

# TRAVEL INSURANCE

STAYCATION POLICY WORDING

Underwritten by:



# Thank you for purchasing your insurance from JustTravelcover.com

In this **Policy**, **We** use some words that **We** have given special meanings. These words are shown in bold in this **Policy**, and the meanings of those words are set out in the 'Definitions' section on pages 6-8.

We 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 for JustTravelcover.com.

**Customer Service:** **0333 003 0021**

Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1:00 pm

**24 Hour Medical Emergency Assistance:** **+44 (0) 1273 740927**

**Email:** **uk.assistance@aig.com**

Please contact AIG Travel in the event of a medical emergency or if **Your** outpatient treatment is likely to cost more than £500.

**Claims:** **+44 (0) 1273 740925**

**Email:** **aigtravelclaims@aig.com**

Lines are open Monday to Friday 9:00 am to 5:00 pm (excluding public holidays)

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## IMPORTANT FEATURES OF YOUR TRAVEL INSURANCE

Your attention is drawn to important features of **Your** travel insurance **Policy** including:

### INSURANCE POLICY

This is **Your** travel insurance **Policy** which contains full details of what is and is not provided for each **Insured Person**. **Your Policy** is only valid if it includes a **Policy Schedule**.

**Your Policy** is administered by Just Insurance Agents Limited trading as JustTravelcover.com: company number 05399196. Registered address: Victoria House, Toward Road, Sunderland, Tyne & wear, SR1 2QF. Your policy is underwritten by American International Group UK Limited who is registered in England: company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London, EC3M 4AB. American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN 781109). This can be checked by visiting the Financial Services Register (<https://register.fca.org.uk>).

### POLICY SCHEDULE

**Your Policy Schedule** is a very important document and **You** should check that all the information contained in it is correct before **You** travel, and take it and this **Policy** document, with **You** when travelling.

The **Policy** covers all persons named on the **Policy Schedule** for whom the premium has been paid.

### WHAT YOU NEED TO TELL US

When **We** decide whether to offer **You** this **Policy**, and the terms and premium to be set, **We** rely on the information **You** provide to **Us**. **You** are therefore required to take reasonable care to ensure **You** answer all questions **We** ask honestly, fully, and to the best of **Your** knowledge and belief. If **You** do not, **You** may not be fully covered and this may result in **Us** refusing a claim, or only paying part of a claim, or **We** may write to **You** to inform **You** that **We** are amending or cancelling **Your** insurance **Policy**. If **You** are not sure how to answer any questions **We** ask, please contact JustTravelcover.com.

**Tel: 0333 003 0021**

Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1.00 pm.

### ELIGIBILITY

This insurance **Policy** is only available to residents of the **United Kingdom**. **You** must have a permanent residential address in the **United Kingdom**.

### TRIP DESTINATION

This insurance **Policy** is only valid for trips undertaken within the **United Kingdom**.

### PLANNED TRAVEL TO OR THROUGH RESTRICTED COUNTRIES

**We** do not provide cover for any **Trip** booked and then subsequently cancelled, nor do **We** provide cover for any **Trip** booked for travel into or through any of the **Restricted Countries**.

### TRIP DURATION

Trips must be booked for a minimum of 1 overnight night away from your **Home** and are subject to the **maximum Period of Insurance**.

### AGE LIMITS

This insurance **Policy** is not available to anyone over the age of 75 at the date of purchase. Children, who are 17 years of age or under, are only insured when accompanied by a relative, guardian or person with a legal duty of care, such as a school teacher if on a school trip.

### CONDITIONS AND EXCLUSIONS

There are conditions and exclusions which apply to individual sections of cover and general conditions, and General Exclusions which apply to the whole **Policy**.

### FRAUDULENT CLAIMS

The making of a fraudulent claim may be a criminal offence. If **You** make a fraudulent claim under this insurance **Policy**, then:

1. **We** may write to **You** to inform **You** that **We** are cancelling **Your** insurance **Policy**
2. **We** may refuse all claims
3. **We** may be entitled to recover the amount of any claim already paid under **Your** insurance **Policy**
4. **We** will not return any premium paid
5. **We** may inform the Police of the circumstances.

## PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **You** lose them and not on a “new for old” replacement cost basis. Claims for sports equipment damaged whilst in use is not covered. Loss or damage of property not belonging to **You** is also not covered.

## POLICY LIMITS

Each section of **Your Policy** has a limit on the amount **We** will pay under that section. Some sections also include other specific limits, for example: for any one item or for **Valuables** in total. **You** are advised to check **Your Policy** document if **You** intend taking expensive items with **You**. High value items should be more specifically insured under **Your** home insurance or similar policy.

## POLICY EXCESSES

Under most sections of **Your Policy**, claims will be subject to an **Excess**. This means that the insurance **Policy** will not cover the first part of any claim. The amount **You** have to pay is set out in the **Schedule of Cover & Limits**.

## REASONABLE CARE

**You** need to take all reasonable care to protect **Yourself** and **Your** property, as **You** would if **You** were not insured.

## COMPLAINTS

**Your** insurance **Policy** has in it a Complaints Procedure which tells **You** what steps **You** can take if **You** wish to make a complaint. The Complaints Procedure on page 23 tells you the steps to take if you are unhappy about **Your** insurance **Policy** and wish to make a complaint.

## CHANGE IN CIRCUMSTANCES

**You** must tell **Us** as soon as reasonably possible of any change in the information **You** have provided to **Us** which happens before or during any **Period of Insurance**.

When **We** are notified of a change **We** will tell **You** if this affects **Your Policy**. For example **We** may cancel **Your Policy** in accordance with the Cancellation Provisions, amend the terms of **Your Policy** or require **You** to pay more for **Your** insurance. If **You** do not inform **Us** about a change it may affect any claim **You** make or could result in **Your** insurance being invalid.

## CANCELLATION OF YOUR POLICY

### Your right to cancel

#### Policy durations of one month or more

**We** hope **You** are happy with the cover **Your Policy** provides. However, if after reading it, this insurance does not meet with **Your** requirements, **You** can cancel within 14 days of receipt of **Your Policy** and we will refund **Your** premium in full, provided you have not made a claim. If during this 14-day period **You** have, made a claim, or intend to make a claim then **We** will not make any refund of premium to **You**.

**You** may cancel **Your Policy** by contacting JustTravelcover.com by calling **0333 003 0021** or by writing to us at The Office Manager, JustTravelcover.com, Victoria House, Toward Road, Sunderland, SR1 2QF. Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1.00pm.

If **You** wish to cancel after 14 days of receipt of **Your Policy**, you shall be entitled to a refund of the premium, subject to a deduction for the time for which you have been covered on a proportionate basis, provided that you have not made or intend to make a claim.

#### Policy durations of less than one month

You may cancel **Your Policy** within 14 days of receipt provided you have not commenced **Your Trip** or made a claim. If during this 14-day period **You** have travelled, made a claim, or intend to make a claim then **We** will not make any refund of premium to **You**. If **You** cancel after 14 days of receipt of **Your Policy** there will also be no refund of premium due to **You**;

## **Our right to cancel**

**We** can cancel **Your** insurance at any time by giving **You** 14 days' written notice at **Your** last known address. **We** will only do this for a valid reason. Examples of valid reasons include but are not limited to **You** informing **Us** or **We** establish there is a change in risk which **We** are unable to insure, where **We** suspect fraud on this or any other related **Policy**. Where **We** cancel **Your** policy **You** shall be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance provided **You** have not travelled, made a claim, or intend to make a claim. If **We** cancel **Your Policy** because of fraud or suspected fraud there will be no refund of premium to **You**.

## **ACTIVITIES AND HAZARDOUS SPORTS**

**Your Policy** contains conditions and exclusions relating to dangerous activities, sports or pastimes where there is a risk of injury, or which can be expected to aggravate an existing condition. Please see the list of **Hazardous Pursuits** in **Your Policy** under Important Information and Conditions Applying to All Sections.

## **GOVERNING LAW AND JURISDICTION**

This **Policy** will be governed by English law and **You** and **We** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it; however if **You** reside in Scotland, Northern Ireland or the Isle of Man, the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by **You** and **Us** before the commencement date.

The terms and conditions of this **Policy** will only be available in English and all communication relating to this **Policy** will be in English.

## **SANCTIONS**

**We** shall not be deemed to provide cover and **We** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us**, **Our** parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the United Kingdom, the European Union or the United States of America.

## **THIRD PARTY RIGHTS**

A person who is not a party to this Insurance **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract of insurance but this does not affect any right or remedy of a third party that exists or is available apart from that Act.

## **HEALTH/MEDICAL CONDITIONS**

**Your Policy** contains conditions related to the health of **You** and the people travelling with **You**; and others upon whose well-being the **Trip** may depend. All medical conditions must be disclosed to **Us** before we issue this policy. Failure to do so may affect the cover afforded under this **Policy**.

The headings or captions used in this **Policy** are for the purposes of reference only and do not otherwise affect the meaning of this **Policy**.

## SCHEDULE OF COVER & LIMITS

		Max Sum Insured	Excess
1	Cancellation of Trip	£5,000	£100
2	Curtailement	£5,000	£100
3	Medical & Repatriation Expenses	£100,000	£100
4	Hospital Transfer & additional expenses Hospital Transfer Costs Return Home Costs Additional Expenses	£5,000 £2,500 £500	£100 £100 £100
5	Hospital Benefit	£50 per 24 hours up to £500	Nil
6	Personal Effects and Baggage Single Item Limit Valuables Limit Delayed Baggage	£2,250 £500 £500 £50 per 4 hours up to £300	£100  Nil
7	Mobility Aids	£2,000	£100
8	Money and Cash Cash Limit Cash Limit if under 18	£500 £250 £50	£25
9	Loss of Passport & Travel Documents	£300	Nil
10	Travel Delay Holiday Abandonment	£50 per 4 hours up to £250 £5,000	Nil £100
11	Missed Departure	£750	£100
12	Personal Accident (over 18 and under 75 years of age) Death Loss of Limb(s)/Eye(s) Permanent Total Disablement  Personal Accident (under 18 or over 75 years of age) Death Loss of Limb(s)/Eye(s) Permanent Total Disablement	£25,000 £25,000 £25,000  £5,000 £1,000 No Cover	Nil Nil Nil  Nil Nil
13	Personal Liability	£2,000,000	£100
14	Mugging Benefit	£50 per 24 hours up to £300	Nil
15	Uninhabitable Accommodation	£500	Nil
<b>The following additional cover option is available only where the appropriate additional premium has been paid:</b>			
16	Golf: Golf Equipment Single Item Limit Golf Equipment Hire Non-refundable Golfing Fees	£1,500 £250 £20 per 24 hours up to £200 £75 per 24 hours up to £300	£100  Nil Nil

## HEALTH AND PRE-EXISTING MEDICAL CONDITIONS

**Your Policy** can cater for travelers with pre-existing medical conditions. For the purposes of this insurance, **You** are considered to have a pre-existing medical condition if **You** answered “Yes” to any part of the following question, which **You** were asked when **You** applied for insurance with **Us**:

1. Has anyone travelling ever had treatment for:
  - a. Any heart or circulatory condition?
  - b. Any type of diabetes?
  - c. A stroke or high blood pressure?
  - d. Any type of cancer, whether in remission or not?
  - e. Any lung or breathing condition?
  - f. An organ transplant or dialysis?
2. In the last 5 years, has anyone travelling suffered from a serious or recurring medical condition, been prescribed medication or received treatment or attended a **Medical Practitioner’s** surgery?
3. In the last 5 years, has anyone travelling been referred to a specialist or a consultant at a hospital or clinic for tests, diagnosis or treatments or attended as an in or out patient?
4. Has anyone travelling ever been diagnosed or treated for any form of anxiety, depression or **Psychiatric Condition** including eating disorders?
5. Has anyone travelling been placed on a waiting list for investigations or treatment?
6. Has anyone travelling been diagnosed by a **Medical Practitioner** as suffering from a terminal illness? If so, how long is the terminal prognosis from the date of return from **Your Trip**?

### PLEASE NOTE:

1. **You** must be fit to undertake **Your** planned **Trip**
2. **You** must not travel against medical advice or with the intention of obtaining medical treatment or consultation.
3. **We** will cover **You** for pre-existing medical conditions **You** have declared to **Us** and which **We** have accepted in writing. These medical conditions are set out in the “Medical Declaration Schedule”
4. **We** will not cover **You** for any pre-existing conditions which do not appear in the “Medical Declaration Schedule”
5. **We** will not cover **You** if **Your** state of health is worse than **You** declared to us at the time **You** purchased **Your Policy**.
6. Please check that the information set out in the “Medical Declaration Schedule” is correct. If it is not, **You** must call JustTravelcover.com on **0333 0030021** to tell **Us** as soon as possible but in any event no later than 14 days from the date **You** receive **Your Policy** and **Policy Schedule**.

Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1.00 pm

This is a travel insurance policy and not private medical insurance. It does not provide cover for cosmetic treatments or surgery you have chosen to have or for procedures that can be carried out in Your Home country or for any medical expenses incurred in private facilities if a medically suitable State facility is available.

### ELECTING TO EXCLUDE COVER FOR PRE-EXISTING MEDICAL CONDITIONS

**You** had the option to exclude cover for these conditions when **You** applied for insurance. If **You** choose this option, **You** should be aware that by doing so, **You** are exposed to potentially substantial medical and repatriation expenses if **You** fall ill within the the **Channel Islands**, moreover, if **You** cancel or **Curtail Your Trip** due to a pre-existing condition **Your** claim will not be covered. If **You** have chosen to exclude pre-existing conditions but change **Your** mind before **You** travel, please call JustTravelcover.com and **We** will try **Our** best to cover them. However, this may result in **You** being required to pay an additional premium.

### CLOSE RELATIVE OR TRAVEL COMPANION WHO IS NOT INSURED BUT WHOSE HEALTH YOUR TRIP MAY DEPEND

If **You** have a **Close Relative** or **Travel Companion** with a pre-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 patient’s doctor states that at the time the insurance was taken out, he/she would not have foreseen such a serious deterioration in his or her patient’s condition.

### CHANGE IN YOUR STATE OF HEALTH

If, after taking out this **Policy** and before **You** travel on a trip:

1. **Your** state of health deteriorates or;
2. **You** develop a new medical condition or;
3. **Your** prescribed medication is changed by **Your Medical Practitioner** or consultant or;
4. **You** receive any in-patient treatment or;
5. Are placed upon a waiting list for investigation or medical treatment.

**You** must tell JustTravelcover.com on **0333 003 0021** to discuss this further. Please be aware, this may result in **You** being required to pay an additional premium or refusal to cover **You** on **Your Trip**. Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1.00 pm



## WAITING LIST

If **You** are currently on a waiting list for treatment or investigation, **Your Policy** will not provide cover for Cancellation or **Curtailement of Your Trip** under the following circumstances:

- **You** receive an appointment for treatment or investigation which conflicts with **Your** planned **Trip**, or
- 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 does not affect cover whilst **You** are away for medical conditions which have been declared to and agreed by **Us**. Should **You** become aware of a change in **Your** diagnosis before **You** travel, please notify **Us** immediately. If **You** are awaiting an initial diagnosis for symptoms **You** are currently experiencing, **We** are unable to provide cover until **You** have a confirmed diagnosis.

## TRAVELLING WHEN PREGNANT

Pregnancy is not a medical condition, so **You** are able to travel until **You** are quite late into **Your** pregnancy. (See General Exclusions – this **Policy** excludes claims directly or indirectly related to pregnancy after the 28<sup>th</sup> week of gestation or 16 weeks for multiple pregnancy). Airlines and ferry/shipping companies have their own restrictions due to health and safety requirements. **You** should check with them or any other mode of transport **You** propose to take before **You** book. Please make sure that **Your Medical Practitioner** and midwife are aware of **Your** travel plans, that there are no known complications and that **You** are not travelling against any medical advice.

By Air – after 28 weeks, most airlines will require a letter from **Your Medical Practitioner** or midwife confirming **Your** estimated date of delivery and stating that there are no complications. Some airlines may allow travel to be completed by 36 weeks and 6 days for single uncomplicated pregnancies and 32 weeks and 6 days for multiple uncomplicated pregnancies.

By Sea – Ferry companies have their own restrictions and may refuse heavily pregnant women beyond 32 weeks.

By Car, Coach and Train – There are no known restrictions. Please make sure **Your Medical Practitioner** or midwife are aware of **Your** travel plans and that there are no known complications.

Pregnancy - See General Exclusion 17 for full exclusion details.

## DEFINITIONS

The following words and expressions used in **Your Policy** documents shall mean as follows when they appear in bold type.

### Accidental Bodily Injury

An identifiable physical injury caused by sudden, unexpected, external and visible means; which occurs at an identifiable time and place whilst the **Policy** is in force.

### Assistance Company

AIG Travel Guard, 2 - 8 Altyre Road, Croydon, CR9 2LG  
Telephone +44 (0) 1273 740927 Email: uk.assistance@aig.com

### Business Equipment

Computer equipment, communication devices and other business-related equipment which is carried by **You** in the course of **Your Trip**.

### Channel Islands

Bailiwick of Jersey, Bailiwick of Guernsey

### Close Relative

Mother, father, sister, brother, wife, husband, partner (same or different sex), son, daughter (including fostered/adopted son or daughter), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step-parent, step-child, step-brother, step-sister, or legal guardian.

### Curtaile/Curtailement

Return early to **Your Home** after the commencement of the **Outward Journey**.

### Excess

The amount of money **You** have to pay for each claim. Excesses apply per person, per incident and for each section of the **Policy**. **Your** excesses are shown in the **Schedule of Cover & Limits**.

### Family

**You** and **Your** spouse (or co-habiting partner) and **Your** children, aged under 18, at the inception date of **Your Policy** all normally resident with **You** and named on the **Policy Schedule**.

### Golf Equipment

Golf clubs, golf balls, golf bag, golf trollies and golf shoes.

**Hazardous Pursuits**

Any pursuit or activity where it is recognised there is an increased risk of injury or accident or can be reasonably expected to aggravate any existing infirmity.

**Home**

Your permanent residence in the **United Kingdom**.

**Insured Person**

The person or persons shown on the **Policy Schedule**.

**Loss of Limb**

Total loss of use by physical severance at or above the wrist or ankle.

**Loss of Sight**

The complete and permanent loss of sight in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what **You** should see at 60 feet).

**Manual Work**

Physical labour involving the use of tools or machinery or exposure to risk that could give rise to **Your** bodily injury or illness.

**Maximum Period of Insurance**

60 days

**Medical Practitioner**

A registered medical practitioner who is not travelling with **You**, who is not **You** or related to **You** or to **Your** travelling companion, or any person **You** intend to stay with and is registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

**Mobility Aids**

Wheelchairs, motorised wheelchair, mobility scooter, walking frame, prosthetic limb, walking stick or crutches

**Money**

Cash, postal and money orders held by **You** for social, domestic and pleasure purposes.

**Outward Journey**

The initial journey in conjunction with **Your Trip** from **Your Home** in the **United Kingdom**.

**Period of Insurance**

The period between **You** paying **Your** premium and the last day of **Your Trip** in respect of Section 1 – Cancellation of Trip.

For all other Sections, the insurance starts when **You** leave **Your Home** to begin the **Trip** and ends at the time of **Your** return to **Your Home** on completion of the **Trip**.

Any **Trip** that had already commenced when **You** purchased the insurance will not be covered. The **Period of Insurance** is automatically extended for the period of the delay in the event that **Your** return to **Your Home** is unavoidably delayed due to reasons beyond **Your** control.

**Personal Possessions**

Suitcases (or other luggage carriers) and their contents taken on **Your Trip** together with articles worn or carried by **You** for **Your** individual use during **Your Trip** (but excluding items mentioned in the exclusions).

**Permanent Total Disablement**

A permanent, total and irrecoverable disablement that is sustained during **Your Trip**, is solely caused by **Accidental Bodily Injury** and which within 12 months of the date of the accident totally prevents **You** from carrying out any and every occupation for which **You** are fitted by way of training, education or employment which in all probability will continue for the rest of **Your** life as determined by a **Medical Practitioner**.

**Policy**

Your **Policy** consists of the **Policy Schedule**, the **Policy** wording, the "Medical Declaration Schedule" and any endorsements.

**Policy Schedule**

**Your Policy Schedule** sets out the type of **Policy** arranged for **You**, along with **Your Policy** number, dates of cover and the maximum duration of cover. **Your** personal contact details are shown along with any additional options **You** have requested, the names of the people covered for the **Trip** and medical conditions disclosed in relation to **You** and those travelling with **You**. This is a very important document and **You** should check that all the information contained therein is correct before **You** travel and take it with **You** when travelling.

**Psychiatric Condition**

Neurosis, psychoneurosis, psychopathies, psychoses or mental or emotional diseases or disorders of any type.

**Public Transport**

Train, Coach, Taxi, Bus, Aircraft and Sea Vessel on which **You** are a fare-paying passenger.

**Quarantine**

Quarantine means a restriction on movement or travel imposed by an official governmental body or health authority, in order to slow or prevent the spread of an epidemic or pandemic related communicable disease.

**Redundancy**

Redundancy of an **Insured Person** covered under **Your Policy** who has been employed for two continuous years with the same employer at the time of being made redundant.

**Restricted country/ies**

Countries or parts of countries where the Foreign, Commonwealth and Development Office (FCDO), World Health Organisation (WHO) or official United Kingdom governmental body has advised the public not to travel.

**Schedule of Cover & Limits**

The **Schedule of Cover & Limits** sets out the **Policy** limits and the applicable **Excess(es)**.

**Strike or Industrial Action**

Organised action taken by a group of workers which prevents the supply of goods and services on which **Your Trip** depends.

**Terrorism**

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

**Travel Companion(s)**

Someone travelling with **You** or a person **You** plan to stay with on **Your Trip** who is not insured under this **Policy**.

**Trip(s)**

The period between leaving **Your Home** to commence travel on the **Outward Journey** and returning to **Your Home** in the **United Kingdom** (including the period of **Your** stay away from **Home** between these two events).

**Unattended**

Left away from **Your** person where **You** are unable to clearly see or retrieve **Your Personal Possessions** or **Money** or Passports, Tickets and Documents (unless packed in the locked boot of a vehicle whilst **You** are travelling in it).

**United Kingdom**

England, Scotland, Wales, Northern Ireland, the **Channel Islands** and the Isle of Man

**Valuables**

Jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs or leather clothing, (apart from footwear) cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, MP3/4 players, iPods, Kindles, eBooks, CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars.

**We/Us/Our**

American International Group UK Limited.

**You/Your/Yourself/Insured Person(s)**

Means each person named in the **Policy Schedule**.

## ACTIVITIES AND HAZARDOUS PURSUITS

**You** are not covered for taking part in any **Hazardous Pursuits** unless they are listed below in Category A. If **You** are going to take part in any activity which may be considered dangerous or hazardous that is not detailed below please contact [JustTravelcover.com](http://JustTravelcover.com) for advice on whether cover can be provided or check Category B for a specific list of excluded hazardous activities. Please note that under Section 12: Personal Liability, **You** will not be covered for liability caused directly or indirectly by **You** owning or using any firearms or weapons, animal, aircraft, motorised vehicle, boat and other watercraft, or any form of motorised leisure equipment, including jet skis and snowmobiles.

The following activities, when participated in for recreational purposes incidental to a **Trip** and not in organised competitions or in any professional capacity, are not considered to be **Hazardous Pursuits**. **You** must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective head gear, life jackets and similar protective equipment) is worn at all times.

### Category A

**Your Policy** automatically covers **You** for the following activities:

- Aerobics
- Angling/Fishing
- Archery (amateur)
- Badminton (amateur)
- Banana Boating
- Baseball (amateur)
- Basketball (amateur)
- Beach Games
- Bowls
- Canoeing/River Canoeing (up to Grade3)
- Clay Pigeon Shooting
- Cricket (amateur)
- Croquet
- Curling
- Cycling (including Cycle Touring)
- Fell Walking/Fell running
- Fencing
- Football/Soccer(amateur)
- Golf (amateur)
- Hiking
- Jet Boating
- Jogging
- Motorcycling up to 50cc – with licence appropriate to the cc, wearing a crash helmet and no racing.
- Netball (amateur)
- Orienteering
- Outward-bound Pursuits (Ground level Only)
- Paintballing
- Parascending/Parasailing (over water) towed by a boat
- Pedalo
- Pony Trekking
- Racquetball
- Roller Blading/Skating
- Rambling
- Rounders
- Sail Boarding
- Sailing/Dinghy Sailing within Territorial Waters (inland/coastal waters within 12 mile)
- Skate Boarding
- Snorkelling
- Snooker/Pool/Billiards
- Squash (amateur)
- Surfing (amateur)
- Swimming
- Table Tennis
- Ten pin bowling
- Tennis (amateur)
- Trekking
- Tug of war
- Underground activities (as part of an organised excursion/tour)
- Volleyball (amateur)
- War Games
- Water Polo (amateur)
- Water Skiing (amateur) inland/coastal waters within 12 mile (excluding jumping)
- Windsurfing (amateur) inland/coastal waters within 12 mile
- Weightlifting
- Work (Non Manual) - Including professional, administrative or clerical duties only  
No other form of work will be permitted under this policy.

The following Category B activities are examples of what are known as **Hazardous Pursuits** and are not covered by this insurance:

### **Category B (Excluded Hazardous Pursuits)**

**You are not** covered for any of the following activities:

- Abseiling
- Aerial Safari
- Air Boarding
- American Football
- Animal riding (other than specified)
- Boxing Training
- Bungee Jump
- Camel/Elephant Riding/Trekking
- Canyoning
- Deep Sea Fishing
- Dog Sledding
- Gliding
- Hang Gliding
- High Diving over 5m
- Horse Jumping/Show Jumping
- Hot Air Ballooning
- Hurling
- Hydro Zorbing
- Ice hockey
- Ice fishing
- Jet Skiing
- Kite Surfing
- Land Yachting/Sand Yachting
- Lugging
- Martial Arts
- Micro Lighting
- Motorcycle racing
- Motor rallies
- Parachuting
- Paragliding
- Parasailing/Parascending (other than over water as per Category A)
- Quad Biking
- Rock Climbing/Rock scrambling
- Rugby
- Safaris
- Ski Jumping
- Scuba Diving
- Track Events
- Triathlon
- Sand Boarding/Sand surfing/Sand safaris/Sand skating
- Ski or Ski bob racing
- Sky Diving
- Tobogganing
- White Water Rafting/Black Water Rafting
- White water rafting/canoeing
- Winter sports of any kind (including the use of skeletons or bobsleighs)
- Wrestling

## SECTION 1 – CANCELLATION OF TRIP

### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** for **Your** proportionate value of unused travel, accommodation arrangements and activities which **You** have paid, or **You** have contracted to pay, and which **You** have had to necessarily and unavoidably cancel before **You** commence **Your Trip**, due to:

1. the death or disablement by **Accidental Bodily Injury** or illness of (a) **You**, (b) **Your Travel Companion(s)**, (c) a **Close Relative of Yours** or **Your Travel Companion** ; or
2. **You** being called for jury service or as a witness in a Court of Law (but not as an expert witness or where **Your** employment would normally require **You** to attend court); or
3. **Your Redundancy** or the **Redundancy of Your Travel Companion**, provided that **We** are informed in writing as soon as possible but in any event within 14 days following receipt of the notification of **Redundancy** and that **You** were not aware of any impending **Redundancy** at the time **Your Policy** was issued; or
4. **Your Home** being made uninhabitable or **Your** place of business being made unusable, up to 14 days before the commencement of **Your Trip**, due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, or the Police requesting **Your** presence following burglary or attempted burglary at **Your Home** or place of business; or
5. **Your** passport, or the passport of **Your Travel Companion** being stolen seven days before **Your** booked date of departure; or
6. where **You**, a **Close Relative of Yours** or **Your Travel Companion**, are a member of the Armed Forces, Territorial Army, Fire, Nursing or Ambulance Services or employees of a Government Department and have **Your**/their authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **Curtailement** could not reasonable have been expected at the time when **You** purchased this insurance and at the time of booking any **Trip**.
7. If after the time **You** booked **Your Trip** the Foreign, Commonwealth and Development Office advises against all (but essential) travel to **Your** intended destination. However, there is no cover under this section if such advisory is issued due to an epidemic or pandemic.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits per Insured Person**;
2. claims arising directly or indirectly from **You** not obtaining a medical certificate from a **Medical Practitioner**, confirming that cancellation of the **Trip** is medically necessary;
3. claims arising from any **Insured Person** or **Travelling Companion** testing positive for COVID-19 or any mutation strain or variation of COVID-19 within the first 7 days after the start date of **Your Policy**.
4. claims arising directly or indirectly from normal pregnancy, without any accompanying injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness. Normal childbirth would not constitute an unforeseen event;
5. claims arising directly or indirectly from **You** not complying with the Health and Pre-Existing Medical Conditions on page 5;
6. any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them as soon as possible after **You** became aware it was necessary to cancel;
7. claims arising directly or indirectly from prohibitive regulations by the Government of any country that apply at the time when **You** purchased this insurance;
8. claims arising directly or indirectly from where a theft of a passport has not been reported to the relevant authority; claims arising directly or indirectly from any circumstance of which **You** were aware at the time **You** took out this insurance or the time **You** booked **Your Trip**, whichever is the later, and which could reasonably be expected to lead to a claim such as the serious illness of a relative or the existence of an epidemic (as declared by an official government body or health authority) either in the United Kingdom or the destination of **Your Trip** or the existence of a pandemic (as declared by the World Health Organisation);
9. Any claim arising from **Quarantine** or travel restrictions due to government orders, warnings, advisories, regulations, directives, prohibitions, or border closures, relating to a current or previous epidemic or pandemic (including, but not limited to, COVID-19 and any mutation, strain, or variation of COVID-19) declared by the World Health Organisation or by any official governmental body or health authority.
10. claims arising directly or indirectly from **Your** unwillingness to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**;
11. claims arising directly or indirectly from unused pre-paid expenses of a person who is not insured under this **Policy**. For example, if **You** are travelling with someone who is not insured under this **Policy**, **We** will only pay **Your** proportion of the costs not theirs, regardless who has paid for the booking;
12. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 2 - CURTAILMENT

### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** for:

1. the value of that portion of **Your** travel and/or accommodation arrangements paid for before **Your Trip** commenced and which are unused if **You** have to **Curtail Your Trip** and return to **Your Home** earlier than planned due to:
  - a. the death, severe injury or serious illness of:
    - i. **You** or **Your Travelling Companion**
    - ii. **Your Close Relative** resident in the **United Kingdom**
  - b. **Your Home** being made uninhabitable or place of business being made unusable due to fire, lightning, explosion, earthquake, subsidence, storm, flood, falling trees, riot or civil commotion, malicious damage, burst pipes, impact by aircraft, the Police requesting **Your** presence following burglary or attempted burglary at **Your Home** or place of business;
  - c. **You** being unable to continue **Your** booked **Trip**, due to loss or theft of **Your** passport, or that of **Your Travel Companion**.
2. additional travelling expenses of a similar class incurred by **You** to return to **Your Home** earlier than planned for a reason stated in Section 1 - Cancellation of Trip of this section.
3. **You**, a **Close Relative** of **Yours** or **Your Travel Companion**, who is a member of the Armed Forces, emergency services or a government employee and being ordered to return to duty.

The amount paid by **Us** in settlement of any claim related to Section 2 – Curtailment will be based on an appropriate pro-rata proportion of **Your** total travel and accommodation costs.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from severe injury or serious illness if **You** do not obtain a medical certificate from a **Medical Practitioner**, confirming that curtailment of the **Trip** is medically necessary;
3. claims arising directly or indirectly from normal pregnancy, without any accompanying injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness. Normal childbirth would not constitute an unforeseen event;
4. claims arising directly or indirectly from **You** not complying with the Health and Pre-Existing Medical Conditions on page 5;
5. claims arising directly or indirectly from any extra charges from the company **You** booked travel or accommodation with because of **Your** failure to notify them as soon as possible after **You** became aware it was necessary to cancel;
6. claims arising directly or indirectly from prohibitive regulations by the Government of any country that apply at the time when **You** purchased this insurance;
7. claims arising directly or indirectly from where a theft of a passport has not been reported to the relevant authority;
8. claims arising directly or indirectly from any circumstance of which **You** were aware at the time **You** took out this insurance or the time **You** booked **Your Trip**, whichever is the later, and which could reasonably be expected to lead to a claim such as the serious illness of a relative or the existence of an epidemic (as declared by an official government body or health authority) either in the United Kingdom or the destination of **Your Trip** or the existence of a pandemic (as declared by the World Health Organisation); claims arising directly or indirectly from **Your** unwillingness to travel or continue **Your Trip** or any loss of enjoyment on **Your Trip**;
9. Any claim arising from **Quarantine** or travel restrictions due to government orders, warnings, advisories, regulations, directives, prohibitions, or border closures, relating to a current or previous epidemic or pandemic (including, but not limited to, COVID-19 and any mutation, strain, or variation of COVID-19) declared by the World Health Organisation or by any official governmental body or health authority.
10. claims arising directly or indirectly from anything set out in the General Exclusions.

### SECTION 3 – UNITED KINGDOM MEDICAL & REPATRIATION EXPENSES

#### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** for:

1. medical, hospital and treatment expenses, ambulance charges, accommodation and/or travelling and/or repatriation expenses to the **Insured Person's Home** or to the most suitable hospital or nursing home near to the **Insured Person's Home** within the **United Kingdom** (including reasonable additional accommodation and travelling expenses of one **Close Relative** or friend required on medical advice to stay or travel with the **Insured Person** or if **You** are a child and require an escort) necessarily and reasonably incurred on medical advice as a direct result of the **Insured Person** sustaining **Accidental Bodily Injury** or suffering the onset of illness during the **Period of Insurance**. Accommodation should be of an equivalent standard to that booked as part of **Your Trip**.
2. charges for the cost of transporting the **Insured Person's** remains or ashes to the **Insured Person's Home** in the **United Kingdom** (excluding funeral or interment costs) in the event of death occurring during the **Period of Insurance** up to a total of £1,000.
3. additional hotel and travel costs incurred in the event of the necessary repatriation of the **Insured Person** to his/her **Home** or place of business within the **United Kingdom** as a result of the sudden and unexpected death, serious injury or serious illness occurring during the **Period of Insurance** of a **Close Relative** up to a total of £500.

#### PROVIDED THAT:

1. cover under this Section shall apply only in respect of **Trips** solely within the **United Kingdom** which involve at least 1 nights overnight stay away from **Your Home**;
2. the amount payable shall not exceed the amounts stated in the **Schedule of Cover & Limits** and shall only be in respect of costs incurred within 12 months of the date of the incident giving rise to the claim; and
3. the **Assistance Company** is notified prior to any repatriation or transportation arrangements being made and has authorised any costs to be incurred.

#### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from any sums which can be recovered by **You** and which are covered under any National Insurance Scheme or Reciprocal Health Arrangement;
3. claims arising directly or indirectly from the cost of private dental/private medical expenses when **You** receive treatment in a state run practice or clinic and **You** have the right to state provided emergency treatment; or if **You** incur medical/dental expenses incurred in private facilities if a medically suitable State facility is available.
4. claims arising directly or indirectly from normal pregnancy, without any accompanying injury, illness or complication. This section is designed to provide cover for unforeseen events, injuries and illness. Normal childbirth would not constitute an unforeseen event;
5. claims arising directly or indirectly from **You** not complying with the Health and Pre-Existing Medical Conditions on page 5;
6. claims arising directly or indirectly from any expenses incurred for illness, injury or treatment required in consequence of:
  - a. surgery or medical treatment which in the opinion of either the attending doctor, or the emergency **Assistance Company** doctor, or both, can be reasonably delayed until **Your** return to **Your Home** country if this is **Your** usual country of residence;
  - b. medication and/or treatment which at the time of departure is known to be required or to be continued outside **Your Home** Country if this is **Your** usual country of residence;
7. claims arising directly or indirectly from preventative treatment which can be delayed until **Your** return to **Your Home** country if this is **Your** usual country of residence;
8. claims arising directly or indirectly from **You** not having obtained a written certificate of fitness and ability to travel and endure the **Trip** where **You** are undergoing medical treatment as a hospital out-patient at the time of paying the final balance of **Your Trip**;
9. claims that are not confirmed as medically necessary by the attending doctor or the emergency **Assistance Company**;
10. the cost of any elective (non-emergency) treatment or surgery, including exploratory tests, which are not directly related to the illness or injury which necessitated **Your** admittance into hospital;
11. any additional hospital costs arising from single or private room accommodation unless medically necessary;
12. claims arising directly or indirectly from anything set out in the General Exclusions.



## SECTION 4 – HOSPITAL TRANSFER AND ADDITIONAL EXPENSES

### Hospital Transfer Expenses

#### We will pay for:

Up to the amount shown in the **Schedule of Cover & Limits** if during the **Period of Insurance** the **Insured Person** sustains **Accidental Bodily Injury** or suffers the onset of illness which during the **Period of Insurance** results in him/her being:

1. repatriated by the **Assistance Company** and admitted as an inpatient; or
2. directly admitted as an inpatient at a hospital or nursing home within the **United Kingdom** but more than 35 miles from his/her **Home** within the **United Kingdom**, **We** will at the request of the **Insured Person** pay up to the amount shown in the **Schedule of Cover & Limits** in total in respect of costs necessarily incurred on behalf of the **Assistance Company** in transferring the **Insured Person** to the most suitable hospital or nursing home nearest to his/her **Home** within the **United Kingdom**. Such costs to include the cost of medical, surgical or remedial treatment given or prescribed by a qualified doctor and hospital and nursing home treatment and ambulance charges necessary to enable such transfer to be undertaken but without which such transfer could not be undertaken.

#### PROVIDED THAT:

1. such transfer is made with the consent of the qualified doctor attending the **Insured Person**.
2. in the professional opinion of the qualified doctor attending the **Insured Person** and/or **Our** medical advisers the **Insured Person** will remain continuously hospitalised for at least 72 hours following completion of such transfer.
3. prior to the commencement of such transfer an available bed has been arranged and confirmed at the hospital to which the **Insured Person** is to be transferred.

### Return Home Costs

#### We will pay:

If during the **Period of Insurance**, the **Insured Person** sustains **Accidental Bodily Injury** or suffers the onset of illness which in the opinion of the qualified doctor attending the **Insured Person** directly results in the **Insured Person** being physically unable to return for more than 72 hours after his/her scheduled date and time of return to his/her **Home** or place of business within the **United Kingdom** by the same means of transport by which he/she undertook the **Trip** during which such **Accidental Bodily Injury** or illness occurred **We** will at the request of the **Insured Person** pay up to the amount shown in the **Schedule of Cover & Limits** in respect of all costs reasonably incurred:

1. with the authority of the **Assistance Company** in respect of the **Insured Person's** additional travel, subsistence and accommodation expenses incurred from the time of the occurrence of such **Accidental Bodily Injury** or onset of illness until the time of return to such **Home** or place of business within the **United Kingdom** (whichever is reached first).
2. by the **Assistance Company** to return:
  - a. the **Insured Person**
  - b. the **Insured Person's Personal Possessions**
  - c. if applicable – the private motor vehicle driven by the **Insured Person** on the **Trip** during which such **Accidental Bodily Injury** or illness occurred to such **Home** or place of business within the **United Kingdom** (whichever is reached first).

#### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from any medical, surgical or remedial treatment or any other costs:
  - a. incurred following completion of such transfer
  - b. which would have been incurred had such a transfer not been undertaken
3. claims arising directly or indirectly from transferring the **Insured Person** more than once in respect of any one occurrence of bodily injury or illness
4. claims arising directly or indirectly from all costs reasonably incurred by the **Assistance Company** in returning:
  - a. the **Insured Person's Personal Possessions**
  - b. if applicable – the private motor vehicle driven by the **Insured Person** on the **Trip** during which such **Accidental Bodily Injury** or illness occurred to the **Insured Person's Home** or place of business within the **United Kingdom** (whichever is reached first).

### Additional Expenses – Accompanying Travellers and Visiting Family

#### We will pay:

If during the **Period of Insurance** the **Insured Person** sustains **Accidental Bodily injury** or suffers the onset of illness which results in a valid claim under sub-section 1 or 2 of this section:

1. £500 in total in respect of the additional travel, subsistence and accommodation expenses reasonably incurred by any person or persons with whom the **Insured Person** was travelling on the **Trip** when such **Accidental Bodily Injury** or illness occurred provided that it would not have been necessary to incur such additional costs and expenses had such

**Accidental Bodily Injury** or illness not occurred.

2. £500 in total in respect of the additional travel, subsistence and accommodation expenses reasonably incurred by the **Insured Person's** parent(s) or legal guardian(s), partner or spouse or the children of either of them for the purposes of visiting the **Insured Person** whilst he/she remains in a hospital or nursing home within the **United Kingdom** as a direct result of such **Accidental Bodily Injury** or illness.

**Provided that:**

1. as soon as is reasonable after the occurrence of any **Accidental Bodily Injury** or onset of illness which may be the subject of a claim under this Section the **Insured Person** shall place himself/herself under the care of a qualified **Medical Practitioner** whose advice he/she must follow.
2. all such additional travel, subsistence and accommodation expenses must be authorised by the **Assistance Company** prior to being incurred.

**We will not pay for:**

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from repatriation, transportation and additional travel, subsistence and accommodation costs and expenses not authorised by the **Assistance Company**.
3. costs that arise over 12 months after a claim was first notified.
4. all costs recoverable under Section 3 – Medical and Repatriation Expenses.

**SECTION 5 - HOSPITAL BENEFIT**

Should **You** suffer **Accidental Bodily Injury** or illness during the **Trip**, **We** will pay up to the amount shown in the **Schedule of cover & limits** for each full 24 hours that **You** spend as an inpatient in a hospital in the **United Kingdom** during the **Period of Insurance** .

**SECTION 6 - PERSONAL EFFECTS & BAGGAGE**

**We will pay:**

**1. Personal Baggage**

Up to the amount shown in the **Schedule of Cover & Limits** for the value of repair or replacement of **Your** own **Personal Possessions** (not hired, loaned or entrusted to **You**) which is lost, stolen, damaged or destroyed (after making proper allowance for wear and tear and depreciation). The maximum **We** will pay for all **Valuables** in total is limited to the amount shown in the **Schedule of Cover & Limits**, for any single article, pair and/or set of articles limited to the amount shown in the **Schedule of Cover & Limits**.

**Please Note:**

In the event of a claim for a pair or set of articles **We** shall be liable only for the value of that part of the pair or set which is lost, stolen, damaged or destroyed.

**2. Delayed Baggage**

Up to the amount shown in the **Schedule of Cover & Limits** for the cost of buying replacement necessities if **Your** own **Personal Possessions** are delayed in reaching **You** on **Your Outward Journey** for at least 6 hours and **You** have a written report from the carrier (i.e. airline, shipping company etc.) or tour representative. Receipts for the purchase of any replacement necessities will be necessary in the event of a claim.

**Please note:**

Any amount **We** pay **You** under item 2. Delayed Baggage will be deducted from **Your** claim if **Your Personal Possessions** proves to be permanently lost.

**We will not pay for:**

1. the **Excess** shown in the **Schedule of Cover & Limits** of each and every incident per each **Insured Person** involved in the incident (not applicable to Delayed Baggage claims);
2. claims arising directly or indirectly from **You** not exercising reasonable care for the safety and supervision of **Your** property;
3. claims arising directly or indirectly from loss, destruction, damage or theft of any items left **Unattended** in a public place, or a place to which members of the general public have access;
4. claims arising directly or indirectly from if **Your Personal Possessions** are lost, damaged or delayed in transit, and **You** do not notify the carrier (i.e. airline, shipping company, etc) as soon as possible and obtain a written carrier's report (or Property Irregularity Report in the case of an airline) within 7 days of discovery of damage or loss;

5. claims arising directly or indirectly from loss, destruction, damage or theft:
  - a. from confiscation or detention by customs or other officials or authorities;
  - b. of contact lenses, dentures, hearing aids, samples or merchandise, bonds, coupons, securities, stamps or documents of any kind, vehicles or vehicle accessories (other than wheelchairs and pushchairs only), tents, antiques, musical instruments, pictures, typewriters, sports gear whilst in use, pedal cycles, dinghies, boats and/or ancillary equipment, glass or china, alcohol, cigarettes or any other tobacco products including electrical nicotine products;
  - c. due to wear and tear, denting or scratching, moth or vermin;
  - d. of **Valuables** left as checked-in baggage;
6. claims arising directly or indirectly from mechanical breakdown, derangement or for breakage of fragile or brittle articles being transported by a carrier, unless the breakage is due to fire or other accident to the vessel, aircraft or vehicle they are being carried in;
7. claims arising directly or indirectly from **Valuables** stolen from an **Unattended** vehicle;
8. claims arising directly or indirectly from **Personal Possessions** stolen from an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
9. claims arising directly or indirectly from loss or theft or damage to **Money** (please refer to section 7 – Money and Cash);
10. claims arising directly or indirectly from loss or theft or damage to **Business Equipment**
11. claims arising directly or indirectly from any shortages due to error, omission or depreciation in value;
12. claims arising directly or indirectly from any property more specifically insured or recoverable under any other source;
13. claims arising directly or indirectly from the cost of replacement locks;
14. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 7 - MOBILITY AIDS

### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits**, if **Your Mobility Aid** is lost, stolen or damaged during **Your Trip**, for the reasonable cost of repair, or (if it is beyond economical repair) the reasonable cost of replacement, after making proper allowance for fair wear and tear. In addition, **We** will pay the cost of temporary hire of **Mobility Aids** during **Your Trip**.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits per Insured Person**;
2. claims arising directly or indirectly from damage due to normal wear and tear;
3. claims arising directly or indirectly from any item more specifically insured or losses recoverable under any other source;
4. claims arising directly or indirectly from **Mobility Aids** not owned by **You**;
5. claims arising directly or indirectly from if **You** do not exercise reasonable care for the safety and supervision of **Your** property;
6. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 8 - MONEY AND CASH

### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** if **Your own Money** is lost or stolen whilst being carried on **Your** person or left in a locked safety deposit box (or equivalent facility).

### PLEASE NOTE:

**You** must notify the local Police within 24 hours of discovery due to theft and obtain a Police crime reference number. Failure to do so may invalidate **Your** claim.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** of each and every incident per each **Insured Person** involved in the incident;
2. claims arising directly or indirectly from **You** not exercising reasonable care for the safety and supervision of **Your Money**;
3. claims arising directly or indirectly from loss, destruction, damage or theft of any **Money** left **Unattended** in a public place, or a place to which members of the general public have access;
4. claims arising directly or indirectly from **Money** stolen from an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
5. claims arising directly or indirectly from any shortages due to error, omission or depreciation in value;
6. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 9 - LOSS OF PASSPORT & TRAVEL DOCUMENTS

### We will pay :

Up to the amount shown in the **Schedule of Cover & Limits** for

1. the costs of obtaining a replacement passport (or travel document) following accidental loss or theft whilst on **Your Trip**;
2. the irrecoverable costs of travel tickets, driving licence or phone cards following accidental loss or theft.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from loss due to delay, detention, confiscation, requisition or damage by Customs or other Officials or Authorities;
3. claims arising directly or indirectly from theft unless:
  - a. **You** have reported the theft to the nearest Police authority within 24 hours of discovery and
  - b. **You** have obtained a written Police crime reference number;
4. claims arising directly or indirectly from loss of or theft from an **Unattended** vehicle, unless it was in the locked glove compartment, or rear boot or luggage area of the vehicle and it is covered so as not to be visible from outside the vehicle, and unless there is evidence of forcible and violent entry;
5. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 10- TRAVEL DELAY

### We will pay either:

1. the sum insured shown in the **Schedule of Cover & Limits** if the departure of the **Public Transport** on which **You** are booked to travel is delayed by at least 4 hours; or
2. the vehicle **You** are travelling in to reach **Your** departure point breaks down or is involved in an accident causing **You** to be delayed by at least 4 hours or
3. up to the amount under section 10 - Holiday Abandonment, as shown in the **Schedule of Cover & Limits** (after deduction of the **Excess** per **Insured Person**) if **You** abandon the **Trip** (on the **Outward Journey** only) after the first full 12 hours due to the delay of **Your** outward flight, sea crossing, coach or train departure for more than 12 hours beyond the booked departure time as a result of:
  - a. **Strike or Industrial Action** provided that when **Your Policy** was taken out, there was no reasonable expectation that the **Trip** would be affected by such cause.
  - b. adverse weather conditions.
  - c. mechanical breakdown or technical fault of the aircraft, coach, train or sea vessel.

### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from **You** not checking-in for the flight, sea crossing, coach or train departure before the intended departure time;
3. claims arising directly or indirectly from **You** not obtaining written confirmation from the airline, shipping, coach or train company stating the duration and the cause of the delay;
4. claims arising directly or indirectly from withdrawal from service temporarily or otherwise of the aircraft, coach, train or sea vessel on the orders or recommendation of the Civil Aviation Authority or a Port Authority or similar body in any country;
5. claims arising directly or indirectly from anything set out in the General Exclusions.

## SECTION 11 - MISSED DEPARTURE

### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits** for travel and accommodation expenses reasonably incurred to reach **Your** booked destination, if:

1. the vehicle **You** are travelling in to reach **Your** departure point breaks down or is involved in an accident; or
2. the **Public Transport** **You** are using to reach **Your** departure point is delayed, resulting in **You** arriving too late to commence **Your** booked **Trip**;

Accommodation and travel should be of an equivalent standard or class to that booked as part of **Your Trip**.

### We will not pay for:

1. claims arising directly or indirectly from **You** not allowing sufficient time for **Your** journey to the airport or port or other departure point to catch the conveyance in which **You** are travelling;

2. claims arising directly or indirectly from **Public Transport** provider failure unless **You** get a letter from the provider confirming that the service did not run on time;
3. claims arising directly or indirectly from the accident or breakdown of **Your** vehicle unless **You** get confirmation of the delay from the authority who went to the accident or breakdown affecting the vehicle **You** were travelling in;
4. claims arising directly or indirectly from any delay caused by a riot, civil commotion, **Strike or Industrial Action** which began or was announced before the start date of **Your Policy** and the date **Your** travel tickets or confirmation of booking were issued;
5. claims arising directly or indirectly from anything set out in the General Exclusions.

**Special conditions which apply to this section:**

Under this **Policy You** must:

1. in the event of a claim arising from any delay due to traffic congestion obtain written confirmation from the relevant transport authority of the location, stating the reason for and duration of the delay;
2. allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

**SECTION 12 - PERSONAL ACCIDENT**

**We will pay:**

Up to the amount shown in the **Schedule of Cover & Limits** for the following benefits, to **You** or **Your** legal personal representative, if **You** suffer an **Accidental Bodily Injury** during **Your Trip** which, within 12 months after the date of that accident, is the sole cause of **Your**:

1. Death
2. **Loss of limb**
3. **Loss of Sight** in one or both eyes
4. **Permanent Total Disablement.**

For persons aged under 18 years or over 75 years at the time of the incident, the death benefit will be limited to funeral expenses up to £5,000 and there will be no cover for **Permanent Total Disablement.**

**We will not pay for any claims for death, loss or disablement caused directly or indirectly from:**

1. **Your** sickness or disease.
2. **Your** physical or **Psychiatric Condition** that is gradually deteriorating;
3. an injury which existed prior to the commencement of the **Trip**;
4. any claims under this section not notified to **Us** within 12 months of the date of the accident;
5. anything set out in the General Exclusions.

**SECTION 13 - PERSONAL LIABILITY**

**We will pay:**

Up to the amount shown in the **Schedule of Cover & Limits**, for **Your** legal expenses and legal liability for damages due to an accident that happened during **Your Trip** for:

1. **Accidental Bodily Injury** to a third party who is not a member of **Your Family**, household or employed by **You**;
2. loss of or damage to property belonging to a third party which does not belong to and is not in the charge or control of **You**, or any member of **Your Family**, household or employee;
3. damage to **Your** temporary holiday accommodation (subject to the **Excess** shown in the **Schedule of Cover & Limits** for property damage) that does not belong to **You**, or any member of **Your Family**, household or employee.

**We will not pay for:**

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from legal expenses or damages resulting from an **Accidental Bodily Injury** to **Your** employee, or a member of **Your Family** or household or damage to the property of **Your** employee, or a member of **Your Family** or household;
3. claims arising directly or indirectly from fines imposed by a court of law or other relevant bodies;
4. anything caused directly or indirectly by:
  - a. liability for which **You** are responsible for, because of an agreement **You** have entered into which would not apply in the absence of that agreement.
  - b. injury, loss or damage arising from:
    - i. ownership or use of aircraft, horse-drawn or mechanical/motorised vehicles, bicycles, vessels (other than rowing boats, punts or canoes), animals (other than horses, domestic dogs or cats), or firearms;

- ii. the occupation (except temporarily for the purpose of the **Trip**) or ownership of any land or buildings;
  - iii. the carrying out of any trade or profession; manual work or hazardous occupation;
  - iv. racing of anykind;
  - v. any deliberateact;
- c. liability covered under any other insurance policy;
5. any claim resulting from venereal disease, sexually transmitted diseases, infection with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named;
6. claims arising directly or indirectly from anything set out in the General Exclusions.

**Please note:**

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

**SECTION 14 - MUGGING BENEFIT**

**We will pay:**

Up to the amount shown in the **Schedule of Cover & Limits** for each complete 24 hour period and in total if **You** are hospitalised during **Your Trip** because of **Accidental Bodily Injuries** sustained during a mugging or similar violent and unprovoked attack.

**We will not pay for:**

1. claims arising directly or indirectly from any incident where **You** cannot provide a crime reference number from the local Police;
2. claims arising directly or indirectly from failure to notify the **Assistance Company** as soon as possible after **Your** admission to hospital;
3. claims arising directly or indirectly when **You** do not provide medical evidence from a qualified **Medical Practitioner** to confirm the injuries and treatment given;
4. claims arising directly or indirectly from anything set out in the General Exclusions.

**SECTION 15 – UNINHABITABLE ACCOMMODATION**

**We will pay:**

Up to the amount shown in the **Schedule of Cover & Limits** for additional accommodation and transport costs incurred if **You** need to move to substitute accommodation on arrival or at any other time during the **Trip** because **You** cannot use **Your** booked accommodation as a result of the following events:

1. fire, flood, storm, explosion, landslide, avalanche, hurricane, earthquake, tsunami or volcanic eruption making **Your** accommodation uninhabitable;
2. an outbreak of food poisoning .

**We will not pay for:**

1. claims arising directly or indirectly from any costs or charges also covered under any other section of this policy;
2. claims arising directly or indirectly from any claim if **Your Trip** is booked as part of a package holiday;
3. any claim for additional transport and accommodation costs, which are of a higher standard than that of **Your** originally pre-booked transport and accommodation;
4. any costs incurred by **You** which are recoverable from elsewhere including those from the transport operator, the accommodation provider or **Your** credit or debit card issuer or those for which **You** receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance;
5. any costs which **You** would have expected to pay during **Your Trip**;
6. claims arising directly or indirectly from anything set out in the General Exclusions.

**Special conditions which apply to this section:**

**You** must obtain written confirmation from the company providing the service or the local police that confirms **You** could not use **Your** accommodation and the reason(s) for this.

## SECTION 16 - GOLF COVER

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

### 1. GOLF EQUIPMENT

#### We will pay:

1. for loss of **Golf Equipment** up to the amount shown in the **Schedule of Cover & Limits**;
2. for the value of repair or replacement of **Your own Golf Equipment** (after making proper allowance for wear and tear and depreciation) or hired **Golf Equipment**, if they are lost, stolen or damaged during **Your Trip**.

**PLEASE NOTE:** Claims for owned **Golf Equipment** will only be calculated as follows

- |                       |                       |
|-----------------------|-----------------------|
| • Up to 12 months old | 85% of purchase price |
| • Up to 24 months old | 65% of purchase price |
| • Up to 36 months old | 45% of purchase price |
| • Up to 48 months old | 30% of purchase price |
| • Up to 60 months old | 20% of purchase price |
| • Over 60 months old  | Nil                   |

### 3. Hire of **Golf Equipment**

Up to the amount shown in the **Schedule of Cover & Limits**, for the cost of hiring replacement **Golf Equipment** as a result of the accidental loss, theft or damage of **Your own Golf Equipment** during the **Trip**.

#### We will not pay for:

1. the **Excess** shown in the **Schedule of Cover & Limits** per **Insured Person**;
2. claims arising directly or indirectly from **You** not exercising reasonable care for the safety and supervision of **Your own** or **Your hired Golf Equipment**;
3. claims arising directly or indirectly from **You** not obtaining a Police reference number within 24 hours of the discovery in the event of loss, burglary or theft of **Your own** or **Your hired Golf Equipment**;
4. the loss, damage or delay in transit of **Your own** or **Your hired Golf Equipment** if **You** do not;
  - a. notify the carrier (i.e. airline, shipping company etc.) as soon as possible and obtain a written Carrier's Report (or Property Irregularity Report in the case of an airline); or
  - b. follow up in writing within seven days to obtain a written Carrier's Report (or Property Irregularity Report in the case of an airline), if **You** are unable to obtain one immediately;
5. loss, destruction, damage or theft from confiscation or detention by customs or other officials or authorities;
6. **Your own** or **Your hired Golf Equipment** being stolen from an **Unattended** vehicle unless it was in the rear boot or luggage area of the vehicle and is covered so as not to be visible from outside the vehicle, or items stored in a roof box or items stored on a roof rack (unless the vehicle is parked within sight of **You**), and there is evidence of forcible and violent entry;
7. claims arising directly or indirectly from anything set out in the General Exclusions.

### 2. LOSS OF GREEN FEES

#### We will pay:

Up to the amount shown in the **Schedule of Cover & Limits**, in total for the unused portion of **Your** green fees costs paid for or contract to be paid for before **Your Trip** commenced, where **You** do not **Curtail** the **Trip**, but are certified by a **Medical Practitioner** as being unable to golf and use the golf facilities because of an **Accidental Bodily Injury** or illness occurring during the **Trip** and where there is confirmation that no refund is available for the unused green fees.

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

1. claims that are not confirmed as medically necessary by the **Assistance Company** and where a medical certificate has not been obtained from the attending **Medical Practitioner** confirming that **You** are unable to play golf and unable to use the golf facilities;
2. anything mentioned under "What **You** are not covered for" of Section 3 - Medical & Repatriation Expenses;
3. claims arising directly or indirectly from anything set out in the General Exclusions.

## GENERAL CONDITIONS

1. No payment will be made under the following sections without appropriate medical certification:
  - a. Cancellation of **Trip**
  - b. Curtailment
  - c. Medical and Repatriation Expenses
  - d. Hospital Benefit
  - e. Personal Accident
  - f. Personal Liability
2. If **We** require any medical certificates, information, evidence and receipts, these must be obtained by **You** at **Your** expense.
3. In the event of a claim, if **We** require a medical examination, **You** must agree to this and in and in the event of death, **We** may require a post mortem examination, both at **Our** expense.
4. **You** must contact the **Assistance Company** as soon as possible if **You** are admitted to hospital as an in-patient or if **You** have medical treatment which is likely to cost more than £500 (or its equivalent in local currency). Failure to do so may affect the assessment of **Your** claim
5. At all times **You** must take all reasonable precautions to avoid injury, illness, disease, loss or theft or damage and take all reasonable steps to safeguard **Your** property from loss or damage and to recover any lost or stolen article.
6. **You** must not act in a fraudulent manner. If **You** or anyone acting for **You**:
  - a. make a claim under the **Policy** knowing the claim to be false or fraudulently exaggerated in any way; or
  - b. make a statement in support of a claim knowing this statement to be false in any way; or
  - c. submit a document in support of a claim knowing the statement to be false in any way; or
  - d. make a claim for any loss or damage caused by **Your** willful act or with **Your** connivance; then:
    - **We** will not pay the claim
    - **We** will make the **Policy** void from the date of the fraudulent act
    - **We** will not refund any premium
    - **We** may inform the Police of the circumstances
7. **You** must not make any payment; admit liability, offer or promise to make any payment without written consent from **Us**.
8. **We** are entitled to take over any rights in the negotiation, defence or settlement of any claim in **Your** name and to take proceedings in **Your** name for **Our** benefit against any other party.
9. **We** are entitled to ask **You** to repay **Us** back any amounts that **We** have paid to **You** that are not covered by **Your** policy and to refuse to pay or limit the amount paid of any claim where **You** have not provided sufficient receipts, bills or evidence to support **Your** claim.
10. **We** may at any time pay to **You** **Our** full liability under the **Policy** after which no further payments will be made in any respect.
11. It is a condition of this insurance that **You** provide us with the correct information and take reasonable care to answer all questions **We** ask honestly fully and to the best of **Your** knowledge and belief. If **You** do not, **You** may not be fully covered and this may result in **Us** refusing a claim, or only paying part of a claim, or **We** may cancel **Your** insurance **Policy**.
12. If at the time of any incident which results in a claim under **Your Policy**, there is any other insurer covering the same loss, damage, expense or liability **We** will not pay more than our proportional share and are entitled to contact that insurer for a contribution (not applicable to Section 13 - Personal Accident).
13. A person or company who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
14. This **Policy** will be governed by English law and **You** and **We** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless **You** reside in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by **You** and **Us** before the commencement date.

The terms and conditions of this **Policy** will only be available in English and all communication relating to this **Policy** will be in English.



## GENERAL EXCLUSIONS

### We will not pay anything directly or indirectly caused by:

1. **You** suicide or attempt to commit suicide, including if **You** deliberately injure **Yourself**;
2. **We** do not expect **You** to avoid alcohol on **Your Trip(s)** or holidays, but **We** will not cover any claims arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a claim as a result. If **Your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the necessity to make a claim occurs. Additionally, **We** will not pay a claim that relates to alcoholism or other alcohol related illnesses;
3. Solvent abuse;
4. **You** taking a drug or drugs other than according to the manufacturer's instructions or as prescribed by a doctor;
5. **You** taking a drug or drugs for the treatment of a drug addiction;
6. **You** deliberately or recklessly exposing **Yourself** to danger, except where **You** are attempting to avoid serious harm to **Yourself**, others or trying to save someone's life;
7. air travel (other than as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft);
8. air travel within 24 hours of scuba diving;
9. Bankruptcy / liquidation of any tour operator, travel agent or transportation company;
10. any subsequent costs **You** incur; for example, loss of earnings due to **You** being unable to return to work following **Accidental Bodily Injury** or illness or cost of replacement locks if keys are lost;
11. loss or damage to any property and expense or legal liability; directly or indirectly caused by or contributed to, by or arising from:
  - a. ionising radiations or radioactive contamination from any nuclear fuel or nuclear waste which results in burning of nuclear fuel;
  - b. the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
  - c. pressure waves from aircraft and other flying objects travelling faster than the speed of sound.
12. loss or damage arising from:
  - a. war, invasion, acts of enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion or uprising, blockade, military or usurped power;
  - b. any act of **Terrorism** not involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents. This exclusion will not apply to Section 3 - Medical & Repatriation Expenses or Section 13 - Personal Accident provided that the **Insured Person** suffering **Accidental Bodily Injury** or illness has not participated in or conspired in such activities;
  - c. any act of **Terrorism** involving the use or release of or threat thereof of any nuclear weapon or any chemical or biological agents.
  - d. any loss, damage, cost or expense of any nature that results from or is in connection with anything mentioned in a), b) or c) above regardless of any other cause or event or sequence of events or any action taken in controlling, preventing or suppressing anything mentioned in a), b) or c) above; **You** are responsible for proving why this Exclusion, in whole or in part, should not be applied. If any portion of this Exclusion is found to be invalid or unenforceable, the remainder of it will remain in force and effect.
13. **You** driving a motor vehicle or riding a motorcycle, quad bike or any mechanically assisted cycle without an appropriate licence or when not insured under a motor insurance policy;
14. any claims arising from **Your** participation in or practice of professional or organised sports, motor racing, speed or endurance tests, mountaineering or rock climbing ordinarily necessitating the use of picks, ropes or guides, pot holing or taking part in dangerous expeditions or the crewing of a vessel outside European Waters, **Hazardous Pursuits** or **Manual Work**;
15. any claims relating to a cruise holiday;
16. any payment which **You** would normally have made during **Your** travels, if nothing had gone wrong;
17. **Your** pregnancy:
  - a. after the 28<sup>th</sup> week of gestation for a single pregnancy, or 16 weeks in respect of a multiple pregnancy provided no complications exist with this or any previous pregnancy;
  - b. for medical treatment and investigation that is normally conducted in respect of pregnancy or which is not for an unexpected, serious medical complication;
  - c. for the cost of childbirth without any accompanying injury, illness or complication (regardless of the proximate cause and irrespective of what stage of gestation the child is born); or
  - d. the cost of medical treatment for a newborn child where the child is not suffering from any injury, illness or complication.

18. the failure of any computer hardware or software or other electrical equipment to recognise or process any date as the true calendar date (this exclusion does not apply to claims made under Section 3 Medical & Repatriation Expenses or Section 13 - Personal Accident);
19. the closure of **United Kingdom** airspace temporarily or otherwise on the orders or recommendation of the Civil Aviation Authority or similar body in any country;
20. claims arising from **Your** malicious or unlawful acts;
21. any claim arising directly or indirectly from a change in circumstances from that originally declared on **Your** medical screening including medical conditions or changes to **Your** health or anyone's good health on which **Your Trip** depends that **You** knew about before **Your Trip** commenced unless **We** have agreed in writing;
22. any claim, loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through any **Restricted Country(ies)**;
23. **We** shall not be liable under Section 1 – Cancellation of a **Trip** in respect of any claim directly or indirectly consequent upon or contributed to by **Psychiatric Condition(s)** unless declared to Us and which We have accepted in writing.
24. any claims arising from **Your** participation in or practice of any professional entertaining, including but not limited to cruise ship entertainment, dancer, DJ, resort or hotel musician, performing arts group;
25. **We** shall not be deemed to provide cover and **We** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Us, Our** parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the United Kingdom, the European Union or the United States of America.

#### WHAT TO DO IN THE EVENT OF A MEDICAL EMERGENCY

##### MEDICAL EMERGENCIES AND RETURNING HOME EARLY

If **You** have an emergency during **Your Trip** and require medical treatment while outside **Your Home** country, or **You** have to return **Home** early or **You** are in any of the circumstances listed in Sections 2 - Curtailment, Section 3 - Medical & Repatriation Expenses Section 4 - UK Hospital Transfer and Additional Expenses and Section 5 - Hospital Benefit; **You** must telephone the **Assistance Company**.

The **Assistance Company** will be able to help **You** in numerous ways including liaison with hospitals and care providers, they will be able to arrange accommodation and return flights and provide medical escorts when required. In the event of a serious medical situation, the **Assistance company** will arrange an Air Ambulance transfer to the nearest appropriate hospital near **Your Home**. The **Assistance Company** can also help by arranging payment with medical providers direct to **Your** insurance company in most circumstances. Their service will also provide and arrange the return of an **Insured Person's** remains to **Your** chosen undertaker in **Your Home** country

Please telephone the **Assistance Company** on +44 (0) 1273 740927 as soon as possible and quote **Your Policy** number, **Your** name, address, telephone number and confirm that **You** are insured with JustTravelcover.com. This line is available 24 hours a day, 7 days a week.

#### CLAIMS PROCEDURE

When something happens which is likely to give rise to a claim under this **Policy**, **You** must notify AIG Travel as soon as reasonably possible after it happens and, in any case, within 28 days from the date of return **Home**. Such notice shall include full details of the event. Please contact:

Write to: Claims Team  
AIG Travel Guard  
2-8 Altyre Road  
Croydon  
CR9 2LG

Telephone: +44 (0) 1273 740925

Email: aigtravelclaims@aig.com

Claims line is available Monday to Friday, 9:00 – 17:00; excluding public holidays

#### CLAIMS COOPERATION

**You** shall provide assistance and co-operate with **Us** or **Our** representatives in obtaining any other records **We** or they feel necessary to evaluate the incident or claim. If **You** do not co-operate with **Us** and/or **Our** investigation of the claim, **We** shall not be liable to pay any claim.

#### ACCESS TO ADDITIONAL MATERIALS

**You** shall provide **Us**, or designated representatives, all information, documentation, medical information that **We** or they may require during the term of this **Policy**, or until all claims have been resolved, whichever is later.

## RIGHT TO MEDICAL RECORDS AND MEDICAL EXAMINATION

Following notification of a claim, **You** shall provide, when asked, all authorisations necessary to obtain **Your** medical records. **We** have the right to have **You** examined by a physician or vocational expert of **Our** choice, and at **Our** expense, when and as often as **We** may reasonably request.

## COMPLAINTS PROCEDURE

**We** are dedicated to providing a high quality service and **We** want to ensure that **We** maintain this at all times. If **You** have any questions or concerns about the **Policy**, please contact [JustTravelcover.com](http://JustTravelcover.com).

If **You** wish to make a complaint **You** can do so at any time by referring the matter to:

Write to: The Office Manager, [JustTravelcover.com](http://JustTravelcover.com), Victoria House, Toward Road, Sunderland, SR1 2QF  
Telephone: 0333 003 0021

Lines are open Monday to Friday 9:00 am to 5:00 pm and Saturday 9:00 am to 1:00 pm

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

If **You** wish to make a complaint about the service **You** have received from American International Group UK Limited in relation to a claim under Sections 1-25, please provide the policy or claims number, **Your** name, **Your** contact information and refer the matter to:

Write to: Customer Relations, AIG Travel, 2-8 Altyre Road, Croydon, CR9 2LG

Telephone: 0330 123 3107 (Claims)

Telephone: 0345 602 7453 (Non-Claims)

E-mail: [ukcustomerrelations@aig.com](mailto:ukcustomerrelations@aig.com)

American International Group UK Limited operates a comprehensive complaint process and will do their best to resolve any issue **You** may have as quickly as possible. On occasions however, it may require up to 8 weeks to provide **You** with a resolution. They will send **You** information outlining this process whilst keeping **You** informed of progress. If they are unable to resolve **Your** concerns within 8 weeks, **You** may be entitled to refer the complaint to the Financial Ombudsman Service (FOS) and will be provided full details of how to do this when **You** receive your final response letter addressing the issues raised.

If **You** remain dissatisfied, **Your** complaint may be referred to the FOS; who is an independent service in the UK for settling disputes between consumers and businesses providing financial services. Full details of how to do this will be provided in **Your** final response letter addressing the issues raised. Please note that the FOS may not be able to consider a complaint if **You** have not provided **Us** with the opportunity to resolve it.

The FOS can be contacted at:

Write to: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Telephone: 0800 023 4567 (calls to this number are free on mobile phones and landlines)

Telephone: 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers)

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

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

Following this complaint procedure does not affect **Your** right to take legal action.

## Financial Services Compensation Scheme (FSCS)

American International Group UK Limited is covered by the FSCS. If **We** are unable to meet **Our** financial obligations, **You** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

Further information about compensation scheme arrangements is available at [www.fscs.org.uk](http://www.fscs.org.uk) or call (freephone) 0800 678 1100 or 020 7741 4100.

## How We use Personal Information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

## The types of Personal Information we may collect and why

Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

1. Insurance administration, e.g. communications, claims processing and payment
2. Make assessments and decisions about the provision and terms of insurance and settlement of claims
3. Assistance and advice on medical and travel matters
4. Management of our business operations and IT infrastructure
5. Prevention, detection and investigation of crime, e.g. fraud and money laundering
6. Establishment and defence of legal rights
7. Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
8. Monitoring and recording of telephone calls for quality, training and security purposes
9. Market research and analysis.

## Sharing of Personal Information

For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

## International transfer

Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

## Security of Personal Information

Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

## Your rights

You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organization, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

## Privacy Policy

More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com).

## DATA PROTECTION NOTICE – JUST TRAVEL

Your personal information notice

### Who we are

JustTravelcover.com are the agent identified in **Your** Policy Wording and/or Certificate of insurance. **Your** insurance policy is underwritten by certain underwriters identified in the policy wording.

### The basics

We collect and use relevant information about **You** to provide **You** with **Your** insurance cover or the insurance cover that benefits **You** and to meet **Our** legal obligations.

This information includes details such as **Your** name, address and contact details and any other information that **We** collect about **You** in connection with the insurance cover from which **You** benefit. This information may include more sensitive details such as information about **Your** health and any criminal convictions **You** may have.

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

To fulfil our obligations under this **Policy Your** information may be shared with, and used by, a number of third parties. This includes, though is not limited to Insurers, agents or brokers, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **Your Personal Information** in connection with the insurance cover that **We** provide and to the extent required or permitted by law.

### Other people's details you provide to us

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

### Want more details?

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## **IMPORTANT NUMBERS:**

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**Just Travel Cover: 0333 003 0021**

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