorders, drug or alcohol abuse or mental illness for which **you** have been treated or diagnosed
5. been diagnosed by a medical practitioner as suffering from a terminal **illness**.

**All existing medical conditions must be disclosed as well as any previous existing medical conditions that you have had that fall within the above questions.**

**If you have not declared all your existing medical conditions your policy may be cancelled or treated as though it never existed, and any claims may be rejected or not fully paid. This could result in you being responsible for paying your own emergency medical costs abroad.**

**Our policy will not provide cover for any claims directly or indirectly related to drug or alcohol abuse**

#### **Important, please note:**

1. **You** must be fit to undertake **your** planned **trip** and will not be covered if travelling against medical advice.
2. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation abroad.
3. **We** will cover **you** for **existing medical conditions that you** have declared to **us** and which **we** have accepted in writing. These **existing medical conditions** are set out in the “Medical Declaration”.
4. **You** must declare all **existing medical conditions** as well as any previous **medical conditions** that fall within the questions stated under the Health/existing medical conditions above. If **you** declare some **existing medical conditions** and not others **your** policy may be cancelled or treated as if it never existed, and **your** claims may be rejected or not fully paid.
5. **We** may require an additional premium to cover **your existing medical conditions**. Should **you** decide not to pay the additional premium for an **existing medical condition**, **you** will not be eligible for cover and **your** policy will be cancelled in line with the cancellation terms of the policy.
6. **We** will not cover **you** if **your** state of health changes between when **you** purchased this policy and when **you** travel if **you** do not tell **us**. Any change to **your** state of health must be agreed in writing by **us** before **you** travel.
7. **We** will not cover **you** if **you** have an undiagnosed medical condition for which **you** have any symptoms or are awaiting a diagnosis unless **we** have agreed to exclude this and have confirmed this in writing.
8. Please check that the information set out in the “Medical Declaration” is correct. If not, **you** must call **your issuing agent** on 0333 003 0021 to advise them. If the information is incorrect **your** policy may be

cancelled or treated as if it never existed and/or **your** claims may be rejected or not fully paid.

9. **Your** policy may be cancelled or treated as if it never existed and/or **your** claims may be rejected or not fully paid if a claim is made relating to any **medical condition, illness** or injury of the **Insured Person(s)**, or any person who **your** travel depends on, which **you** or they knew about before **you** bought this insurance, or which develops before **your** outward journey where **we** have not been notified.
10. **We** reserve the right to increase the premium, increase the **excess**, exclude the **existing medical condition**, or withdraw the cover prior to travelling on **your trip** should the stability of the **existing medical condition** make it necessary.

#### Non-travelling relatives

If **you** have a non-travelling **close relative** with an existing medical condition who dies or falls seriously **ill**, and as a result **you** wish to cancel or curtail **your trip**, **you** will be covered only if the relative's Medical Practitioner states that at the time the insurance was taken out, or the **trip** was booked, whichever is the latter, he/she would not have foreseen such a serious deterioration in his or her patient's existing medical condition.

#### Waiting list

If **you** are currently on a waiting list for treatment or investigation for a diagnosed **existing medical condition**, **our** policy will not provide cover for Cancellation or **Curtailement** under the following circumstances:

1. **You** receive an appointment for treatment or investigation which conflicts with **your** planned **trip**, or
2. As a result of the awaited treatment or investigation **you** become unable to travel on **your** planned **trip**

Being on a waiting list for treatment or investigation for diagnosed **existing medical conditions** which have been declared to and agreed by **us** does not affect the emergency medical and repatriation section of this policy whilst **you** are away.

Should **you** become aware of a change in **your** diagnosis before **you** travel, please notify **your issuing agent** **immediately**.

If **you** are awaiting an initial diagnosis for symptoms, **you** are currently experiencing, **we** are unable to provide any cover under this policy until **you** have a confirmed diagnosis which has been declared to and agreed by **us**.

#### Change in circumstances (including change in your health)

If **you** suffer an injury, **illness** or **change in your health**, including any changes to medication, after taking out this insurance but before starting **your trip** (this is known as a change in circumstance). Any change in circumstances must be notified to **us** and accepted in writing in order to be covered under all sections of the policy. **You** will only be covered under the cancellation section of this policy (if **your** cover includes cancellation cover) until **we** have accepted any changes.

To declare a change in **your** circumstances, **you** must contact **your issuing agent** during office hours on 0333 003 0021 to see if **we** can provide cover for **your trip**. **We** may, in the light of such changed circumstances, not be able to continue cover under this insurance. In this instance **we** will

cover **you** for any loss of deposit or cancellation charges (if **your** cover includes cancellation cover) **you** have necessarily incurred up to the date of the change of circumstances that are normally covered under Cancellation Policy A section 1 of this insurance, in these circumstances no policy **excess** will be applied. Alternatively, **we** will provide a full refund for single trip policies, or pro-rata refund for Annual Multi-trip policies following the terms of the 'cancelling **your** policies' section of this wording, provided there has been no claim(s) made under this insurance.

#### Pregnancy

**We** provide cover under this policy if something unexpected happens. In particular, **we** provide cover under the Emergency Medical and Repatriation Expenses section for **accidental bodily injury** or **illness**. **We** don't consider pregnancy or childbirth to be an **illness** or **accidental bodily injury**.

To be clear, **we** only provide cover for Cancellation, **Curtailement** and Emergency Medical and Repatriation Expenses for claims that come from **Complications of Pregnancy and Childbirth**.

Please make sure **you** read the definition of **Complications of Pregnancy and Childbirth** in the definitions of this policy.

**We** will not cover denial of boarding by **your** carrier, so **you** should check that **you** will be able to travel with the carrier/airline in advance. If at the time of booking **your trip** **you** are aware that **you** are pregnant, **you** must ensure that **you** are able to have the recommended vaccinations and inoculations by the **UK** government for that **trip**; no cover will be provided for cancellation in the event that, after booking **you** discover travel is advised against, or **you** are unable to receive the appropriate and recommended vaccinations and inoculations for that country.

Please make sure **your** Medical Practitioner and Midwife are aware of **your** travel plans, and that there are no known complications, and **you** are fit to undertake the planned **trip**.

## General conditions and exclusions applying to all sections of cover

Below are some important conditions and exclusions which apply to **your** pre-travel (policy A) and travel (policy B), it is recommended that **you** read this along with the conditions for each section of **your** policies, this will make sure that **you** are aware of any conditions and exclusions which may affect **your** circumstances or likelihood to claim.

#### Applying to all sections of your policy

**You are not covered under any section, unless specified, for any of the following circumstances:**

1. Any **trip** under an annual multi-trip policy that exceeds 31 days duration. This includes not insuring **you** for part of a **trip** which is longer than 31 days.
2. Any **trip** under an annual multi-trip policy where the return date falls outside of the end date of cover shown on the schedule of cover.
3. Any costs incurred before departure (except cancellation) or after **you** return **home**.
4. Any claim not supported by the correct documentation as laid out in the individual section.
5. Any claim that is due to any failure (including financial) of **your** travel agent or tour operator, any transport or

- accommodation provider, their agent or anybody who is acting as **your** agent, unless specified.
6. **You** are travelling to an area that is classified as 'Advise against all travel or Advise against all but essential travel' by the Foreign, Commonwealth and Development Office (FCDO).
  7. Loss of earnings, additional hotel costs, additional car hire, Visa's, ESTAs, additional parking fees, vaccinations, inoculations, kennel fees, cost of taxi fares, telephone calls, faxes or any expenses for food or drink, or any other loss unless it is specified in the policy.
  8. Any claim arising directly or indirectly from **you** failing to provide full and accurate information including full details of **medical conditions** or **changes in your health** or anyone's health on which the **trip** depends, known by **you** at the time of buying this policy or which occurs between booking and before **you** travel unless it has been disclosed to **us** and **we** have agreed in writing.
  9. The operation of law, or as a result of an unlawful act or criminal proceedings against anyone included in **your** booking, or any deliberate or criminal act by an **insured person**.
  10. Any **existing medical condition** or health condition that has been diagnosed, been in existence or for which **you** have received treatment from a hospital or specialist consultant or for which **you** are awaiting or receiving treatment or under investigation, unless **we** have agreed cover in writing before commencing **your trip** and any additional premium has been paid (see Health/existing medical conditions).
  11. The cost of any elective (non-emergency) treatment or surgery, including exploratory tests which are not directly related to the **illness/injury** which necessitated **your** admittance into hospital.
  12. Any claim due to **your** carrier's refusal to allow **you** to travel for whatever reason.
  13. Any costs which are due to any errors or omissions on **your travel documents**.
  14. Delay, confiscation, detention, requisition, damage, destruction or any prohibitive regulations by Customs or other government officials or authorities of any country.
  15. The use of, or damage to, **drones** (see definitions in this policy).
  16. If **you** purchased this insurance with the intention or likelihood of claiming.
  17. If **you** choose not to adhere to medical advice given.
  18. **You** are piloting or travelling in an aircraft where **you** or the pilot are not licensed to carry passengers.
  19. Winter sports of any kind unless the required premium has been paid.
  20. **You** are travelling on a **motorised vehicle** for which **you** do not hold appropriate qualifications to ride in the **United Kingdom, Channel Islands** or the Isle of Man. (Please note there is no cover under the Personal Liability section of this policy for any claim related to the use of **motorised vehicles**). **You** can visit the following link to the **UK** Government site for more information on appropriate licenses: [www.gov.uk/ride-motorcycle-moped/bike-categories-ages-and-licence-requirements](http://www.gov.uk/ride-motorcycle-moped/bike-categories-ages-and-licence-requirements)
  21. Any payments made, or charges levied after the date of diagnosis of any **change in your health** or medication after the policy was bought unless this has been advised to **us** and any revised terms or conditions have been confirmed in writing.
  22. **You** are travelling on a motorcycle or moped or riding pillion unless the required additional premium has been paid.
  23. **Your** suicide, self-injury, reckless behaviour, or any wilful act of self-exposure to danger or infection/injury (except where it is to save human life).
  24. In respect of all sections other than emergency medical expenses; war, **terrorism**, biological or chemical warfare, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
  25. **You, your travelling companion, close relative, or business associate** being under the influence of:
    - drugs (except those prescribed by **your** registered doctor but not when prescribed for treatment of drug addiction);
    - alcohol (a blood alcohol level that exceeds 0.19% (approximately four pints or four 175ml glasses of wine)), solvents.
    - or anything relating to **you, your travelling companion, your close relative or business associate** prior abuse of drugs, alcohol, or solvents.
  26. Any claim where **you** have travelled against the advice of **your** doctor or a medical professional.
  27. Participation in **Manual labour** (see definitions in this policy), unless the required premium has been paid.
  28. Participation in any **Sports and hazardous activities** unless the required premium has been paid and the **Sports and hazardous activities** list has been added to the policy (see definitions for **sports and hazardous activities** in this policy).
  29. **Your** failure to obtain the required passport, visa or ESTA.
  30. No cover will be in force for cancellation if **you** claim under any other section of the policy.
  31. Inpatient medical costs **you** have paid without authorisation or approval from **us**.
  32. Any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
  33. For international **trips** where **you** do not have a prebooked return ticket back to the **UK, Channel Islands, Isle of Man or BFPO**.
  34. Any Personal Accident or Personal Liability claims where **you** have engaged in any **sports and hazardous activities** where this policy specifically states that the personal accident or personal liability cover is excluded regardless of the additional premium paid (see definitions for **sports and hazardous activities** in this policy).
  35. Any claim involving a fall from a building or balcony, except where the building or balcony itself is shown to be defective or does not comply with safety standards, **your** life is in danger, or **you** are attempting to save human life.
  36. In all instances **you** must take all possible care to safeguard against accident, injury, loss or damage as if **you** had no insurance cover.
  37. A stop-over in a country outside of **your** geographical limits shown in **your** schedule of cover for more than 24 hours.

## Cancellation (Policy A Section 1)

**We will pay up to the amount shown in the schedule of cover for your portion of:**

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
2. loss of pre-paid accommodation
3. pre-paid foreign car hire; and
4. pre-paid transport charges

that **you** have paid or agreed to pay and that **you** cannot recover from any other source if **you** were forced to cancel **your trip** because the following **unexpectedly** happened before **you** left **home** and which **you** could not have been expected to foresee or avoid:

1. **you**, anyone named on this insurance, a **travel companion**, a **close relative**, a **close business associate**, or the person **you** were going to stay with became ill, was injured, or died (including an infectious disease within 14 days of **your trip** starting).
2. **you**, anyone named on this policy, or a **household** member had to isolate at **home** due to an infectious disease.
3. **your home** was burgled, or seriously damaged by fire, storm, or flood.
4. **you**, or a **travel companion** were called for jury service or required as a witness in a court of law.
5. **you**, or a **travel companion** were made **redundant**.
6. **you**, or a **travel companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.
7. as a result of fire, earthquake, storm, flood, riot or civil unrest; the Foreign, Commonwealth and Development Office (FCDO) or comparable prohibitive regulations by the government of the country **you** were due to visit and within fifty (50) miles of **your** chosen destination changes the travel advice to advise against all or all but essential travel.
8. **your** passport, or the passport of a **travel companion**, being stolen during the seven (7) days before **your** booked departure.
9. **you** become pregnant after buying this policy, and **you** will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during, **your trip**. Or **your** doctor advises that **you** are not fit to travel because **you** are suffering from **Complications of Pregnancy and Childbirth**.

Or

**We will pay up to £1,000 for:**

the costs of extra accommodation and transport to replace **your** original carer. In the event that **Your** carer (providing they are insured on this policy) has to cancel their **trip** with **you** due to one of the reasons stated above, and **you** wish to continue **your trip**.

**Provided:**

1. **you** have paid **your excess** or accepted it will be deducted from any settlement
2. **you** are not claiming due to a **known event**
3. **you** are able to provide evidence from a medical professional confirming **your illness**. In respect of infectious disease claims, **we** will require either a registered result of a positive pcr test or a medical certificate from **your** doctor.

4. **you** can provide evidence that someone in **your household** has to isolate, and **you** have been instructed to do so as well due to an infectious disease.
5. **you** did not cancel **your trip** because:
  - **you** simply did not want to travel or had a fear of travelling.
  - **you** could no longer afford to pay for the **trip**.
  - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
  - of a normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
  - of any epidemic, or pandemic as declared by the World Health Organisation (WHO).
  - of Foreign, Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease.
6. **you**, or a **travel companion** did obtain the required **travel documents**, or the recommended inoculations or vaccinations by the **UK** government for the area **you** are travelling to.
7. **you** have reported the theft of **your** passport to the relevant authority and have written proof of the theft.
8. **you**, or a **travel companion** are not the defendant in a court of law.
9. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds.
10. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically the Package Travel and Linked Travel Arrangements Regulations 2018, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
11. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
12. **you** are able to prove **your** financial loss.
13. **you** did not purchase insurance with the intention or likelihood of claiming.
14. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
15. **you** must provide **us** with any information or documentation **we** require enabling **us** to verify and process **your** claim.
16. **your trip** falls within the start and end date of the **period of insurance** as shown on the Schedule of cover.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy**

**If you need to claim:**

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed cancellation claim form.
- Booking invoice(s) for each part of the **trip**.
- Evidence to support the reason for **your** cancellation, including the medical certificate in **your** claim form completed and stamped by the General Practitioner of the person(s) whose **illness**, injury or death has led to the cancellation (if applicable).
- Proof of **your** payment for each part of the **trip** (bank / card statements).
- Cancellation invoice(s) for each part of the **trip**.
- Details of other insurance, or third party responsible, if applicable.

**You** must inform **your** travel agent, tour operator, event or **flight** company as soon as **you** are aware **you** need to cancel and request a cancellation invoice.

## **Curtailment (Policy B Section 1)**

**We will pay up to the amount shown in the schedule of cover for your proportional share of any unused:**

1. pre-paid **excursions** booked before **you** go on **your trip** up to a maximum £250
2. pre-paid accommodation
3. pre-paid foreign car hire; and
4. pre-paid transport charges

that are directly related to **your trip**, which **you** have paid and cannot get back from anyone else in the first instance, or which cannot be transferred or used for another purpose, as well as any additional travel expenses incurred to get **you home**, if **you** had to cut short **your trip** because the following **unexpectedly** happened after **you** left **home** which **you** could not have been expected to foresee or avoid:

1. **you**, anyone named on this insurance, a **travel companion**, a **close relative**, a close **business associate**, or the person **you** were going to stay with became ill, was injured or died.
2. **your** pre-booked accommodation was damaged by a **catastrophe**, and alternative accommodation was not provided.
3. **you**, or a **travel companion** were called for jury service or required as a witness in a court of law.
4. **you**, or a **travel companion** had leave withdrawn and are in the armed forces (including reserves and territorial), emergency services, medical or nursing professions (in the public sector) or senior employees of the government.
5. as a result of fire, earthquake, storm, flood, riot or civil unrest; the Foreign, Commonwealth and Development Office (FCDO) or comparable prohibitive regulations by the government of the country **you** were due to visit and within fifty (50) miles of **your** chosen destination, change the travel advice to advise against all or all but essential travel.

**(Please note: You** must use or re-validate **your** original ticket for **your** early return. If this is not possible **you** must provide evidence that additional costs were necessary. Any refunds due on unused original tickets will be deducted from **your** claim. If **you** do not have an original return ticket, **you** will not be reimbursed for costs incurred for **your** early return).

Or

**We will pay up to £1,000 for:**

the costs of extra accommodation and transport to replace **your** original carer. In the event that **Your** carer (providing they are insured on this policy) has to curtail their **trip** with **you** due to one of the reasons stated above, and **you** wish to continue **your trip**.

**Provided:**

1. **you** have contacted the 24/7 assistance team before making any arrangements.
2. **you** have paid **your excess** or accepted it will be deducted from any settlement.
3. **you** are not claiming due to a **known event**.
4. **you** are not claiming as a result of any epidemic, or pandemic as declared by the World Health Organisation (WHO).
5. **you** are not claiming due to Foreign, Commonwealth and Development Office (FCDO), government or local authority advice relating to any infectious disease.
6. **you** do not ask **us** to pay for the cost of **your** original return ticket when **we** have paid for a new ticket or arranged **your** medical **repatriation**.
7. **you** did not cut short **your trip** because:
  - **you** simply did not want to continue travelling or had a fear of continuing **your trip**.
  - **you** could no longer afford to pay for the **trip**.
  - of an **existing medical condition** which **you** have not told **us** about and that **we** have not agreed to cover in writing.
  - of a normal pregnancy, without any accompanying bodily injury, **illness**, disease, or complication. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
8. **you**, or a **travel companion** are not the defendant in a court of law.
9. **you** did obtain prior authority to take leave, or **your** leave was not cancelled on disciplinary grounds.
10. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically the Package Travel and Linked Travel Arrangements Regulations 2018, Air Passenger Rights, ATOL (including Civil Aviation Authority requirements), or ABTA protection, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.
11. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider, even if this is a credit note or alternative travel arrangements.
12. **you** are able to prove **your** financial loss.
13. **you** did not purchase insurance with the intention or likelihood of claiming.
14. **your** claim is not relating to course charges or tuition fees unless agreed in writing by **us**.
15. **you** must provide **us** with any information or documentation **we** may require enabling **us** to verify and process **your** claim.



**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. Disembarkation from a **cruise** ship that does not involve immediate return to **your home**.
2. Pregnancy, if **you** will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during **your trip** and **you** still choose to travel, unless this is a result of **Complications of Pregnancy and Childbirth**.

**If you need to make a claim:**

- If **you** need to **curtail** (cut short) **your trip** due to a medical emergency relating to anyone named on this insurance or travelling with **you**, **you** must contact the 24/7 assistance team first on +44 (0) 144 446 5573 for **your** claim to be valid.
- If **you** need to **curtail** (cut short) **your trip** due to a reason, other than a medical emergency to anyone named on this insurance travelling with **you**, **you** must contact the non-emergency claims team on +44 (0) 144 446 5590 for **your** claim to be valid.

**Our** claims handlers will need to see:

- Completed **curtailment** claim form.
- Booking invoice(s) for each part of the **trip**.
- Evidence to support the reason for **your curtailment**, including the medical certificate in **your** claim form completed and stamped by the General Practitioner of the person(s) whose **illness**, injury or death has led to the **curtailment**, if applicable. This doesn't apply if the medical reason relates to **you** and **you** have contacted **our** assistance team at the time, and they have confirmed **you** need to return **home** early.
- Proof of **your** payment for each part of the **trip** (bank / card statements).
- All invoices, bank / card statements and receipts for any additional costs **you** incur as a result of **your** early return **home**.
- Details of other insurance, or third party responsible, if applicable.

## **Missed departure and Travel delay (Policy B Section 2)**

### **Missed Departure**

**We will pay up to the amount shown in the schedule of cover :**

for necessary travel and accommodation expenses required to reach **your** booked destination, if the vehicle in which **you** are travelling to **your international departure point** becomes undrivable due to mechanical failure or being involved in an accident or **your public transport** is delayed, preventing **you** from being able to check-in on time for **your** outward departure from the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

**Provided:**

1. **you** have allowed sufficient time to check-in as shown on **your** itinerary.
2. **you** have paid **your excess** or accepted it will be deducted from any settlement.

Or

### **Travel Delay**

**We will pay up to the amount shown in the schedule of cover for each full 12 hours delay if:**

the departure of **your** international **flight**, international train or sailing is delayed for more than twelve (12) hours from its scheduled departure time from **your international departure point**.

**Provided:**

1. **you** are not claiming for additional expenses if **you** are forced to cut short **your trip** or any expenses for loss of accommodation, loss of car hire expenses, loss of **excursions** or any loss not specified in the policy.
2. **you** are at the airport/port/station and the delay is over twelve (12) hours.
3. delay is not due to the diversion of aircraft after it has departed.
4. the claim is not due to a strike or industrial action which began or was announced before the start date of **your** policy and/or the date **your** travel tickets or confirmation of booking were issued.

Or

### **Abandonment**

**We will pay up to the amount shown in the schedule of cover if:**

after twelve (12) hours of delay at the airport, rail terminal or port **your** outbound journey from the **United Kingdom, Channel Islands, Isle of Man or BFPO**, **you** abandon the **trip**.

**Provided:**

1. **your trip** is not a one-way **trip**.
2. **you** have paid **your excess** or accepted it will be deducted from any settlement.
3. **your flight** was not cancelled by the airline.
4. **you** are not abandoning **your trip** as a result of any epidemic or pandemic as declared by the World Health Organisation (WHO).
5. **you** are not abandoning **your trip** due to Foreign, Commonwealth and Development Office (FCDO), government or local advice relating to any infectious disease.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. any compensation when **your** tour operator has rescheduled **your flight** itinerary or the airline/railway company/shipping line/handling agents offer or provide alternative transport that departs within 12 hours or where **you** were/are able to obtain a refund from any other source, where **your scheduled airline** is bonded or insured elsewhere or where **you** have paid for the **flight** by credit card and can claim a refund from credit card provider, if **you** have this will be deducted from **your** claim.
2. **your scheduled airline** being in administration or, in the USA and Canada, in Chapter 11 at the time of taking out **your** policy.
3. delays or closures on the motorway unless **you** obtain confirmation from the police/motoring authorities to confirm a major accident.
4. delays caused by the accident or breakdown affecting the vehicle in which **you** were travelling in unless **you** have obtained confirmation of the delay from the authority that **you** contacted.

- the delay of **your flight**, sea crossing, coach or train departure if **you** did not check in before the intended departure time.
- any claims arising from withdrawal of service temporarily or otherwise.

**If you need to make a claim:**

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our claims handlers will need to see:**

- Completed claim form.
- Booking invoice(s) for each part of the **trip**.
- Travel delay: Carrier's letter showing the scheduled and actual departure dates and times, and exact reason for the delay.
- Missed departure: Evidence of the mechanical failure, or accident, of the vehicle you're travelling in, or of the delay to **public transport** being used, to get **you to your international departure point**.
- Missed departure: Invoices, bank / card statements and receipts for additional costs **you** incurred.
- Details of other insurance, or third party responsible, if applicable.

### Personal accident (Policy B Section 3)

**We will pay a single payment as shown on your schedule of cover for your accidental bodily injury whilst on your trip, that independently of any other cause, results in your:**

- Death, (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).
- Loss of limb/sight; total and permanent loss of sight in one or both eyes, or total loss by physical severance or total and permanent loss of use of one or both hands or feet (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).
- permanent total disablement preventing **you** from engaging in paid employments or paid occupations of any and every kind occurring within twelve (12) months of the event happening (limited to £1,500 when **you** are under eighteen (18) or over seventy-five (75) at the time of incident).\*

\*Where **you** are not in paid employment or occupation, this shall be defined as 'all **your** usual activities, pastimes and pursuits of any and every kind'.

**Provided:**

- you** have not deliberately exposed yourself to danger and that the incident is due to an accident and not **illness** or infection.
- you** are not claiming for more than one of the benefits that is a result of the same injury.

**Personal Accident cover is a one-off lump sum benefit for the death or very serious incapacity, as specified, of an insured person when this is solely caused by an accident occurring during the period of insurance. It is separate from costs covered under the Emergency medical and repatriation expenses (Policy B Section 4).**

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

- your** sickness, disease, medical condition, treatment, **illness**, or physical condition that is gradually getting worse.
- an injury which existed prior to the commencement of the **trip**.
- any claims not notified to **us** within twelve (12) months of the date of the accident.

**If you need to claim:**

For any serious accident during **your trip**, contact must be made, as soon as possible, with the 24/7 assistance team on +44 (0) 1444 465 573

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our claims handlers will need to see:**

- Completed personal accident claim form.
- Booking invoice(s) for the **trip**.
- Medical evidence to support any permanent bodily injury, with permission to obtain further records, if needed.
- Death certificate, confirming cause of death, if applicable.
- Grant of Probate / Letter of Administration, if applicable.
- Full contact details of any witnesses.
- Full contact details of any responsible third party, including their insurance details, if known.
- Official reports detailing the accident.
- Details of any other insurance, if applicable.

Given the sensitive nature of these claims, **we** are happy to receive basic details of what happened with **your** claim form and then let **you** know exactly what is needed to support the claim.

### Emergency medical and repatriation expenses (Policy B Section 4)

**(This is not private medical insurance)**

**There is no cover for any expenses incurred in private medical facilities if we have confirmed medically capable public facilities are/were available. We reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.**

**We will pay for trips outside your home country up to the amount shown in the schedule of cover OR up to £1,000 for trips inside your home country for necessary emergency expenses (that are payable within six (6) months of the event that causes the claim resulting from your death, injury, or illness) for:**

- fees or charges for necessary **emergency treatment**, to be paid outside **your home country** for medical, surgical, hospital, nursing home or nursing services.

2. additional travel, accommodation, and **repatriation** costs to be made for, or by, **you** and for any one other person who is required for medical reasons to stay with **you**, or a child who requires an escort to travel to **you** from **your home country** or to travel with **you**, where it is deemed medically necessary following **emergency treatment**.
3. local funeral expenses abroad limited to the amount shown in the schedule of cover following **your** death outside **your home country**.
4. the cost of returning **your** ashes **home** or the return of **your** body to **your home** in the **United Kingdom, Channel Islands, Isle of Man or BFPO** following **your** death outside **your home country**.

#### **Hospital Benefit**

**We will pay up to the amount shown in the schedule of cover for:**

each full 24-hour period that **you** are in a public hospital abroad as an in-patient during the period of the **trip** in addition to the fees and charges.

#### **Emergency Dental Treatment**

**We will pay up to the amount shown in the schedule of cover for:**

emergency dental treatment only to treat sudden pain limited to the amount shown in the schedule of cover

#### **Loss of Medication**

**We will pay up to the amount shown in the schedule of cover for:**

the necessary cost of replacing essential medication lost or stolen during **your trip**.

#### **Provided you are not claiming for:**

1. any costs where **you** have not paid **your excess** (or accepted it will be deducted from any settlement).
2. any costs as a result of having to isolate due to an infectious disease where **you** have not had any **emergency treatment**.
3. treatment due to, or a complication of, an **existing medical condition** unless **we** have agreed cover in writing and any additional premium has been paid.
4. any sums which can be recovered by **you**, and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement
5. any elective or pre-arranged treatment or any routine non-emergency tests or treatment, this includes complications as a result of elective, pre-arranged or cosmetic treatment received whilst abroad.
6. costs of private treatment unless **our 24/7 assistance team** has agreed, and **capable public facilities** are not available.
7. replenishment of any medication **you** were using at the start of the **trip** or follow up treatment for any condition **you** had at the start of **your trip**.
8. the cost of early **repatriation** when medical treatment of a standard acceptable by **our 24/7 assistance team** is available locally.
9. the cost associated with the diversion of an aircraft due to **your** death, injury, or **illness**.
10. repairs to or for artificial limbs or hearing aids.

11. the cost of diagnostic tests or treatment for any existing condition other than that which has caused the immediate emergency.
12. any extra costs for single/private accommodation in a hospital or nursing home.
13. any costs involving the use of precious metals for any dental treatment.
14. the provision of dentures, crowns, or veneers.
15. any treatment or work which could wait until **your** return **home**.

#### **Confinement or Isolation**

**We will pay up to the amount shown in your schedule of cover for each full 24 hours up to the maximum amount shown in your schedule of cover if:**

during **your trip** abroad **you** are confined to **your trip** accommodation on medical advice.

And

#### **Pre-paid excursions**

**We will pay for the loss of pre-paid excursions booked before you go on your trip up to the amount shown in the schedule of cover if:**

**you** are unable to go on **your** pre-booked **excursion** during **your trip** due to **you** or anyone named on this insurance having to isolate as a result of an infectious disease.

#### **Provided:**

1. **you** have a valid claim under the Emergency medical and repatriation expenses section of this policy.
2. **you** do not remain an inpatient after the date **we**, in consultation with **your** treating doctor, told **you** that **you** could return **home** or be safely discharged to **your trip** accommodation until **you** were fit to return **home**.
3. **you** can provide **us** with the booking confirmation/invoices for **your** pre-paid **excursions**.
4. **you** must provide **us** with all information and documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

#### **This is a travel insurance policy and not private medical insurance.**

This means there is no cover for any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.

**We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.

If **you** become unwell, or sustain a minor injury whilst abroad, please call **our 24/7 assistance team** first on **+44 (0)1444 465 573** so that they can help **you** find appropriate treatment locally. However, **you** should call the local emergency services immediately, **112 in Europe, 911 in the USA and Canada or the local equivalent to 999**, if **you** have any symptoms that might require **emergency treatment** including, but not limited to, difficulty breathing, chest pain, seizure (fit) activity, decreased level of consciousness, heavy bleeding, sudden swelling of the face and lips, signs of a stroke or any other life-threatening condition.

**You must, in all cases call our 24/7 assistance team on +44 (0) 1444 465 573 to authorise cover. Failure to do so may invalidate your claim.**

Customers should receive emergency medical treatment or management regardless of their ability to pay or any other consideration. A failure or refusal by a treating hospital or treating doctor to provide **emergency treatment**, management or care is a clear breach of an established duty of care.

Whilst the actual medical care **you** receive is in the hands of the local doctors treating **you**, **we** can obtain the medical information **we** need from them to establish what is wrong, as well as their treatment and discharge plans.

**We** can support **you** in the event **you** are admitted to a facility that may not be capable for **your** clinical needs or where there are concerns over practice. In order for **us** to discuss **your** medical condition with **your** doctors, **you** will need to sign a release of information authorising **our** claims administrator to access **your** medical records.

**You** should keep copies of medical documents provided by the local doctors and submit them to support **your** claim.

**We** will then advise on, and can put in place, suitable **repatriation** plans to get **you home** as soon as it is medically safe to do so.

**We** will liaise with the treating doctor to get a fit to fly certificate when needed, and with aero-medical experts who will advise on both the timing and method of **repatriation** that is best suited to **your** individual needs and **your** recovery.

It is important that **you** are aware of the following:

#### Medical Treatment (important considerations):

- There is no cover for:
  - routine, non-emergency, elective cosmetic or elective treatment.
  - treatment that can wait until **you** return **home**.
  - any expenses incurred in private medical facilities if **we** have confirmed medically **capable public facilities** are/were available.
- **The 24/7 assistance** doctors are not treating **you**; they are not responsible or in control of the clinical care **you** are receiving in a medical facility.
- **We** reserve the right to organise a transfer from a private medical facility to a public medical facility where medically appropriate.
- Having travel insurance does not ensure a 'fast track' medical service from the treating facility, much like the NHS – emergency service rooms can be busy at certain times and so it is possible **you** may have to wait as **you** would in **your** local NHS hospital unless **you** require critical care.
- Once **you** are discharged from hospital this does not always mean **you** are fit to fly **home** – For example, if **you** were in the **United Kingdom** and suffered the same injury/illness, then **you** would not consider flying out on holiday so soon after surgery/treatment/incident. In an instance like this **you** must speak to the 24/7 assistance team for advice.
- Some medical facilities will raise charges that are far in excess of customary or appropriate; **we** will deal with bills directly and **you** should not pay them yourself. **You** simply need to pass any correspondence and bills to **our** claims administrator to ensure **we** can provide full financial protection.

#### Repatriation (important considerations for bringing you home):

- Coming **home** straight away is not always an option even if **you** are considered 'fit to fly' by the treating doctor.
- **We** have a medical team with experience in aviation medicine who will advise on both the timing and method of **repatriation** which is best suited to **your** individual needs and **your** recovery.
- Most airlines require specific criteria to be met in order to accept a 'medical passenger'.
- Things change – if **your** health, stability, or vitals change – then so do the plans.
- Availability of air ambulances, stretchers and appropriate medical escorts can be limited in specific areas and at different times of the year.
- Air Ambulances are 'flying intensive care units' and are only used to transport critical patients to a hospital in the **United Kingdom** if treatment is not possible where they are.
- If **you** require **emergency treatment** during **your trip**, **we** reserve the right to bring **you** back **home**, providing the 24/7 emergency assistance doctor in consultation with the treating doctor agree **you** can safely travel **home**. If **you** refuse to return **home**, **we** have the right to stop cover with immediate effect.

#### In the event that you do receive out-patient treatment when you are travelling:

- **In European Union Countries** – The Global Health Insurance Card (GHIC) allows **you** (provided **you** are a **United Kingdom** or **BFPO resident**) to access state-provided healthcare in all European Union (EU) countries, excluding Switzerland, Iceland, Liechtenstein. The GHIC is also not valid in Norway, however **you** can use a **UK** passport to get medically necessary state healthcare in Norway. **We** strongly recommend that **you** carry **your** GHIC with **you** when travelling abroad. Remember to check **your** GHIC is still valid before **you** travel. Applying at: <https://services.nhsbsa.nhs.uk/cra/where-will-you-live> for the card is free. If **your** GHIC is accepted whilst obtaining medical treatment abroad **your** policy **excess** will be reduced to Nil (with the exception of increased **excess** relating to declared **medical conditions**). Please note **residents** of the Isle of Man or **Channel Islands** are not eligible for a GHIC. Any **UK** issued European Health Insurance Card (EHIC) remains valid until the date of expiry on the card.
- **In Australia** – **you** should enrol for Medicare, and have it accepted. Using these agreements in public facilities will mean that medical treatment will be free, or at a reduced cost, and **your** standard policy **excess** will be waived from any claim **you** may make.
- **In the United States** – **you** must contact the **24/7 assistance team** as soon as possible, **USA** based medical facilities may raise charges that are far in excess of customary or appropriate, and due to local practices, **you** may be contacted about bills by collection agencies.

- **Everywhere in the World** – You will be responsible for 75% of the medical charges if treated in a private facility, where we have made you aware that there were/are **capable public facilities** available to you. If there is no **capable public facility** that will treat you free of charge, you can pay the medical facility and retain all receipts so that you can make a claim when you get home provided the costs do not exceed £500.

If the costs exceed or are likely to exceed £500; or if you are admitted to hospital, you must call the 24/7 assistance team on: **+44 (0) 1444 465 573** to authorise cover

If you do not follow these instructions or the advice and recommendations of the 24/7 assistance team your claim may be rejected or not paid in full.

If you are travelling outside the EU, then there are some countries that have reciprocal agreements with the UK and the Channel Islands and these can be found on: [www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx) .

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. (Including any treatment, tests, and associated illnesses for non-declared existing medical conditions). Additionally, no cover is provided under this section for:**

1. any costs where you are an inpatient or it is a **repatriation** claim and our 24/7 assistance team, have not been notified or has not agreed the costs. We reserve the right to decline associated costs.
2. any medication and/or treatment which at the time of departure is known to be required or to be continued outside **your home country**.
3. expenses incurred where you have not had the recommended vaccinations and inoculations by the UK government for the area you are travelling to or taken the recommended medication.
4. pregnancy, if you will be less than 8 weeks (or 16 weeks if more than one baby) pregnant before the due delivery date at the start of, or during **your trip** and you still choose to travel, unless this is a result of **Complications of Pregnancy and Childbirth**. Normal Childbirth would not constitute an unforeseen event. Please see pregnancy under Health/existing medical conditions of this policy.
5. services or treatment received by you, for any form of cosmetic or elective surgery.
6. any services or treatment received by you after the date that in the opinion of our 24/7 assistance team, in consultation with your treating doctor, you can return home, or which can wait until you return to your home country.
7. additional accommodation which exceeds the standard of that originally booked or any costs for food or drink.
8. additional **flights** which exceed the standard of that originally booked unless medically necessary and agreed with our 24/7 assistance team.
9. any claim where you went against FCDO, government, local authority or medical advice relating to any infectious disease.

10. any claim where the risk associated with bringing you home is greater than the risk of you remaining in resort.
11. any claim where your return home would present unnecessary risk to other travellers.
12. any costs for isolation if you contract or are suspected of contracting an infectious disease.

#### **If you need to claim:**

For emergency medical treatment and/or **repatriation** call our 24/7 assistance team 24 hours a day, 7 days a week, 365 days a year, from anywhere in the world on **+44 (0)1444 465 573**

For your out-of-pocket expenses, download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

#### **Our claims handlers will need to see:**

- Completed medical expenses claim form.
- Booking invoice(s) for the **trip**.
- **Your** assistance case number, for emergency medical claims.
- Medical report(s) confirming the diagnosis.
- Invoices, bank / card statements and receipts for self-paid costs.
- A copy of your GHIC (or old EHIC) card covering the incident date, if travelling in Europe.
- Details of other insurance, or third party responsible, if applicable.

## **Additional medical expenses (Policy B Section 5)**

If you undergo surgery which is covered under the Emergency Medical and Repatriation Expenses Section of this policy, involving a minimum in-patient stay of at least five (5) days in a hospital outside the **United Kingdom, Channel Islands, Isle of Man or BFPO** during **your trip**.

#### **Recuperation Holiday**

**We will pay up to the amount shown in your schedule of cover per day for:**

travel and accommodation costs of another holiday to recuperate from **your** surgery.

#### **Provided:**

**you** take the **trip** within three (3) months of **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

#### **UK Medical Exam**

**We will pay up to the amount shown in your schedule of cover for:**

necessary costs to have a relevant medical examination within the **United Kingdom, Channel Islands, Isle of Man or BFPO** following an incident on **your trip**.

#### **Provided:**

**you** have the examination in the **United Kingdom, Channel Islands, Isle of Man or BFPO** within three (3) months of **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO** from **your trip**.

### Home Help or Nanny

#### We will pay up to the amount shown in the schedule of cover for each full 24 hours of home help for:

the necessary costs of employing a home help or registered nanny to assist with **your** recovery.

#### Provided:

**you** are hospitalised or need to stay in bed at **home** immediately after being repatriated on the advice of a registered medical practitioner or the 24/7 assistance company.

### Cosmetic Surgery

#### We will pay up to the amount shown in your schedule of cover for:

the necessary costs of cosmetic surgery to correct soft facial tissue damage caused by an accident sustained during **your** trip.

#### Provided:

1. it has been recommended by a medical practitioner.
2. the injury was sustained during **your** trip.

### Denial of boarding extension (Overseas return quarantine) Accommodation Expenses

#### We will pay up to the amount shown in the schedule of cover for:

additional accommodation (of a standard no greater than **your** original booking) for each full 24-hour period that **you** are unable to return to **your home country** if **you** were denied boarding on the return journey of **your** trip due to having or being suspected of having an infectious disease.

### Return Transport

#### We will pay up to the amount shown in the schedule of cover for:

the cost of return transportation to **your home country** (of a standard no greater than the class of journey and in the same mode of transport **you** paid for on **your** outbound journey) at the earliest possible date based on medical or local authority advice if **you** were denied boarding on the return journey of **your** trip due to having or being suspected of having an infectious disease.

#### Provided:

1. **you** have paid **your** excess or accepted it will be deducted from any settlement.
2. **your** airline company, rail operator, coach operator, ferry or **crucise** operator has not made arrangements to revalidate **your** original ticket, but **you** chose not to accept it.
3. **you** are not claiming for any costs that **you** are able to retrieve or are covered by **your** package holiday provider.
4. **you** did not choose against undertaking **your** return journey.
5. **you** were denied boarding by **your** airline company, rail operator, coach operator, ferry, or **crucise** operator.
6. **you** are not asking **us** to pay for travel to anywhere other than **your home country**.
7. **you** are not claiming for any costs relating to food or drink.
8. **you** do not ask **us** to pay for a loss that is insured or guaranteed by any other existing protection, specifically Package Travel Regulations, ATOL, Air Passenger Rights,

(including Civil Aviation Authority requirements), or ABTA protection, or any other specific legislation for transport or travel providers, or from **your** credit card provider under s75 Consumer Credit Act, or any other specific legislation for transport or travel providers.

9. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider.
10. **you** do not ask **us** to pay for any costs already accepted or offered by **your** transport and/or accommodation provider.
11. **you** can provide **us** with a written report from the airline company, rail operator, coach operator, ferry or **crucise** operator confirming the refusal of boarding.
12. **you** are not claiming for costs associated with **you** attempting to return prior to the recommended return date following **your** initial refusal of boarding.
13. **you** are not claiming for costs of any **travelling companion** other than:
  - **your** children who are under 18 years of age, or
  - a legal dependant who is unable to travel without **you** who is insured on this policy and where there is no responsible adult to supervise them, until **you** are able to return to **your home country**.
14. **you** must provide **us** with any information or documentation **we** may reasonably require enabling **us** to verify and process **your** claim.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. any claim which does not directly relate to an accident or **illness** suffered during **your** trip.
2. any costs which the 24/7 assistance team has not authorised.
3. any claim for home help or nanny If **you** needed a home help or a registered nanny before **you** began **your** trip.
4. for denied boarding the carrier's confirmation of the original scheduled departure dates and times, and exact reason for denying **your** boarding.

#### If you need to claim:

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

#### Our claims handlers will need to see:

- Completed medical expenses claim form.
- Booking invoice(s) for the **trip**.
- Details of the additional medical expenses requested.
- Evidence to support the medical need to incur additional medical examination cost, employing help, undergoing cosmetic surgery etc (such as medical report).
- Invoices, bank / card statements and receipts for self-paid costs.
- Details of other insurance, or third party responsible, if applicable.

## Personal possessions (Policy B Section 6)

### Personal Possessions (not gadgets)

We will pay up to the amount shown on your schedule of cover for:

1. the cost of repairing any **possessions** that are damaged whilst on **your trip**, up to the original purchase price of the item, less an allowance for age, wear and tear.

Or

2. the original purchase price of any **possessions**, less an allowance for age, wear and tear, to cover **possessions** that are stolen, permanently lost or destroyed whilst on **your trip**.

- for all **valuables** limited to the amount shown in the schedule of cover
- for any single article, **pair** and/or **set** of articles limited to the amount shown in the schedule of cover
- for all prescription spectacles limited to the amount shown in the schedule of cover
- for **laptops** limited to the amount shown in the schedule of cover

(Please note: In the event of a claim for a **pair** and/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).

### Delayed baggage

We will pay up to the limit shown on your schedule of cover for:

the purchase of **essential items** if **your luggage** containing **your possessions** is delayed due to being misplaced, lost or stolen on **your** outward journey from **your home country** for over twelve (12) hours from the time **you** arrived at **your trip destination** (Please note: that any amount **we** pay **you** will be deducted from **your** claim if **your** personal property proves to be permanently lost).

### Personal Money

We will pay up to the limit shown on your schedule of cover for:

the replacement of stolen **money** or **cash** whilst on **your trip**.

- **cash** is limited to the amount shown on **your** schedule of cover if it is lost or stolen whilst being carried on **your** person or left in a locked safety deposit box.

### Provided:

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **possessions** **you** are claiming for and are able to provide proof of ownership/purchase and original purchase price for any **possessions** over £50 in value.
5. **you** are able to provide evidence of the amount of any **cash** or **money** that is stolen.
6. **you** are not claiming for **possessions** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.

7. **you** are not claiming for **possessions** which have been lost or stolen from a beach or lido (if so, **we** will only pay a maximum of £50).
8. **you** have not left **money, cash, electrical items, eyewear, hearing aids, jewellery and watches or photographic equipment unattended** (including being contained in **luggage** during transit) except where they are locked in a safe or safety deposit box where these are available or left out of sight in **your** locked holiday or **trip** accommodation. This includes **possessions** left behind following **you** disembarking **your** coach, train, bus, **flight**, ferry, or any other mode of transport.
9. **you** have not left **your possessions unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
10. **you** have obtained written confirmation of any loss, damage, or delay from **your** tour operator / airline provider.

**Your travel insurance policy is not intended to cover items of high value, such as jewellery, expensive watches etc. as these should be fully insured under your house contents insurance on an All-Risks extension for 365 days of the year.**

**There is a maximum amount you can claim and a maximum amount in total for each category, and these are shown under the personal possessions section of your schedule of cover.**

**The personal possessions section only covers items that belong to you, is not 'new for old' and an amount for age, wear and tear will be deducted.**

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy or any possessions, cash or money that do not fall within the categories above. Additionally, no cover is provided under this section for:**

1. mobile telephones, SIM cards, mobile phone prepayment cards, lost/stolen mobile phone call charges or mobile telephone accessories, car keys, **gadgets** (please see definitions), **duty free** items such as tobacco products, alcohol, and perfumes.
2. the use of, loss, theft, or damage to, **drones**.
3. **Sports equipment** whilst in use.
4. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
5. loss, theft or damage arising from the delay, detention, seizure or confiscation by Customs or other officials.

### If you need to claim

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed **luggage** and **money** claim form.
- Booking invoice(s) for the **trip**.

- Proof of ownership / purchase for the **possessions** claimed.
  - Damaged: Estimate for repair, or proof that the **possession** is beyond repair or destroyed.
  - Loss or theft: Official written loss, theft or damage report, from police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
  - Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the **possessions** are permanently lost.
  - Delayed, loss or damage (checked-in baggage): Tickets and **luggage** tags.
  - Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses.
  - Delayed: Invoices and receipts for **essential items** purchased in resort.
  - Delayed: Evidence of the date and time **your possessions** were returned to **you**.
  - Personal **money**: Evidence of the original amount exchanged for **your trip**, by way of currency exchange receipts, withdrawal slips etc.
  - Personal **money**: Evidence of funds used to continue with **your trip**, including bank / card statements, withdrawals slip(s) etc.
  - Details of other insurance, or third party responsible, if applicable.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss, damage or theft and obtained an independent written report.
  4. **you** own the **mobility equipment you** are claiming for and are able to provide proof of ownership/purchase.
  5. **you** are not claiming for **mobility equipment** which has been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear and tear, moth, or vermin.
  6. **you** have not left **mobility equipment unattended** (including being contained in **luggage** during transit) except where they are locked securely or left out of sight in **your** locked holiday or **trip** accommodation.
  7. **you** have not left **your mobility equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means or in respect of mobility scooters securely locked and immobilised.
  8. **you** have obtained written confirmation from **your** carrier of any delay.
  9. the **mobility equipment** is essential or medically necessary for **you** to continue **your** holiday and **you** would use the **mobility equipment in your home country** for mobility purposes and is necessary for day to day living.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy or any mobility equipment that does not fall within the categories above. Additionally, no cover is provided under this section for:**

1. any loss if **you** do not exercise appropriate care for safety/supervision of **your mobility equipment**.
2. **mobility equipment** not owned by **you**.
3. any claim not evidenced by a report specified in this section, unless otherwise agreed by us.

#### **If you need to claim**

Download a claim form at

<https://www.imglobal.com/member/assistance/claims> or

call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for the **trip**.
- Damaged: Estimate for repair, or proof that the **mobility equipment** is beyond repair or destroyed.
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
- Delayed: Invoices and receipts for hiring essential **mobility equipment**.
- Delayed: Evidence of the date and time **your mobility equipment** was returned to **you**.
- Details of other insurance, or third party responsible, if applicable.

#### **For damaged items:**

Keep damaged **possessions** in case **we** ask for them. If requested, they will need to be sent to: Travel Claims Team, 3<sup>rd</sup> Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**We** will not cover the postage cost applicable.

**Any possessions with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each possession not supported, with an overall limit of £150 for all such possessions.**

## **Mobility aids (Policy B Section 7)**

**We will pay up to the amount shown in the schedule of cover for:**

1. the cost of repairing **your mobility equipment** that is damaged whilst on **your trip**, up to the limit shown, less an allowance for age, wear, and tear.

Or

2. the cost of **your mobility equipment** that is stolen, permanently lost or destroyed whilst on **your trip** up to the limit shown, less an allowance for age, wear, and tear.

Or

3. the cost of hire for essential **mobility equipment** whilst travelling, in the event that **your mobility equipment** is lost or damaged or delayed.

**Provided:**

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. the **mobility equipment** is brought with **you** from **your home country** at **your** own cost and **you** have complied with the carrier's conditions of carriage.



#### **For damaged items:**

Keep damaged **mobility equipment** in case **we** ask for them. If requested, they will need to be sent: Travel Claims Team, 3<sup>rd</sup> Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. **We** will not cover the postage cost applicable

**Any mobility equipment with a purchase price over £50 must be supported by original proof of ownership or purchase.**

**An individual limit of £50 will apply to each item of mobility equipment not supported, with an overall limit of £150 for all such mobility equipment.**

### **Loss of passport and travel documents (Policy B Section 8)**

If during **your trip** abroad **your travel documents** are lost, stolen or damaged beyond use.

**We will pay up to the amount shown in the schedule of cover for:**

1. the cost of an emergency travel document or replacement **travel document** on **your trip**.
2. the necessary costs of collecting **your** emergency or replacement **travel document** on **your trip**.

#### **Provided:**

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** are not claiming for **travel documents** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
3. **you** are not claiming for **travel documents** which have been lost or stolen from a beach or lido (if so, **we** will only pay a maximum of £50).
4. **you** have not left **your travel documents unattended** (including being contained in **luggage** during transit) except where they are locked in a safe or safety deposit box where these are available or left out of sight in **your** locked holiday or **trip** accommodation. This includes **travel documents** left behind following **you** disembarking **your** coach, train, bus, **flight**, ferry, or any other mode of transport.
5. **you** have not left **your travel documents unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
6. **you** are not claiming for any costs incurred before departure or after **you** return **home** or any costs which are due to any errors or omissions on **your travel documents** or **money** exchange.
7. **you** are not claiming for any missed travel or accommodation arrangements as a result of **your** passport being lost, stolen or damaged.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. any financial loss suffered as a result of **travel documents** being lost or stolen.

2. the cost of a new **travel documents** upon **your** return to the **United Kingdom, Channel Islands, Isle of Man or BFPO**.

#### **If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call **+44 (0) 1444 465 590** or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for the **trip**.
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
- Documents from the Consulate / Embassy, airline or travel provider where **you** obtained the emergency travel document.
- Invoices, bank / card statements and receipts for transport and accommodation costs to obtain the emergency travel document.
- Invoices, bank / card statements and receipts for the cost of the emergency travel document.
- Details of other insurance, or third party responsible, if applicable.

### **Personal liability (Policy B Section 9)**

**We will pay up to the amount shown in the schedule of cover for:**

1. an event occurring during the period of this insurance that **you** are legally liable to pay that relates to an incident caused directly or indirectly by **you** and that results in:
  - **accidental bodily injury** of any person.
  - loss of, or damage to, property that does not belong to **you** or any **close relative** or **travelling companion** and is neither in **your** charge or control nor under the charge or control of any **close relative**, or **travelling companion**, or employee or anyone in **your** service.
  - loss of, or damage to **your** temporary holiday accommodation that does not belong to **you**, or any **close relative**, or **travelling companion**, or member of **your household** or employee or anyone in **your** service up to the amount shown in the schedule of benefit.

#### **Provided:**

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. the liability for loss of, or damage to, property or **accidental bodily injury** is not caused or suffered by:
  - **your** own employment, profession or business or anyone who is under a contract of service or in service with **you**, or acting as a carer, whether paid or not.
  - the employment, profession, or business of any **close relative**, or **travelling companion** or member of **your household**.
  - the work **you** or any **close relative** or **travelling companion** or member of **your household** have employed anyone to do.

- **your** ownership, care, custody, or control of any animal.
3. compensation or any other costs are not caused by accidents involving **your** ownership, possession, or control of any: land or building or their use either by or on **your** behalf other than **your** temporary **trip** accommodation, ownership, or use of aircraft, horse-drawn or mechanical/**motorised vehicles** (other than wheelchairs, electric wheelchairs or mobility scooters), bicycles, vessels (other than rowing boats, punts or canoes), animals, or firearms.

**This section does not cover any claim resulting from the ownership or use of motorised vehicles. You need to take out separate motor insurance or other cover if you intend to drive a car or use any other motorised vehicle during your trip.**

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. **accidental bodily injury** suffered by **you** or any **close relative** or any event caused by any deliberate or reckless act or omission by **you** or a **close relative**.
2. claims where an indemnity is provided under any other insurance or where it falls on **you** by agreement and would not have done if such agreement did not exist. i.e., rental disclaimer. In these circumstances **we** will only pay a proportionate amount of the claim where there is other insurance in force covering the same risk.
3. racing of any kind.

**If you need to claim:**

**Never admit responsibility to anyone, regardless of what happens, and do not agree to pay for any damages, repair costs or compensation without our authority to do so. If you do, this may invalidate your claim.**

Download a claim form at [www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call **+44 (0) 1444 465 590** or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed Personal Liability claim form.
- Booking invoice(s) for the **trip**.
- Detailed explanation of the circumstances, confirming the location, time of day and exactly what happened. This may also need to include a sketch of the location before and after the incident concerned.
- Full contact details of any witnesses.
- Full contact details of any responsible third party, including their insurance details, if known.
- Official reports detailing the accident.
- Details of other insurance, if applicable.

Given the sensitive nature of these claims, **we** are happy to receive basic details of what happened with **your** claim form and then let **you** know exactly what is needed to support the claim.

## Legal expenses (Policy B Section 10)

**We will pay up to the amount shown in the schedule of cover and for thirty (30) minutes legal advice on the telephone for:**

1. legal costs and expenses incurred in pursuing claims for compensation and damages due to **your** death or personal injury whilst on the **trip**.
2. enquires relating to **your** insured **trip**.

**Provided:**

1. **you** accept that **your** legal expenses indemnity is paid as a loan for all persons insured to take legal action for compensation as a result of **your** death, **illness** or injury during **your** journey. **You** must pay this loan back to **us** out of any compensation **you** receive.
2. legal proceedings in the USA or Canada follow the contingency fee system operating in North America.
3. **you** are not pursuing a claim against a carrier, travel agent, tour operator, tour organiser, the insurers or their agents or the claims office.
4. **we** believe that **you** are likely to obtain a reasonable settlement.
5. the costs cannot be considered under an arbitration scheme or a complaints procedure.
6. **you** are not claiming against another **insured person** who is a **close relative**, a friend or **travelling companion**, whether insured by **us** or another provider.
7. the claim is not due to damage to any mechanical/**motorised vehicle**.
8. the claim is not pursued in more than one country.
9. the claim is reported to **us** and/or **our** appointed representative within three (3) months after the incident which led to the claim.
10. **you** take all appropriate steps to keep any costs as low as possible.
11. any costs do not relate to fines or damages awarded to punish the person responsible rather than to compensate for any losses.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy.**

For Legal Expenses Penningtons Manches Cooper LLP is **our** appointed representative due to its expertise in travel law. They are regularly audited by **us** and maintain the highest levels of customer service. They also have delegated authority to act which means **your** claim is likely to proceed much quicker. Because of the relationship between **us** and Penningtons Manches Cooper LLP **we** are able to address any concerns which may arise in a way which is simply not possible with another firm.

1. If **we** accept **your** claim, **we** will appoint Penningtons Manches Cooper LLP to pursue the claim on **your** behalf.
2. **We** may, at **our** discretion, agree to instruct an alternative firm, either at the point of issuing proceedings, or if there is a conflict of interest.
3. **We** will only agree to the instruction of an alternative firm, at the point of issuing proceedings, or if there is a conflict of interest, if that firm also agrees to act in line with **our** terms of appointment.
4. Where a claim occurs, **you** will supply any reports or information and proof to Penningtons Manches Cooper LLP, **us** and the claims office as may be required. Any

legal expenses incurred without Penningtons Manches Cooper LLP, or that of the claim's team prior authorisation will not be paid.

#### **If you need to claim:**

If **you** have an accident abroad and require legal advice **you** should contact:

Penningtons Manches Cooper LLP 31 Chertsey Street,  
Guildford, Surrey, GU1 4HD

They will arrange for up to thirty minutes of free advice to be given to **you** by a lawyer.

To obtain this service **you** should telephone:

+44 (0)1483 411 499

Opening Hours Monday-Friday 9am-5pm (GMT)

### **Catastrophe (Policy B Section 11)**

**We will pay up to the amount shown in the schedule of cover for:**

necessary additional costs of travel and accommodation within a twenty (20) mile radius, to the same standard as those on **your** booking, to enable **you** to continue **your trip** close to that originally booked if the pre-booked accommodation has been damaged by fire, flood, earthquake, storm, lightning, explosion, or hurricane.

#### **Provided:**

1. **you** are able to provide evidence of the necessity to make alternative travel arrangements.
2. **you** are not claiming due to a **known event**.
3. **your trip** is not within the **United Kingdom, Channel Islands** or Isle of Man.
4. **your trip** is not part of a tour operator's **package holiday**.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. any amounts recoverable from any other source.
2. **your** reluctance or unwillingness to travel or to continue with **your** original **trip** when official directives from the local or national authority state it is acceptable to do so.
3. any cost or expense payable by or recoverable from the tour organiser, airline, hotel, or other provider of services.
4. alternative transport **home** missed **flights/connections**, food, drink, telephone calls or any other loss specified in this policy.
5. any claim where the fire, flood, earthquake, storm, lightning, explosion, or hurricane had already happened before **you** left **home**.
6. any claim as a result of any epidemic or pandemic as declared by the World Health Organisation (WHO).
7. any claim due to FCDO, government or local advice relating to any infectious disease.

#### **If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed travel delay/missed departure claim form.

- Booking invoice(s) for the **trip**.
- Evidence from official sources confirming the reason **you** need to find alternative accommodation and the date on which this instruction was issued to **you**.
- Invoices, bank / card statements and receipts for the additional costs incurred.
- Details of other insurance, or third party responsible, if applicable.

### **Hijack (Policy B Section 12)**

**We will pay up to the amount shown in the schedule of cover for:**

each full 24-hour period **you** are confined as a result of hijack.

#### **Provided:**

**you** have obtained confirmation from the airline, carrier or their handling agents confirming period of confinement.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in this policy. Additionally, no cover is provided under this section for:**

1. any claim where **you** are unable to provide **us** with proof of the incident, i.e., Police / authorities / medical report.
2. any claim where **you** are attacked or confined as a result of **your** illegal activity or reckless behaviour.

#### **If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590

**Our** claims handlers will need to see:

- Completed travel delay/missed departure claim form.
- Booking invoice(s) for the **trip**.
- Evidence from official sources, including any carrier involved, of the date of the incident and how long **you** were confined.
- Details of other insurance, or third party responsible, if applicable.

### **Kennel and cattery expenses (Policy B Section 13)**

**We will pay up to the amount shown in the schedule of cover for:**

1. any additional kennel or cattery fees for each full period of 12 hours that **you** are delayed following the delayed arrival in the **UK, Channel Islands**, Isle of Man or **BFPO** of **your** pre-booked **flight**, train, coach or sea **trip** on the return journey.

Or

2. any additional kennel or cattery fees for each full period of 12 hours that **you** are unable to return **home** due to **your illness**.

#### **Provided:**

**you** have obtained written confirmation from the airline, carrier, or their handling agents of the period of delay or have contacted **our** 24/7 assistance team about **your** medical claim.

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording.**

**Additionally, no cover is provided under this section for:**

1. any claim where **you** are unable to provide **us** with proof of the incident.

**If you need to claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for each part of the **trip**.
- Delay: Carrier's letter showing the scheduled and actual departure dates and times, and exact reason for the delay.
- **Illness**: Medical certificate in **your** claim form completed and stamped by **your** General Practitioner confirming the **illness** that led to the delay.
- Invoices, bank / card statements and receipts for additional costs **you** incurred.
- Details of other insurance, or third party responsible, if applicable.

## **Wintersports extension (Policy B) – on payment of additional premium**

Upon payment of an additional premium for **wintersports**, **your** policy will cover **wintersports** – (on piste Skiing, snowboarding, ice skating, big foot skiing, cross country / Nordic skiing, dry slope skiing, sledging, snowmobiling, snow kiting and snow shoeing, for leisure purposes only and not participating in any timed, competitive or **off piste**/specialist ski/snow board activities) for the entire duration of **your** Single Trip policy or for 24 days in total on **your** Annual Multi Trip policy.

When participating in **wintersports** the appropriate clothing, including crash helmets, must be worn, and any activities undertaken match the level of experience **you** have in that sport (e.g., if **you** are an amateur skier do not undertake a black run).

**Off piste** and more specialist **wintersports** cover will require the **Sports and hazardous activities** cover extension. See the **Sports and hazardous activities** section in the main wording to see what activities can be covered on payment of an additional premium and contact **your issuing agent** to see if **we** can add them to **your** cover.

### **Ski equipment**

**We will pay up to the amount shown in the schedule of cover for:**

1. the cost of repairing **Ski equipment** that is damaged whilst on **your trip**, up to the original purchase price of the **Ski equipment**, less an allowance for age, wear, and tear.

Or

2. the original purchase price of the **Ski equipment**, less an allowance for age, wear and tear, to cover **Ski equipment** that is stolen, permanently lost or destroyed on **your trip**.
- for any single article, **pair** and/or **set** of articles limited to the amount shown in the schedule of cover

### **Ski Hire**

**We will pay up to the amount shown in the schedule of cover for:**

the cost of hiring replacement **ski equipment** if **your ski equipment** is delayed due to being misplaced, lost, or stolen on **your** outward journey for over 12 hours from the time **you** arrived at **your trip destination**.

**Provided:**

1. **you** have paid **your excess** or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative of any loss or theft and obtained an independent written report.
4. **you** own the **Ski equipment** **you** are claiming for and can provide proof of ownership/purchase and original purchase price for any **Ski equipment** over £50 in value.
5. **you** are not claiming for **Ski equipment** which have been damaged by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents i.e., food, liquids, gels etc.
6. **you** have not left **your Ski equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
7. **you** have obtained written confirmation of any loss, damage, or delay from **your** tour operator / airline provider.

### **Ski Pack**

**We will pay up to the amount shown in the schedule of cover for:**

the unused portion of **your Ski Pack** costs paid for or contracted to be paid for before **your trip** commenced if **you** are unable to use the **ski pack** facilities because of **your** serious injury or **illness** occurring during the **trip**.

**Provided:**

1. **you** have not **curtailed your trip** and are certified by a medical practitioner in the resort as being unable to ski and written confirmation is obtained.
2. there is written confirmation that no refund is available for the unused **Ski Pack** by **your** tour operator's or the ski resorts representative.

### **Piste Closure**

**We will pay up to the amount shown in the schedule of cover if:**

**you** are unable to ski because **your** resort stays closed, for more than 24 hours, due to the lack of snow in **your** resort.

**Provided:**

1. **you** are skiing north of the earth's equator between 1st January and 30th April, or south of the earth's equator between 1st June and 31st October and the ski resort is higher than 1600 metres above sea level.
2. the lack of snow conditions are not public knowledge prior to the start of **your trip**.
3. **you** have obtained a letter from **your** tour operator/transport provider or ski resort representative stating the reason for closure, the date, time of the closure and the date and time it re-opened.
4. it does not exceed the pre-booked **period of insurance of your trip**

**Avalanche Closure**

**We will pay up to the amount shown in the schedule of cover for:**

necessary extra travel and accommodation expenses for each full 24 hours that **you** are delayed from **your** arrival at, or departure from, **your** resort, more than 24 hours, due to avalanche, landslide or landslip.

**Provided:**

1. that **your** tour operator does not pay for **your** extra travel and accommodation costs.
2. that **you** have not received compensation from someone or somewhere else, if **you** have this will be deducted from **your** claim.

**The ski equipment cover only covers ski equipment listed under the ski equipment definition that belongs to you, is not 'new for old' and an amount for age, wear, and tear will be deducted.**

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover or any ski equipment, that does not fall within the categories above. Additionally, no cover is provided under this extension for:**

1. any claim if **your** tour operator has compensated, offered, or provided travel, alternative transport and/or accommodation to an alternative resort.
2. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
3. for the **excess** shown in the schedule of cover and limits per **insured person**.
4. for claims that are not confirmed as medically necessary by the emergency assistance company and where a medical certificate has not been obtained from the attending medical practitioner abroad confirming that **you** are unable to ski and unable to use the **ski pack** facilities.
5. for claims where **you** have not obtained confirmation of resort closure from the local representative.
6. for claims where not all skiing facilities are totally closed.
7. for claims where the snow conditions are known or are public knowledge at the time of effecting this insurance.
8. claims where **you** have not obtained a written statement from the appropriate authority confirming the reason for the delay and how long it lasted.

**If you need to Claim:**

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 1444 465 590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

**Our** claims handlers will need to see:

- Completed claim form.
- Booking invoice(s) for the **trip**.
- Proof of ownership / purchase for the **Ski equipment** claimed.
- Damaged: Estimate for repair, or proof that the **Ski equipment** is beyond repair or destroyed.
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by **you**.
- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the items are permanently lost.
- Delayed, loss or damage (checked-in baggage): Tickets and **luggage** tags.
- Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses.
- Delayed: Invoices and receipts for **essential items** purchased in resort.
- Delayed: Evidence of the date and time **your** baggage was returned to **you**.
- **Ski pack**: Medical report confirming when **you** became medically unfit to ski.
- **Ski pack**: Evidence of all prepaid **ski pack** costs.
- Piste closure: Documentation from the ski resort confirming the lack of snow & the dates their piste was closed.
- Details of other insurance, or third party responsible, if applicable.
- Damaged: Keep damaged items in case **we** ask for them. If requested, they will need to be sent to: Travel Claims Team, 3<sup>rd</sup> Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. **We** will not cover the postage cost applicable.

**Any item with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each item not supported, with an overall limit of £150 for all items**

**Sports and hazardous activities**

**You** are not covered for taking part in any **Sports and hazardous activities** unless it is listed below, and unless **you** have paid the required premium where appropriate. In respect of **Sports and hazardous activities** the maximum age limit is 75. If **you** are going to take part in any sports or activities which may be considered dangerous or hazardous that is not detailed below, please contact **your issuing agent** who will see if **we** can provide cover.

**Important note:**

1. Under the Personal Liability Section of this policy, **you** will not be covered whilst participating in any **Sports and hazardous activities** or anything caused directly or indirectly by **your** owning or using any firearms or

weapons, animal, aircraft, **motorised vehicle**, boat and other watercraft, **drones** or any form of motorised leisure equipment, including jet skis and snowmobiles.

2. Under the Personal Accident Section of this policy, **you** will not be covered whilst participating in any **Sports and hazardous activities**.

For the purpose of **Sports and hazardous activities**, **sole purpose** shall mean taking part in any **Sports and hazardous activities** on more than 50% of the number of days of **your** booked **trip**.

**All Sports and hazardous activities are subject to the following endorsement:**

#### **Sports and hazardous activities endorsement:**

The exclusion of **Sports and hazardous activities** in the General conditions and exclusions applying to all sections of cover is deleted in respect of cover under the **Curtailed Section** and Emergency Medical and **Repatriation Expenses Section** only for participation in the following **Sports and hazardous activities** on a non-professional (amateur) and recreational basis, provided that; **you** ensure the activity is adequately supervised, that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times and **you** do not participate in **Sports and hazardous activities** for more than 90 days after the start date of **your** **trip** in any one **Period of Insurance**.

**Cover for the following activities that are considered to be Sports and hazardous activities is included at no extra premium provided they are incidental to the trip (not sole purpose) and for recreational purposes only, not for competitions or any professional activity:**

#### **Category A:**

Aerobics, Angling/Fishing (Fresh Water), Archery, Badminton, Bamboo Rafting, Banana Boating, Baseball, Basketball, Beach Games, Biking on road only, Blade Skating, Board Sailing-**Inshore** only, Boating, Body Boarding- **Inshore** only, Boogie Boarding- **Inshore** only, Bowls, Canoeing, Catamaran Sailing- **Inshore** only, Clay Pigeon Shooting, Cricket, Croquet, Cross Country Running, Curling, Cycling (excluding off-road, BMX or Mountain Biking), Dancing, Darts, Dinghy Sailing, Disc Golf, Doughnut, Dragon Boat Racing, Fell walking/Running up to 2000 metres, Fencing, Football, Fruit or Vegetable Picking (no higher than 3 metres), Glass Bottom Boats, Goalball, Golf, Handball, Hiking up to 2000 metres (excluding the use of picks, ropes and guides), Hobie Catting - **Inshore** only, Ice-skating (rink only), Jet Boating - **Inshore** only, Jet Skiing - **Inshore** only, Jogging, Kayaking- **Inshore** only and up to white water grade 3, Kite Boarding, Kite Surfing, Korfbal, Laser Tag, Low Ropes, Motorcycling up to 50cc (Excluding Quad biking and Motorcycle Touring), Netball, Non-Manual Labour – excluding Animal Sanctuary/Refuge work - Sole purpose of **trip** is covered, Orienteering, paintballing, Parascending/Parasailing (towed by boat), Outward Pursuits, Pilates, Pony Trekking, Pool, Power Boating -**Inshore** only, Rackets, Racquet Ball, Rafting - **Inshore** only and up to white water grade 3, Rambling up to 2000 metres (excluding the use of picks, ropes and guides), Roller Blading/skating, Rounders, Rowing, Sail Boarding -**Inshore** only, Sailing- **Inshore**, Scuba diving (up to 18 metres, also see scuba diving endorsement in this policy), Sea Fishing (From Shore), Skate Boarding,

Snooker, Snorkelling, Softball, Spinning, Squash, Surfing - **Inshore** only, Swimming - (Pool and Beach swimming within a marked area with a lifeguard only), Swimming off a boat (with a qualified supervisor in attendance i.e. a lifeguard), Swimming with dolphins, Sydney Harbour Bridge Climbing (Professional, organised and supervised), Table tennis, Ten Pin Bowling, Tennis, Theme Parks, Trampolining, Trekking up to 2000 metres (excluding the use of picks, ropes or guides), Tubing, Tug of War, Underground activities (as part of an organised excursion/tour only), Volleyball, Wakeboarding, Walking up to 2000 metres (excluding the use of picks, ropes and guides), War games, Water Parks, Water Polo, Water-skiing – **Inshore** only and no jumping, Whale Watching, weightlifting, Windsurfing - **Inshore** only, Work Abroad-Non Manual Work (including professional, administrative or clerical duties only), Yachting (excluding crewing) - **Inshore** and Yoga.

**In addition to the Sports and Hazardous Activities endorsement Scuba diving is also subject to the following endorsement:**

#### **Scuba diving endorsement**

Scuba diving to a maximum depth of eighteen (18) metres (see Category A) will be covered provided that **you** hold a British Sub Aqua Club (BSAC), Professional Association of Diving Instructors (PADI) or equivalent certificate of proficiency for the dive being undertaken or **you** are under the direct supervision of a qualified instructor; are diving with proper equipment and not contrary to BSAC codes of good practice; are not solo/cave/wreck diving, are not diving for hire or reward; are not diving within 24 hours of flying or flying within 24 hours of diving and are not suffering from any medical condition likely to impair **your** fitness to dive.

#### **If you need to claim**

If **you** require a claim form, please download the relevant claim form relating to **your** claim from the internet at:

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims)

Alternatively, please advise **us** of the section of the insurance on which **you** want to claim under, along with the policy number and post to:

Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. Telephone: +44 (0)1444 465 590

#### **You need to:**

1. give **us** full details in writing of any incident that may result in a claim under any section of the policy at the earliest possible time.
2. provide all necessary information and assistance **we** may require at **your** own expense (including where necessary medical certification and details of **your** National Health number or equivalent and Private Medical Insurance).
3. pass all correspondence relating to outstanding medical bills to **us** with **your** claim form, or if received afterwards, send them on to **us** quoting **your** claim reference number.
4. pass on to **us** immediately every writ, summons, legal process, or other communication in connection with the claim.
5. provide full details of any House Contents and All Risks insurance policies **you** may have.

6. ensure that all claims are notified within 3 months of the incident occurring.
7. not abandon any property to **us** or the claims office.
8. not admit liability for any event or offering to make any payment without **our** prior written consent.

If **you** do not do the above this may lead to **your** claim being rejected or not settled in full.

#### **We will:**

1. make **your** policy void where a false declaration is made, or any claim is found to be fraudulent.
2. take over and deal with, in **your** name, the defence/settlement of any claim made under the policy.
3. subrogate against the responsible party and take proceedings in **your** name but at **our** expense to recover for **our** benefit the amount of any payment made under the policy.
4. obtain information from **your** medical records (with **your** permission) for the purpose of dealing with any medical claims. No personal information will be disclosed to any outside person or organisation without **your** prior approval.
5. only make claims payments by electronic BACS transfer, unless otherwise agreed by **us**.
6. cancel all benefits provided by this policy without refund of premium when a payment has been made for cancellation or **curtailment** of the **trip**.
7. not make any payment for any event that is covered by another insurance policy.
8. only pay a proportionate amount of the claim where there is other insurance in force covering the same risk and will require details of **your** other insurance.
9. settle all claims under the law of the country that **you** live in within the **United Kingdom, Channel Islands**, or Isle of Man unless **we** agree otherwise with **you**.
10. submit any disputes arising out of this contract to the exclusive jurisdiction of the courts of the country that **you** live in within the **United Kingdom, Channel Islands**, or Isle of Man.

## **Data protection – Personal information**

### **How Red Sands Insurance Company (Europe) Ltd and Ancile Insurance Group Ltd use your data:**

Red Sand Insurance Company (Europe) Limited (“Red Sands”) holds **your** personal information in accordance with all applicable data protection laws. Red Sands are registered under the Data Protection Act in Gibraltar. Ancile Insurance Group (“Ancile”) is registered under the Data Protection Act in the **United Kingdom**, number Z9640415.

#### **Purpose of collection**

Both Red Sands and Ancile (together “**We**”) collect, store and use **your** personal information in order to consider **your** application for insurance and to administer insurance services to **you**, including claims investigation and management, Underwriting, Complaint’s handling, the detection and prevention of crime and customer service. **We** are committed to protecting and respecting **your** privacy in accordance with the current Data Protection Legislation (“Legislation”) in **our** respective jurisdictions. This notice sets out the basis on which **We** will process any personal data that **We** collect from **you**, or that **you** provide to **us**. For the purposes of the Legislation, Red Sands will qualify as the

Data Controller and Ancile will qualify as the Data Processor in relation to any personal data **you** supply to **us**. **We** may also use this information for secondary purposes related to the purposes listed above, such as offering **you** additional insurance or insurance-related products or services that **we** believe **you** might be interested in considering. This will always be done as permitted by the relevant Legislation.

#### **Disclosure**

In conducting business, **we** may communicate **your** personal information to organisations to whom **we** may outsource certain functions or to associated companies to fulfil **your** insurance contract. Any such communication is performed with strict adherence to **our** Privacy Policy. **You** have various rights in relation to personal information that is held by **us**, including the right to request access to **your** personal information, the right to correct inaccurate personal information, or the right to request the deletion or suppression of personal information where this is not restricted by any conflicting legitimate interest.

#### **Privacy Policy (Red Sands)**

This notice explains certain aspects of how **we** use **your** information and what rights **you** have in relation to **your** personal information; however, **you** can obtain more information about how **We** use **your** data by reviewing **our** full Privacy Policy. **Our** Privacy Policy is available on **our** website <https://www.redsands.gi/privacy-policy>. **Your** data will always be treated in accordance with **our** Privacy Policy.

## **Our promise to you**

It is **our** aim to give a high standard of service and to meet any claims covered by these policies honestly, fairly, and promptly. **We** occasionally get complaints, and these are usually through a misunderstanding or insufficient information. Any complaint will be investigated at once and the matter resolved as quickly as possible. Please see below for information on **our** complaint’s procedure.

## **How to complain**

### **Your right to complain**

If **you** would like to complain about the outcome of **your** claim or assistance provided, please forward details of **your** complaint in the first instance as follows:

Email [qualityassurance@global-response.co.uk](mailto:qualityassurance@global-response.co.uk) or write to: Quality Assurance Manager, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. Or Call +44 (0)1444 465 590. If **your** complaint is regarding the selling of **your** policies: email: [complaints@ancileinsurance.com](mailto:complaints@ancileinsurance.com) or write to: Complaints Manager, Ancile Insurance Group Ltd, Kao Hockham Building, Edinburgh Way, Harlow, Essex, CM20 2NQ

Who will then acknowledge receipt by email within five business days of receiving **your** complaint.

Or

In the unlikely event that they require longer than four weeks to complete their investigations for **your** complaint, they will write to **you** to explain why they are not yet in a position to respond and indicate when they will make further contact (this must be within eight weeks of the receipt of the original complaint).

If **you** have received their Final Response and are still not satisfied with the outcome, **you** may ask the Financial

Ombudsman Service (FOS) to review **your** case. Their address is Exchange Tower, London, E14 9SR. Their telephone advice line is 0800 023 4567 if calling from a landline or 0300 123 9123 if calling from a mobile or visit [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

**You** must do this within six months from the date of the Final Response.

## **Financial Services Compensation Scheme (FSCS)**

Red Sands Insurance Company (Europe) Limited is a member of the UK's Financial Services Compensation Scheme. If **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk), by emailing [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) or by phoning the FSCS on 0800 678 1100 or 0207 741 4100.



## End supplier failure insurance

**This section is operative if Gold cover has been purchased or You have paid the appropriate additional premium and it is shown on Your Policy Schedule.**

This cover is provided by International Passenger Protection Limited, IPP House, 22-26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by Liberty Mutual Insurance Europe SE (**The Insurer**). The Insurer is authorised and regulated by the Luxembourg Minister of Finance and the Commissariat aux Assurances. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority (registered number 829959). Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

**The Insurer will pay up to £1,500 in total for each Insured Person named on the Invoice for:**

1. Irrecoverable sums paid prior to **Financial Failure** of the Scheduled Airline, hotel, train operator including Eurostar, car ferries; villas abroad & cottages in the UK; coach operator, car or camper hire company, caravan sites, campsites, mobile home, safaris; excursions; Eurotunnel; theme parks or attractions all known as the **End Supplier** of the travel arrangements not forming part of an inclusive holiday prior to departure  
or
2. In the event of **Financial Failure** after departure:
  - a. additional pro rata costs incurred by the Insured Person(s) in replacing that part of the travel arrangements to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements;  
or
  - b. if curtailment of the holiday is unavoidable – the cost of return transportation to the United Kingdom, Northern Ireland, Gibraltar, Channel Islands or Isle of Man, to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.

**Financial Failure** means the **End Supplier** becoming Insolvent or has an administrator appointed and being unable to provide agreed services.

**End Supplier** means the company that owns and operates the services listed in point 1 above.

**The Insurer will not pay for:**

1. Travel or Accommodation not booked within the United Kingdom, Northern Ireland, Gibraltar, Channel Islands or Isle of Man prior to departure;
2. Any **End Supplier** which is, or which any prospect of **Financial Failure** is known by the Insured or widely known publicly at the date of the Insured's application under this policy;
3. Any loss or part of a loss which at the time of the happening of the loss is insured or guaranteed by any other existing Policy, Policies, bond, or is capable of recovery from under section 75 of the Consumer Credit Act or from any bank or card issuer or any other legal means;
4. The **Financial Failure** of any travel agent, tour organiser,

booking agent or consolidator with whom the Insured has booked travel or accommodation;

5. Any losses which are not directly associated with the incident that caused the Insured to claim. For example, loss due to being unable to reach **your** pre-booked hotel following the **Financial Failure** of an airline.

### Claims procedure

International Passenger Protection (IPP) claims only - any occurrence which may give rise to a claim should be advised as soon as reasonably practicable to the following by quoting **Your** policy number, Travel Insurance Policy name and **reference IPP ESFI-V1.22:**

IPP Claims at Sedgwick Oakleigh House  
14-15 Park Place Cardiff, CF10 3DQ United Kingdom  
Telephone: +44 (0)345 266 1872  
Email: [insolvency-claims@ipplondon.co.uk](mailto:insolvency-claims@ipplondon.co.uk) Website:  
[www.ipplondon.co.uk/claims.asp](http://www.ipplondon.co.uk/claims.asp)

**All other claims - refer to your insurance policy and see alternative claims procedure.**

### How to make a complaint

Compliance Officer  
Liberty Mutual Insurance Europe SE 20 Fenchurch Street  
London EC3M 3AW  
Tel: +44 (0)20 3758 0840  
Email: [complaints@libertyglobalgroup.com](mailto:complaints@libertyglobalgroup.com)  
quoting your policy and/or claim number;  
If after making a complaint you are still not satisfied, you may be entitled to refer the dispute to an independent organisation. This will depend on where you are based, please see below.

For policyholders and insured persons based in the UK  
The Financial Ombudsman Service is a free and impartial service, who may be contacted at:  
Exchange tower, Harbour exchange, London  
E14 9SR  
Tel: 0800 023 4567  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

To confirm whether you are eligible to ask the Financial Ombudsman Service to review your complaint find out more at  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### Data Protection

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purposes of providing this insurance and the handling of any claims or complaints, we may need to transfer certain information which you have provided to other parties.

### Sanctions

We will not provide any benefit under this insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

### Non-Assignment

No title, right or interest under this policy may be assigned, transferred, conveyed or otherwise disposed of without the consent in writing of the Insurer hereon. Any attempt to assign rights or interests without the Insurer's written consent is null and void.

## Travel dispute

This Section only applies if You have paid the appropriate additional premium and it is shown on Your Policy Schedule.

### Important Notice Regarding the operation of this Policy

Failure to comply with the following terms could mean that we decline to pay Your claim.

- All potential claims must initially be reported to Our appropriate Claims Helpline Service, which operates between the hours of 09.00 – 17.00 Mondays to Friday excluding Bank Holidays.

### Claims Notification & Advice Helpline Service – 01384 377000

- This is a **Policy** where **You** must notify **Us** during the **Period of Insurance** and within thirty (30) days of returning from the holiday which is subject to the dispute and which may give rise to any claim under this **Policy**. Failure to do so could mean that **We** decline to pay a claim for **Your** Professional Fees.
- Whilst the **Policy** may include events that occur Worldwide, **Policy** cover will only operate where Legal Proceedings can be brought within the Court Jurisdiction of a country within the **United Kingdom** or European Union.
- If **You** can convince **Us** that there are sensible prospects of being successful in **Your** claim and that it is reasonable for Professional Fees to be paid **We** will;
  - take over the claim on **Your** behalf
  - appoint a specialist of **Our** choice to act on **Your** behalf.

**We** may limit the Professional Fees that **We** pay under the **Policy** where:

- We** consider it is unlikely a reasonable settlement of **Your** claim will be obtained, or
  - there is insufficient prospects of obtaining recovery on any sums claimed or
  - the potential settlement amount of **Your** claim is disproportionate compared with the time and expense incurred in pursuing or defending **Your** claim. Where it may cost **Us** more to handle a claim than the amount in dispute **We** may at **Our** option pay to **You** the amount in dispute which will then constitute the end of the claim under this **Policy**.
- If Legal Proceedings have been agreed by **Us**. **You** may at this stage decide to nominate and use **Your** own solicitor or indeed, **You** may wish to continue to use **Our** own specialists. If **You** decide to nominate **Your** own professional **We** must agree this in advance and **You** will be responsible for any Professional Fees in excess of those which **Our** own specialists would normally charge **Us** (Details are available upon request)
  - At the conclusion of **Your** claim if **You** are awarded any costs (not **Your** damages), these must be paid to **Us**.
  - In the event that **You** make a claim under this **Policy** which **You** subsequently discontinue due to **Your** own disinclination to proceed, any legal costs incurred to date will become **Your** own responsibility and will be required to be repaid to the insurer.

Please note that if you engage the services of anyone prior to making contact with the claims helpline services and incur any costs without our prior written approval these costs will not be covered by this insurance.

If upon receipt of this **Policy** **You** are unhappy with any of the requirements as stated above please advise **Your** insurance adviser within fourteen (14) days of issue, who subject to **You** not having travelled or made a claim under this **Policy**, will arrange a full refund of premium

### Travel Disputes Policy Definitions

The words or expressions detailed below have the following meaning wherever they appear in this **Policy**.

#### Agent

The Agent appointed by the Coverholder to transact this insurance with **You**.

#### Authorised Professional

A solicitor, counsel, claims handler or mediator, accountant, firm of accountants or other appropriately qualified person appointed and approved by **Us** under the terms and conditions of this **Policy** to represent **Your** or an **Insured Person's** interests.

#### Claim Limit(s)

The amount **We** will pay in respect of any one claim and the total amount payable within any one **Period of Insurance** as specified within the **Schedule**.

#### Claims Specialist

**Our** own claims panel solicitor or claims handler.

#### Court

A Court, tribunal or other competent authority.

#### Event

The initial Event, act or omission which sets off a natural and continuous sequence of Events that subsequently gives rise to a claim for Professional Fees and/or payment of a benefit under this **Policy**.

#### Excess

The first amount of each and every claim as detailed on the **Schedule** or Insured Event.

#### Holiday

A Holiday **Trip** outside of the **United Kingdom** or a Holiday within the **United Kingdom** which includes two or more consecutive nights stay in Pre-Booked Accommodation.

#### Insured Person

The persons named within the **Policy Schedule** attached to this **Policy**.

#### Insurer

This insurance is administered by AmTrust Europe Ltd.

#### Legal Proceedings

When formal Legal Proceedings are issued against an opponent in a Court of Law.

#### Period of Insurance

The **Period of Insurance** shown in the **Schedule**.

#### Policyholder, You, Your

The person or company who has paid the premium and is named in the **Schedule** as the **Policyholder**.

#### Pre-Booked Accommodation

A commercially run premises where a fee is charged which has been booked prior to **Your** departure on **Your** Holiday not including premises owned by friends or family.

#### Professional Fees

Legal fees and costs properly incurred by the Authorised Professional, with **Our** prior written authority including costs incurred by another party for which **You** are made liable by

Court Order, or may pay with **Our** consent of a civil claim in the Territorial Limits arising from an Insured Incident. In the Event that the matter falls within the limits of a Small Claims Court, the maximum amount payable to the Authorised Professional shall be limited to the maximum amount recoverable from that respective Court.

#### **Prospects of Success**

At least a 51 % chance of the **Insured Person(s)** achieving a favourable outcome

#### **Schedule**

The document which shows details of **You** and this insurance and is attached to and forms part of this **Policy**.

#### **Standard Professional Fees**

The level of Professional Fees that would normally be incurred by **Us** in either handling this matter using **Our** own Claims Specialists or a nominated Authorised Professional of **Our** choice.

#### **Territorial Limits**

Worldwide but only where Legal Proceedings can be brought in a **United Kingdom** or European Union (EU) country's Court Jurisdiction.

#### **Terrorism**

The use, or threat of use, of biological, chemical and/or nuclear force or contamination by any person(s), whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government(s) or put any section of the public in fear.

#### **Time of Occurrence**

When the Event occurred or commenced whichever is the earlier.

#### **We, Us, Our**

Arc Legal Assistance Limited and AmTrust Europe Ltd.

#### **Cover**

**You** have paid the premium and supplied to **Us** a proposal and declaration or other information which shall be the basis of this contract and be incorporated in this **Policy**. Upon payment of the **Policy Excess** if applicable **We** will indemnify **You** in accordance with **Our** Standard Professional Fees and where requested by **You** any other **Insured Person** up to the Limit of Indemnity subject to the terms, conditions and exclusions of this **Policy**, against Professional Fees arising from an insured Event within the Territorial Limits where **You** notify **Us** within thirty (30) days of returning from the Holiday which is subject to the dispute and which may give rise to any claim under this policy

#### **What is covered:**

Pursuing a breach of contract claim arising from a contract (which must be evidenced and recorded in writing) entered into by or on **Your** behalf for the purposes of undertaking a Holiday in order to seek compensation and or implementation of the contract from the following:

- a) **Your** Tour Operator or Holiday Company
- b) **Your** Travel Agent
- c) A Car Hire company with whom **You** have pre-booked a vehicle
- d) An Airline, Ferry, Train, **Cruise** liner or Coach Operator
- e) A Hotelier or Property Owner

Subject to the cause of action arising within the Territorial Limits and where Legal Proceedings are able to be brought

in a **United Kingdom** or European Union (EU) Country's Court jurisdiction.

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

1. Any matter where the value of the goods or services in dispute or the total instalments due at the time of making the claim is less than £150.
2. An Event not reported to the Insurer within thirty (30) days of returning from the Holiday subject to the dispute.
3. Professional Fees and expenses which a Court of Criminal Jurisdiction orders to be paid.
4. Actions pursued in order to obtain satisfaction of a judgment or legally binding decision.
5. The **Insured Person's** travelling expenses, subsistence allowances or compensation for absence from work.
6. Any claim where the Event arises from incidents which have occurred or services and the like which have been provided prior to the first inception date of this insurance.

#### **General Exclusions for Travel Dispute**

This insurance does not cover:

1. Professional Fees incurred:
  - a) in respect of any Event where the Time of Occurrence commenced prior to the commencement of the insurance;
  - b) where the **Insured Person** should have realised when purchasing this insurance that a claim under this insurance might occur;
  - c) before **Our** written acceptance of a claim;
  - d) before **Our** approval or beyond those for which **We** have given **Our** approval;
  - e) where **You** fail to give proper instructions in due time to **Us** or to the Authorised Professional;
  - f) where **You** are responsible for anything which in **Our** opinion prejudices **Your** case;
  - g) if **You** withdraw instructions from the Authorised Professional, fail to respond to the Authorised Professional, withdraw from the Legal Proceedings or the Authorised Professional refuses to continue to act for **You**;
  - h) where **You** decide that **You** no longer wish to pursue **Your** claim as a result of disinclination. All costs incurred up until this stage will become **Your** responsibility;
  - i) in respect of the amount in excess of **Our** Standard Professional Fees where **You** have elected to use an Authorised Professional of **Your** own choice;
2. the pursuit, continued pursuit or defense of any claim if **We** consider it is unlikely a sensible settlement will be obtained or where the likely settlement amount is disproportionate compared with the time and expense incurred;
3. claims which are conducted by **You** in a manner different from the advice or proper instructions of **Us** or the Authorised Professional;
4. appeals unless **You** notify **Us** in writing of **Your** wish to appeal at least six (6) working days before the deadline for giving notice of appeal expires and **We** consider the appeal to have reasonable prospects of success;
5. any Professional Fees and expenses that could have been recovered under any other insurance except beyond the amount which would be payable under

- such insurance had this **Policy** not been effected;
6. damages, fines or other penalties **You** are ordered to pay by a Court, tribunal or arbitrator;
  7. claims arising from an Event arising from **Your** deliberate act, omission or misrepresentation;
  8. any Professional Fees relating to **Your** alleged dishonesty or deliberate and willful criminal acts or omissions;
  9. a dispute which relates to any compensation or amount payable under a contract of insurance;
  10. a dispute with **Us** not dealt with under the Arbitration condition;
  11. an application for judicial review;
  12. any Professional Fees incurred in defending or pursuing new areas of law or test cases;
  13. any claim involving medical or clinical negligence or pharmaceutical or any related claims (including but not limited to tobacco products);
  14. any claim arising from a stress or psychological related condition;
  15. any matter arising from or relating to any business or trading activity or venture for gain undertaken by an **Insured Person** including but not limited to any personal guarantee and investment in unlisted companies;
  16. Legal Proceedings outside the European Union (EU) and proceedings in constitutional international or supranational Courts or tribunals including the European Court of Justice and the Commission and Court of Human Rights;
  17. Legal Proceedings between an **Insured Person** and a central or local government authority;
  18. disputes between an **Insured Person** and their family or a matrimonial or co-habitation dispute;
  19. any claims made or considered against **Us**, the Agent or Authorised Professional used to handle any claim;
  20. any claims relating to cosmetic treatment, surgery or tanning;
  21. Professional Fees incurred that exceed the maximum amount recoverable from that respective Court in relation to matters that fall within Small Claims Court Limits.
  22. any direct or indirect liability, loss or damage caused:
    - a) to equipment because it fails correctly to recognise data representing a date in a way that it does not work properly or at all; or
    - b) by computer viruses.

This does not apply to legal proceedings connected with claiming compensation following **Your** death or bodily injury.

23. any claim or expense of any kind caused directly or indirectly by:
  - a) ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning or nuclear fuel; or
  - b) the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
24. any loss or damage caused by any sort of war, invasion or revolution
25. any loss or damage caused by pressure waves caused by aircraft or other flying objects moving at or above the speed of sound;
26. any loss, damage, liability, cost or expense of any kind directly or indirectly caused by, resulting from or in

connection with any act of terrorism. For the purpose of this exclusion, "terrorism" means the use, or threat of use, of biological, chemical and/or nuclear force or contamination by any person(s), whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government(s) or put any section of the public in fear.

#### **General Conditions for Travel Dispute: Consumer Insurance Act**

**You** are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take care to:

- a) supply accurate and complete answers to all the questions **We** or the administrator may ask as part of **Your** application for cover under the **Policy**;
- b) to make sure that all information supplied as part of **Your** application for cover is true and correct;
- c) tell **Us** of any changes to the answers **You** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that **Your Policy** is invalid and that it does not operate in the event of a claim.

#### **Observance**

**Our** liability to make any payment under this **Policy** will be conditional on **You** complying with the terms and conditions of this insurance.

#### **Claims**

**You** must tell **Us** in writing within thirty (30) days of returning from the respective Holiday about any matter, which could result in a claim being made under this **Policy**, and must obtain in writing **Our** consent to incur Professional Fees.

**We** will give such consent if **You** can satisfy **Us** that there are reasonable Prospects of Success in pursuing or defending **Your** claim and that it is necessary for Professional Fees to be paid and **You** have paid the **Excess**.

**We** may require (at **Our** discretion) **You** at **Your** expense to obtain the opinion of an expert or counsel on the merits of a claim or continued merits of a claim or Legal Proceedings. If **We** subsequently agree to accept or continue with the claim, the costs of such opinion will be covered.

If after receiving a claim or during the course of a claim **We** decide that:

1. **Your** Prospects of Success are insufficient;
2. It would be better for **You** to take a different course of action;
3. **We** cannot agree to the claim.

**We** will write to **You** giving **Our** reasons and **We** will not then be bound to pay any further Professional Fees for this claim.

**We** may limit any Professional Fees that **We** will pay under the **Policy** in the pursuit, continued pursuit or defense of any claim:

1. If **We** consider it is unlikely a sensible settlement will be obtained; or
2. where the likely settlement amount is disproportionate to the time and expense necessary to achieve a

settlement; or

3. **We** consider that it is unlikely that **You** will recover the sums due and or awarded to **You**.

Alternatively where it may cost **Us** more to handle a claim than the amount in dispute **We** may at **Our** option pay to **You** the amount in dispute which shall be deemed to represent full and final settlement under this **Policy** providing that all the terms and conditions of this **Policy** have been complied with.

In the event that **You** make a claim under this **Policy** which **You** subsequently discontinue due to **Your** own disinclination to proceed, any legal costs incurred to date will become **Your** own responsibility and will be required to be repaid to the Insurer.

### **Representation**

**We** will take over and conduct in **Your** name the prosecution, pursuit, defense or settlement of any claim. The Authorised Professional nominated and appointed by

**Us** will act on **Your** behalf and **You** must accept **Our** nomination.

If Legal Proceedings have been agreed by **Us**, **You** may nominate **Your** own Authorised Professional whose name and address **You** must submit to **Us**. In selecting **Your** Authorised Professional **You** shall have regard to the common law duty to minimise the cost for **Your** claim. Any dispute arising from this shall be referred to Arbitration in accordance with the **Policy** Conditions. Where **You** have elected to use **Your** own nominated Authorised Professional **You** will be responsible for any Professional Fees in excess of **Our** Standard Professional Fees.

### **Conduct of Claim**

1. **You** shall at all times co-operate with **Us** and give to **Us** and the Authorised Professional evidence, documents and information of all material developments and shall attend upon the Authorised Professional when so requested at **Your** own expense.
2. **We** shall have direct access at all times to and shall be entitled to obtain from the Authorised Professional any information, form, report, copy of documents, advice computation, account or correspondence relating to the matter whether or not privileged, and **You** shall give any instructions to the Authorised Professional which may be required for this purpose. **You** or **Your** Authorised Professional shall notify **Us** immediately in writing of any offer or payment into Court made with a view to settlement and **You** must secure **Our** written agreement before accepting or declining any such offer.
3. **We** will not be bound by any promise or undertaking given by **You** to the Authorised Professional or by either of **You** to any Court, witness, expert or agent or other person without **Our** agreement.

### **Recovery of Costs**

**You** should take all steps to recover costs charges, fees or expenses. If another person is ordered, or agrees, to pay **You** all or any costs charges, fees, expenses or compensation **You** will do everything possible (subject to **Our** directions) to

recover the money and hold it on **Our** behalf. If payment is made by instalments these will be paid to **Us** until **We** have recovered the total amount that the other person was ordered, or agreed to pay by way of costs, charges or fees.

### **Fraud**

**We** have the right to refuse to pay a claim or to void this insurance in its entirety if **You** make a claim which is in any respect false or fraudulent.

### **Privacy and Data Protection Notice**

#### **1. Data Protection**

Arc Legal Assistance are committed to protecting and respecting Your privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which We process Your personal data, for more information please visit [www.arclegal.co.uk](http://www.arclegal.co.uk)

#### **2. How We Use Your Personal Data and Who We Share it With**

We may use the personal data We hold about You for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), research or statistical purposes. We will also use Your data to safeguard against fraud and money laundering and to meet Our general legal or regulatory obligations.

#### **3. Sensitive Personal Data**

Some of the personal information, such as information relating to health or criminal convictions, may be required by Us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for Us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in Our notice.

#### **4. Disclosure of Your Personal Data**

We may disclose Your personal data to third parties involved in providing products or services to Us, or to service providers who perform services on Our behalf. These may include, where necessary, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

#### **5. International Transfers of Data**

The personal data that We collect from You may be transferred to, processed and stored at, a destination outside the UK and European Economic Area ("EEA"). We currently transfer personal data outside of the UK and EEA to the USA and Israel. Where We transfer Your personal data outside of the UK and EEA, We will take all steps necessary to ensure that it is treated securely and in accordance with this privacy notice and the Legislation.

#### **6. Your Rights**

You have the right to ask Us not to process Your data for marketing purposes, to see a copy of the personal information We hold about You, to have Your data

deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to ask Us to provide a copy of Your data to any controller and to lodge a complaint with the local data protection authority.

## 7. Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with Our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with You, unless We are required to retain the data for a longer period due to business, legal or regulatory requirements.

If You have any questions concerning Our use of Your personal data, please contact The Data Protection Officer, AmTrust International please see website for full address details.

A copy of this Insurer's privacy policy is available to view at: <https://www.amtrustinternational.com/legal/privacy-cookies/>

## Due Care

**You** must take due care to prevent incidents that may give rise to a claim and to minimise the amount payable by **Us**.

## Cancellation

**We** hope **You** are happy with the cover this **Policy** provides. However, if after reading this **Policy**, this insurance does not meet with **Your** requirements, please return it to **Your** Agent within fourteen (14) days of issue and **We** will refund **Your** premium provided **You** have not submitted a claim.

The Insurer shall not be bound to accept renewal of any Insurance and may at any time cancel any insurance document by giving fourteen (14) days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to the Insured at their last known address. Valid reasons may include but are not limited to:

- a) Fraud
  - b) Non-payment of premium
  - c) Threatening and abusive behavior
  - d) Non-compliance with policy terms & conditions
- Provided the premium has been paid in full the Insured shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

## Acts of Parliament

Any reference to Act of Parliament within this **Policy** shall include an amending or replacing Act and shall also include where applicable equivalent legislation in Scotland, Northern Ireland, the Channel Islands, the Isle of Man and under European Law where applied in the **United Kingdom**.

## Arbitration

Any dispute between You and Us, which is not solved by the Policy, will be governed by the laws of England and Wales and shall be referred to a single arbitrator who shall either be a solicitor or barrister on whom We both agree. If We cannot agree, one will be nominated by the Law Society. Where appropriate the dispute will be resolved on the basis

of written submissions. The costs of resolving the dispute will be met in full by the party against whom the decision is made. If the decision is not clearly made against either party, the arbitrator shall have the power to apportion costs

## Contracts (Rights of Third Parties) Act 1999

Unless expressly stated nothing in this insurance contract will create rights pursuant to the Contracts (Rights of Third Parties) Act 1999 in favor of anyone other than the parties to the insurance contract.

## Notices

Any letter or notice concerning this insurance will be properly issued if it is sent to the last known address of the person intended to receive it.

## Claims Notification and Advice Helpline Service

All potential claims must be reported initially to the Travel Dispute Claims Notification and Advice Helpline Service for advice and support.

## Travel Dispute Claims Notification & Advice Helpline Service: - 01384 377000

**We** will not accept responsibility if the Helpline Services fail for reasons beyond **Our** control.

## Law

This **Policy** shall be governed by and construed in accordance with the Law of England and Wales unless the Policyholder's habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the law of Scotland shall apply. In the event of the place of establishment being situated in the Channel Islands the relevant law governing the Channel Islands shall apply.

## Complaints Procedure

In the event of a complaint arising under this insurance, **You** should in the first instance contact Arc Legal Assistance Limited.

Write to **Us** at:

Arc Legal Assistance Limited, P O Box 8921,  
Colchester, CO4 5NE Email **Us** At:  
customerservice@arclegal.co.uk Call **Us** On: 01206 615000

Please ensure **Your Policy** number is quoted in all correspondence to assist a quick and efficient response.

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are insured in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff.

**You** may contact the Financial Ombudsman Service at:

Financial Ombudsman Service, Exchange Tower, London,  
E14 9SR Telephone: 0300 123 9123 or 0800 023 4567

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

The above complaints procedure is in addition to **Your** statutory rights as a consumer. For further information about **Your** statutory rights contact **Your** local Authority Trading Standards Service or Citizens Advice Bureau.

**Compensation Scheme**

AmTrust Europe Ltd is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any member goes out of business or into liquidation and is unable to meet any valid claims against its policies. **You** may be entitled to compensation if **We** cannot meet **Our** obligations, depending on the circumstances of the claim. Further information about the compensation scheme can be obtained from the FSCS.

## Golf cover extension (Policy B)

### on payment of additional premium

**We will pay up to the amount shown in the schedule of cover for:**

#### Loss of Golf Equipment

1. the cost of repair of **golf equipment** that is partially damaged whilst on **your trip**, up to the market value of the item, allowing for age, wear, and tear.
- Or
2. the market value of the **golf equipment**, allowing for age, wear, and tear to cover **golf equipment** that is stolen, permanently lost, or destroyed whilst on **your trip**.

#### Equipment Hire

the cost of hire of **golf equipment** if **your golf equipment** is lost, stolen, or delayed on your outward journey for over 12 hours from the time **you** arrived at **your trip** destination.

#### Provided:

1. **you** have paid your excess or accept it will be deducted from any settlement.
2. **you** have complied with the carrier's conditions of carriage.
3. **you** have notified the Police, **your** carrier or tour operator's representative and obtained an independent written report with written confirmation of any loss or damage.
4. **you** are not claiming for damage caused by a domestic dispute, atmospheric or climatic conditions, age, wear, tear, moth or vermin, perishable items and/or their contents.
5. **your golf equipment** is not specifically insured elsewhere.
6. **you** own the **golf equipment** **you** are claiming for and are able to provide proof of ownership/purchase and original purchase price for any **golf equipment** over £50 in value.
7. **you** are able to provide either the damaged **golf equipment** on request or to prove the existence or ownership/purchase of any **golf equipment** lost or stolen.
8. **you** have kept all receipts for any hired **golf equipment** and sent them in to **us** with your claim.

#### Loss of Green Fees

**We will pay up to the amount shown in the schedule of cover for:**

the loss of green fees should the pre-booked course become unplayable due to adverse weather conditions or because of **your** serious injury/illness occurring during the **trip** preventing you from playing golf.

#### Provided:

the course is closed by a club official, and you have confirmation in writing or contacted the 24/7 assistance team about a medical claim.

#### Hole in One

**We will pay up to the amount shown in the schedule of cover if:**

**you** complete a hole in one stroke gross (i.e., exclusive of handicap) during any organised game on any golf course during **your trip**. Please note: this benefit will only be payable once in any game.

#### Provided:

1. **you** have confirmation in writing from the club secretary and **your** playing partner.
2. **you** have kept all receipts for these items and send them in to **us** with your claim.

**There is a maximum amount you can claim and a maximum amount in total for each category, and these are shown under the Schedule of cover.**

**This section only covers golf equipment listed under the golf equipment definition of the main policy wording that belong to you, is not 'new for old' and an amount for age, wear, and tear will be deducted.**

**There is no cover provided under this section for anything mentioned in the General conditions and exclusions applying to all sections of cover in the main policy wording or any items that do not fall within the categories of cover listed. Additionally, no cover is provided under this extension for:**

1. any intentional damage to **golf equipment** due to carelessness/reckless actions.
2. any claim where **you** have left **your golf equipment unattended** away from **your** holiday or **trip** accommodation unless left between 6.00 am and 11.00 pm local time (during daytime) in the locked boot or covered **luggage** area of a motor vehicle and entry was gained by violent and forcible means.
3. any claim not evidenced by a report specified in this section, unless otherwise agreed by **us**.
4. any claim if **you** do not produce written confirmation from the secretary of the club, stating that the hole in one has been performed to the satisfaction of the club, together with the original score card fully completed and duly signed.

#### If you need to claim:

Download a claim form at

[www.imglobal.com/member/assistance/claims](http://www.imglobal.com/member/assistance/claims) or call +44 (0) 144 446 5590 or write to Travel Claims Team, 3rd Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL.

Our claims handlers will need to see:

- Completed cancellation claim form
- Booking invoice(s) for the **trip**
- Proof of ownership / purchase for the items claimed
- Damaged: Estimate for repair, or proof that the item is beyond repair or destroyed
- Loss or theft: Official loss, theft or damage written report, from the police in resort, carrier and / or tour operator's representative obtained within 24 hours of the incident being noticed by You.
- Delayed, loss or damage (checked-in baggage): Property Irregularity Report (PIR) or equivalent obtained within 24 hours of the incident, and if applicable the carrier's written confirmation the items are permanently lost
- Delayed, loss or damage (checked-in baggage): Tickets and luggage tags
- Delayed, loss or damage (checked-in baggage): Evidence from the carrier of any compensation or reimbursement issued to **you** towards **your** losses
- Delayed: Invoices and receipts for **golf equipment** hired in resort



- Delayed: Evidence of the date and time **your golf equipment** was returned to **you**
- Green fees: Medical report confirming when **you** became medically unfit to play, or documentation from the golf club / resort confirming the reason and dates the course was closed
- Hole in one: Documentation from the golf club / resort secretary and playing partner confirming **your** official hole in one during an organised game
- Details of other insurance, or third party responsible, if applicable

**For damaged items:**

Keep damaged items in case we ask for them. If requested, they will need to be sent to: Travel Claims Team, 3<sup>rd</sup> Floor, Fitzalan House, Fitzalan Court, Cardiff CF24 0EL. We will not cover the postage cost applicable.

**Any golf equipment with a purchase price over £50 must be supported by original proof of ownership or purchase. An individual limit of £50 will apply to each item not supported, with an overall limit of £150 for all such items**

## **IMPORTANT NUMBERS:**

**Medical Emergency: +44 (0) 1444 465573**

**Claims: 01444 465590**

**Legal Advise: +44 (0) 345 241 1875**

**Just Travel Cover: 0333 003 0021**

**Email: [admin@justtravelcover.com](mailto:admin@justtravelcover.com)**

