



# Winter Sports Policy Wording

## Important Declaration – Pre-Existing Medical Conditions

### Please Read Carefully

**Your** policy excludes all claims relating directly or indirectly to **Pre-Existing Medical Conditions** that affect **You**, **Your** travelling companions or anyone else upon whom **Your** travel plans may depend, such as a **Close Relative**.

Anyone named under this policy must have read this Important Declaration and understood the medical screening questions. **Your** policy can only provide cover in respect of an event/occurrence which is sudden, unforeseen and beyond **Your** reasonable control and excludes all cover for **Pre-Existing Medical Conditions** unless disclosed to **Us** and **We** agree cover.

Please read and answer the following Medical Screening questions:

Have **You** or a **Close Relative** ever received treatment (including surgery, tests or investigations by **Your** doctor, a consultant or specialist), or been prescribed drugs or medication for any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy, allergy, or cancer?

YES

NO

Have **You** or a **Close Relative** received surgery, in-patient treatment or investigations in a hospital or clinic or been prescribed drugs or medication, within the last twelve months, for any other medical condition?

YES

NO

Are **You** aware of any circumstances that could reasonably be expected to give rise to a claim on this policy?

YES

NO

**If You have answered No to the questions above, You do not need to contact Healthcheck**

**If You have answered Yes to either of these questions, You should contact Healthcheck on 01702 427253**

**This should be done at the time of taking out this insurance or during the period of insurance prior to booking Your Trip if Your health changes. Healthcheck will confirm whether or not cover is available for the condition. An additional premium may be payable.**

Failure to contact Healthcheck or providing an incomplete or inaccurate declaration may invalidate any claim.

Healthcheck may be contacted between 09.00 and 17.00 Monday to Friday and 10.00 to 16.00 on Saturdays. When **You** contact Healthcheck, **You** will be asked for **Your** personal and travel details. Please have **Your** individual policy number to hand if known. Once **You** have answered some specific questions about **Your Pre-Existing Medical Condition**, **You** will be advised whether the **Pre-Existing Medical Condition** can be covered, an optional additional premium may be quoted and amendments may be made to the policy terms and conditions. If terms can be provided for the condition and **You** elect to take up the offer of the additional cover, **You** will be given a medical screening reference number and a letter will be sent to **You** upon receipt of payment. Any additional premiums must be paid directly to Healthcheck and not the company **You** are arranging **Your** travel insurance with. Should **You** not wish to take advantage of the optional terms quoted by Healthcheck, cover for all **Pre-Existing Medical Conditions** will be excluded.

## Important Declaration – Pre-Existing Medical Conditions

### Changes in Health

In addition to applying terms and conditions to **Your** policy at the point of purchase, **You** must also contact Healthcheck immediately if **You** have purchased an Annual Multi Trip Policy and **Your** health changes during the period of insurance requiring **You** to now answer Yes to the Medical Screening questions. **You** should do this as soon as **Your** health changes and prior to booking any new Trips.

Provided the journey was booked before the change of health occurred, **You** may have a valid cancellation claim if **You** have to cancel **Your** journey or if the **Insurer** can no longer provide the cover required. If **You** book a new journey without telling Healthcheck about any health changes noted above, the **Insurer** will not cover any claims directly or indirectly caused by, arising or resulting from, or in connection with this change of health. If advised about **Your** change of health, Healthcheck will tell **You** if they can provide cover for any claim arising from this change of health, and if so, whether any additional premium is required, or any additional terms apply. If the **Insurer** agrees to cover any change in health, then they will confirm this in writing.

If **You** do not let Healthcheck know about any **Your** changes of health, then **You** may not have the cover **You** need and it may invalidate **Your** Policy or reduce the amount of any claim.

### Medical Exclusions

#### At the time of taking out this policy:

There is no cover under this policy for:

- i) Any medical condition for which **You** or any other person upon whom travel depends, such as a **Close Relative**, have received a terminal prognosis.
- ii) Any medical condition that **You** are aware of but which has not had a formal diagnosis.
- iii) Any medical condition for which **You** or any other person upon whom travel depends, such as a **Close Relative**, are on a waiting list for or has knowledge of the need for surgery in a hospital.

#### At any time:

There is no cover under this policy for:

- i) Any medical condition that **You** have in respect of which a **Medical Practitioner** has advised **You** not to travel or would have done so if **You** had sought their advice.
- ii) Any surgery, treatment or investigations for which **You** intend to travel outside **Your Home Country** to receive (including expenses incurred due to the discovery of other medical conditions during and/or complications arising from these procedures).
- iii) Any medical condition for which **You** or any other person upon whom travel depends, such as a **Close Relative**, is not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
- iv) Pregnancy when **You** are expected to give birth within two months of the return date of **Your** trip.
- v) Participating in any activity where **You** have been advised against doing so by a **Medical Practitioner**.

### Please note

One of the many benefits of travel insurance is the easy access it affords to medical emergency assistance if **You** suddenly fall ill abroad. However, travel insurance is not a substitute for private medical insurance. It is important to note that cover is only provided for necessary emergency treatment in the event of an accident or unexpected illness that has been approved by **Our** assistance company.

## Travel policy

### Dear traveller

Thank you for purchasing your travel insurance from us. Please take the time to read your policy documents carefully to ensure that you understand what is, and what is not covered. If you should have any queries, or if you require additional cover, please contact our customer services team who will be happy to help you.



Chief Executive Officer, for and on behalf of Travel & General Insurance Services Ltd  
Who are authorised and regulated by the Financial Conduct Authority

### Complaints procedure

It is the intention to give **You** the best possible service but if **You** do have any questions or concerns about this insurance or the handling of a claim **You** should follow the Complaints Procedure below.

In all correspondence please state that **Your** insurance is provided by UK General Insurance Limited and quote scheme reference TGWS18/05041G.

#### IF YOU HAVE A COMPLAINT REGARDING THE SALE OF THE POLICY

Please contact Travel & General Insurance Services Ltd who arranged the Insurance on **Your** behalf. If **Your** complaint about the sale of **Your** policy cannot be resolved by the end of the third working day, then Travel & General Insurance Services Ltd will pass it to: Customer Relations Department, UK General Insurance Limited, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds LS10 1RJ. Tel: 0345 218 2685  
Email: customerrelations@ukgeneral.co.uk

#### IF YOU HAVE A COMPLAINT REGARDING YOUR CLAIM

Please contact Claims Settlement Agencies Limited (CSA). If **Your** complaint about **Your** claim cannot be resolved by the end of the third working day, then Claims Settlement Agencies Limited (CSA) will pass it to:

Customer Relations Department, UK General Insurance Limited, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds LS10 1RJ. Tel: 0345 218 2685.  
Email: customerrelations@ukgeneral.co.uk

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

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

The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR. Telephone 0800 023 4 567 or 0300 123 9123.  
Email:complaint.info@financial-ombudsman.org.uk

### Call monitoring and recording

Telephone calls may be monitored or recorded in order to improve customer service and to prevent and detect fraud.

### The Insurer

This Policy Document contains details of the Travel Insurance Scheme which is underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Travel & General Insurance Services Limited and UK General Insurance Limited are authorised and regulated by the Financial Conduct Authority.

Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. This can be checked on the Financial Services Register at <https://register.fca.org.uk/> or by calling them on 0800 111 6768 or 0300 500 8082.

Wherever **Insurer** is detailed throughout the policy wording, this will mean UK General Insurance Limited on behalf of Great Lakes Insurance SE.

# Contents

## Policy summary

**Page**

Special features and benefits	5
Significant or unusual exclusions or limitations	7

## General information

Important information	9
Definitions	12

## The policy

General conditions and exclusions	13
Section A – Cancellation or Curtailment	15
Section B – Medical Expenses	15
Section C – Personal Accident	16
Section D – Travel delay	17
Section E – Personal effects baggage, money and travel documents	18
Section F – Personal liability	19
Section G – Legal expenses	20
Section H – Winter Sports	20

## General advice

What you must do in the event of a medical emergency	22
What to do if you need to make a claim	23
Data protection and fraud prevention	23

# Policy summary

## keyfacts<sup>®</sup>

This Policy Summary does not contain full details and conditions of your insurance – these are located in this Policy Document.

This insurance is underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE.

### **Type of Insurance and Cover**

Travel insurance for single or annual multi trips – Your validation certificate or booking invoice (as applicable) will show which cover you have selected.

**Annual Cover:** Worldwide holiday and business cover for an unlimited number of trips, limited to 31 days any one trip. Winter Sports is included up to 31 days in all during the period of insurance.

**Single Trip:** You are covered for a single trip to a specific region of the world. Winter Sports is included.

### **Conditions**

It is essential that you refer to the General Conditions (please see 'Conditions' in the Policy Document).

Special conditions apply to Section E – Personal Effects and Section H – Winter Sports (where applicable).

Failure to comply with these conditions may jeopardise your claim or cover. – Please refer to the Policy Document for full details.

## Special features and benefits

### **Emergency and Medical Services**

Medical assistance; air ambulance & repatriation; medical escorts; road ambulance return home and long haul repatriation in the event of death, injury or illness necessitating: hospitalisation; repatriation; alteration to travel plans or curtailment of travel.

Immediate contact must be made with the Assistance company, full details of which can be found on page 22 of this document. If you are travelling to Australia and you require medical treatment you must enrol with a local Medicare office (please see page 10).

### **Section A – Cancellation or Curtailment:**

In the event of necessary cancellation before, or curtailment during the insured trip due to: death; accidental bodily injury; illness; compulsory quarantine on the orders of a treating Medical Practitioner; redundancy; cancellation of leave for British Forces, Police or Government security staff; jury service or witness attendance in court of the Insured Person; the death or serious injury or illness of a Close Relative of the Insured Person or the person with whom you intend to reside; adverse weather conditions making it impossible to travel to the international departure point; any event in which the emergency services request your presence following major damage to or burglary from your home or place of work.

The Insurer will pay:

Up to the amount stated in the Schedule of cover in respect of Irrecoverable Payments and Charges (as defined) for cancellation prior to departure; or up to the amount stated in the Schedule of cover in respect of either the proportion of unused, non-refundable tour costs, or the original value of unused, non-refundable air tickets

### **Section B – Medical Expenses:**

Medical repatriation and associated expenses incurred overseas up to the amount shown in the Schedule of cover.

Overseas emergency dental treatment to relieve pain and suffering up to £250.

The cost of transporting the remains of an Insured Person to their former place of residence up to £7,500 or funeral expenses abroad up to £1,000.

Inpatient Benefit of £20 per day if you are confined to hospital overseas, to a maximum £500 per person. In the case of Criminal Injuries the benefit increases to £100 per day up to the amount detailed in the Schedule of cover.

### **Section C – Personal Accident:**

Up to the amounts shown in the Schedule of cover for loss of sight, or loss of limb(s), permanent total disablement. A separate limit applies in the event of death subject to age. Please refer to the Policy Document for important definitions and full details of the cover and sub limits.

### **Section D – Travel Delay:**

In the event of delayed departure for at least 12 hours from the specified departure time, or arrival at destination at least 12 hours later than specified due to: strike; industrial action; disruption; Terrorism; adverse weather or breakdown; the Insurer will pay up to the amount shown in the Schedule of cover.

The Insurer will pay up to the amount shown in the Schedule of cover per Insured Person in the event that you are detained by hijack of an aircraft, train or sea vessel.

Where a delay of 12 hours or more causes you to cancel your whole travel itinerary prior to departure the Insurer will pay up to the amount shown in the Schedule of cover per Insured Person in respect of Irrecoverable Payments and Charges (as defined).

If the failure of scheduled public transport services in the United Kingdom due to strike; industrial action; disruption; Terrorism; inclement weather, mechanical breakdown of the vehicle you are travelling in causes you to arrive too late at the international point of departure in the United Kingdom, the Insurer will pay up to the amount shown in the Schedule of cover per Insured Person in respect of additional travel and accommodation only expenses to enable you to reach your destination.

If the outbound flight is delayed by at least 12 hours from the specified departure time, the Insurer will pay up to the amount shown in the Schedule of cover for additional transport costs to join a pre-booked tour.

#### **Section E – Personal Effects:**

Accidental loss, theft or damage to accompanied personal baggage, clothing or effects up to the amount shown in the Schedule of cover in total (further sub-limits per article, pair or set of articles, Valuables (as defined), claims for spectacles and sunglasses and losses on a beach apply).

Personal Money is covered up to the amount shown in the Schedule of cover.

Passports and Visas are insured up to the amount shown in the Schedule of cover against the cost of emergency replacement.

Temporary loss of baggage for more than 24 hours is covered up to the amount shown in the Schedule of cover per person deductible from the final claim if the loss is permanent.

Air tickets are covered to the original purchase price proportionately for each leg of the journey, including reasonable expenses incurred as a result of loss, up to the amount shown in the Schedule of cover.

#### **Section F – Personal Liability:**

Personal liability for any compensation if you become legally liable to pay up to the amount shown in the Schedule of cover.

#### **Section G - Legal Expenses:**

Up to the amount shown in the Schedule of cover in respect of legal costs and expenses in pursuit of compensation and/or damages against a third party arising from the death or bodily injury to the Insured Person.

#### **Section H – Winter Sports:**

Loss, theft or breakage of your own ski equipment is insured up to the amount shown in the Schedule of cover per Insured Person, subject to a limit for any single item, set or pair.

Loss, theft or breakage of hired ski equipment in your charge is insured up to the amount shown in the Schedule of cover per person.

Up to the amount shown in the Schedule of cover per Insured Person in respect of replacement ski hire following loss, theft or breakage, or misdirection or delay in transit of Insured Persons skis preventing their use for not less than 12 hours.

Up to the amount shown in the Schedule of cover per Insured Person in respect of the proportionate value of any ski pass, hire or tuition fee necessarily unused following accident or sickness of the Insured Person, or loss theft or damage of the ski pass.

Up to the amount shown in the Schedule of cover for additional transport costs to reach an alternative resort necessitated by a lack of snow or avalanche at your pre-booked resort following the closure of skiing facilities.

Up to the amount shown in the Schedule of cover per Insured Person in respect of additional travel and accommodation expense necessarily incurred as a result of the outward or return journey by public transport being delayed for 12 or more hours beyond the scheduled arrival time due to avalanche.

## Significant or unusual exclusions or limitations

The standard **Policy Excess** is shown in your Policy Document. Any increased amount that we require you to pay will be shown on a Policy Endorsement that we have issued to you.

### **General Exclusions:**

Any consequence of any act of war invasion, act of foreign enemy, hostilities (whether declared or not), civil war, civil commotion, rebellion, revolution, insurrection, military force, any act of Terrorism where you are actively engaged and/or where you have travelled or you remain contrary to Foreign & Commonwealth Office travel advice.

There are a number of activities, practices and certain winter sports that are excluded, please see 'General Exclusions' in the Policy Document. Some activities described can be included if an additional premium has been paid. Your validation certificate or booking invoice (as applicable) will show if you have chosen this option.

Wilful self inflicted injury, solvent abuse, the use of drugs and the effects of alcohol and sexually transmitted diseases.

Unlawful actions.

Stress or anxiety. Depression or any other mental or nervous disorder diagnosed before the Period of Insurance commenced or the trip is booked (whichever is the later), or not diagnosed by a hospital consultant specialising in the relevant field. Your choosing not to take prescribed medication or other treatment. Any medical condition which does not comply with the conditions outlined under the Important Declaration – Pre-Existing Medical Conditions section on pages 1 and 2.

You will not be covered under Section A – Cancellation or Curtailment, Section B – Medical Expenses, or Section C – Personal Accident – in respect of any defined Pre-Existing Medical Condition, unless these have been disclosed to us and we have agreed to cover the condition in writing (please refer to General Exclusions in the Policy Document).

### **Exclusions under Section A – Cancellation or Curtailment:**

Any claim arising from any medical condition which does not comply with the conditions outlined under the Important Declaration – Pre-Existing Medical Conditions section on pages 1 and 2.

### **Exclusions under Section B – Medical Expenses:**

Medical Expenses excludes any claim relating to any medical condition which does not comply with the conditions outlined under the Important Declaration – Pre-Existing Medical Conditions section on pages 1 and 2; any expenses not verified by a medical report; or the cost of medical or surgical treatment later than 52 weeks from the date of accident or illness, or elective cosmetic surgery.

### **Exclusions under Section D – Travel Delay:**

Any strike, industrial action, publicised at the time of effecting the insurance. The withdrawal of any aircraft, train or sea vessel on the recommendation of a Port Authority, the Civil Aviation Authority or similar body.

### **Exclusions under Section E – Personal Effects:**

Unattended Valuables (as defined – including those in a vehicle) are uninsured unless in a locked safe, locked hotel room, locked apartment or locked holiday residence.

Business or professional goods, equipment or samples and any property hired to the Insured Person are excluded.

### **Exclusions under Section F – Personal Liability:**

Personal Liability excludes claims in the course of employment; the ownership possession or use of any aircraft, hovercraft, watercraft or mechanically propelled vehicles, the ownership or use of any land or building other than use of rented temporary accommodation; the ownership or use of any firearm.

### **Exclusions under Section G – Legal Expenses:**

Any costs incurred before obtaining the written consent of the Insurer.

Claims against travel agents or tour operators.

The Insurer shall have complete control of any legal proceedings and can exclude a claim if, in their opinion, they believe there is an insufficient prospect of success in obtaining a reasonable settlement.

### **Exclusions under Section H – Winter Sports:**

Loss, theft or damage of skis or ski poles over 5 years old is excluded.

There is no cover for skis or ski equipment carried on a vehicle roof rack or whilst in use.

### **Additional Extensions**

There are optional extensions available on payment of an additional premium to cover adventure activities and sports equipment.

**Duration of Contract**

Please refer to your validation certificate or booking invoice (as applicable) to confirm the policy duration of your selected cover.

**Emergency and Medical Services**

Medical assistance; air ambulance & repatriation; medical escorts; road ambulance and return home and long haul repatriation in the event of death, injury or illness necessitating: hospitalisation; repatriation; alteration to travel plans or curtailment of travel. Immediate contact must be made with the Assistance Company. If you are travelling to Australia and you require medical treatment you must enrol with a local Medicare office (please see page 10).

**Cancellation Policy**

You are free to cancel this policy at any time. If you wish to cancel within 14 days of receipt of the Policy Document, you may do so by calling or writing to us for a full refund providing you have not travelled and no claim has been made. If you cancel after the first 14 days of receipt of the Policy Document, it will be cancelled from the date your instructions are received or any later date you advise. You may be charged a premium proportionate to the cover that has been in force up to the date of your cancellation, and a reasonable administration charge for any costs incurred.

**What to do if you need to make a claim**

To make a claim contact the claims handlers Claims Settlement Agencies Limited (CSA), within 45 days of the date the occurrence giving rise to the claim occurred on Telephone: 01702 427172. Email [info@csal.co.uk](mailto:info@csal.co.uk) or [www.csal.co.uk](http://www.csal.co.uk)

**Complaints Procedure**

In all correspondence please state that your insurance is provided by UK General Insurance Limited and quote scheme reference TGWS18/05041G.

IF YOU HAVE A COMPLAINT REGARDING THE SALE OF YOUR POLICY:

Please contact Travel & General Insurance Services Ltd who arranged the Insurance on your behalf.

IF YOU HAVE A COMPLAINT REGARDING YOUR CLAIM:

Please contact Claims Settlement Agencies Limited (CSA).

If your complaint about the sale of your policy, or your claim, cannot be resolved by the end of the third working day, then it will then be passed to UK General Insurance Limited.

If the complaint is still not resolved, you can approach the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect your right to take legal action.

Full details of addresses and contact numbers can be found within the Policy Document.

**Financial Services Compensation Scheme (FSCS)**

Great Lakes Insurance SE, is covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme, if Great Lakes Insurance SE cannot meet their obligations. Most insurance contracts are covered for 90% of the claim with no upper limit. This depends on the type of business and the circumstances of the claim. You can get more information about the compensation scheme arrangements from the FSCS by visiting [www.fscs.org.uk](http://www.fscs.org.uk). You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or you can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY

**Demands and Needs**

This travel insurance policy will suit the Demands and Needs of an individual, or group (where applicable) who have no excluded Pre-Existing Medical Conditions, are travelling to countries included within the policy terms and wish to insure themselves against the unforeseen circumstances/events detailed in this Policy Document. Subject to the terms and conditions and maximum sums insured.

**Important**

This policy will have been sold to you on a non-advised basis and it is therefore important for you to read this Policy Document (paying particular attention to the Terms, Conditions and Exclusions) and ensure that your chosen policy meets all of your requirements. If upon reading this Policy Document you find that it does not meet all of your requirements, please refer to the relevant cooling off section.

**Consumer Insurance (Disclosure and Representations) Act 2012**

You are required under the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

1. supply accurate and complete answers to all questions we or administrators may ask as part of your application for cover under this policy.
2. to make sure that all information supplied as part of your application for cover is true and accurate.
3. tell us of any changes to the answers as soon as possible.

Failure to provide answers in-line with the requirements of the Act may mean that your policy is invalid and that it does not operate in the event of a claim.



## General information

### Important Information

**Please keep this travel insurance policy in a safe place and carry it with You when You go on Your journey. We also suggest that You leave a copy with a relative or neighbour in case of an emergency.**

Cover applies to each **Insured Person** named on the booking invoice or validation certificate (as applicable). The cover and limits will apply to each **Insured Person** who has paid the appropriate premium.

**IMPORTANT - Your personal insurance number is the same as Your booking invoice number or validation certificate number (as applicable). Please note Your personal insurance number prior to travel. This Policy Document and booking invoice or validation certificate (as applicable) showing the Insurance Premium, inclusive of tax where applicable, is all that we will issue to You.**

**This policy will have been sold to You on a non-advised basis and it is therefore important for You to read this Policy Document (paying particular attention to the Terms, Conditions and Exclusions) and ensure that Your chosen policy meets all of Your requirements. If upon reading this Policy Document You find that it does not meet all of Your requirements, please refer to the relevant cooling off section.**

#### Cooling off Period / Cancellation of Policy

If **You** decide that for any reason, this Policy does not meet **Your** insurance needs then please return it to **Us** within 14 days from the day of purchase or the day on which **You** receive **Your** policy documentation, whichever is the later. On the condition that no travel has taken place and no claims have been made or are pending, **We** will then refund **Your** premium in full. Thereafter **You** may cancel the insurance cover at any time by informing **Us** however no refund of premium will be payable.

**We** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- Where **We** reasonably suspect fraud
- Non-payment of premium
- Threatening and abusive behaviour
- Non-compliance with policy terms and conditions
- You** have not taken reasonable care to provide complete and accurate answers to the questions **We** ask.

If **We** cancel the policy and/or any additional covers **You** will receive a refund of any premiums **You** have paid for the cancelled cover, less a proportionate deduction for the time **We** have provided cover.

Where **Our** investigations provide evidence of fraud or a serious non-disclosure, **We** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Us** with incomplete or inaccurate information, which may result in **Your** policy being cancelled from the date **You** originally took it out and **We** will be entitled to keep the premium.

If **Your** policy is cancelled because of fraud or misrepresentation, this may affect **Your** eligibility for insurance with **Us**, as well as other insurers, in the future.

#### Contract

This Policy Document, the Booking Invoice or Validation Certificate (as applicable) and any information provided in **Your** application will be read together as one contract.

#### Period of Insurance / Start and end Dates

The period that **You** are insured for as shown on **Your** Booking Invoice or Validation Certificate (as applicable).

#### Single Trip

Cover under Section A – Cancellation starts from the date stated on **Your** Booking Invoice or Validation Certificate (as applicable) and ends when the **Insured Person** leaves their residence or place of business to commence travel. Cancellation cover shall only apply for trips departing prior to 31 December 2019 unless agreed in writing.

Cover under all other sections of the policy starts when the **Insured Person** leaves their normal residence or place of business to commence their trip.

All cover ends on the **Insured Person's** return home, within 24 hours of their return to their **Home Country**, or at the expiry of the Period of Insurance, whichever is first.

#### Annual Multi Trip

Any one trip shall be limited to a maximum duration of 31 days. For any trip known to be exceeding the maximum duration, the entire period of travel including the first 31 days will not be insured.

Cover under Section A – Cancellation starts from either the date shown on **Your** Booking Invoice or Validation Certificate (as applicable), or the booking date of each individual trip to which this insurance relates, whichever is the latter.

Cover under all other sections of the policy starts from date shown on **Your** Booking Invoice or Validation Certificate (as applicable), or the time **You** leave **Your** normal residence or place of business to commence **Your** trip on the departure date of each individual trip to which this insurance relates, whichever is the latter.

Cover for each trip ends on the **Insured Person's** return home or within 24 hours of their return to their **Home Country**, whichever is first. All cover under the Policy ends on the expiry of the Period of Insurance.

### GEOGRAPHICAL Limits

#### Area 1: UNITED KINGDOM, including the Channel Islands and Isle of Man.

Whilst insurance is available for holidays in the United Kingdom, Section B Medical Expenses. 1. Medical and Associated Expenses, 2. Inpatient Benefit and 3. Criminal Injuries Benefit and Section F Personal Liability shall be inoperative.

#### Area 2: EUROPE

Europe means the continent of Europe West of the Ural Mountains, Channel Islands, Isle of Man and also countries bordering the Mediterranean, plus Iceland, Jordan, Madeira, the Canary, Azores and Mediterranean Islands.

#### Area 3: WORLDWIDE excluding North America

North America means the USA, Canada and the Caribbean

(a) For any period of cover purchased Area 3 can include a single day/night stop-over anywhere in the World for both outward and return travel.

#### Area 4: WORLDWIDE

Meaning Rest of the World, including USA, Canada and the Caribbean

### Automatic Trip Extension

If the **Insured Person** is prevented from completing their travel before the expiration of this Insurance as stated under the Period of Insurance on the validation certificate or booking invoice (as applicable) for reasons which are beyond their control, including ill health or failure of public transport, this Insurance will remain in force until completion but not exceeding a further 31 days on a day by day basis, without additional premium.

In the event of an **Insured Person** being hijacked, cover shall continue whilst the **Insured Person** is subject to the control of the person(s) or their associates making the hijack during the Period of Insurance for a period not exceeding twelve months from the date of the hijack.

Please ensure **You** arrange cover for the entire duration of **Your** travel.

### Limits of Cover

Certain limits apply to each section of the policy. These limits are shown in the policy and in **Your** Schedule of cover

### Reciprocal Health Care

When **You** are travelling to Australia and **You** have to go to hospital, **You** must register for and make use of the treatment offered under the national Medicare scheme [www.humanservices.gov.au](http://www.humanservices.gov.au). If **You** know **You** need treatment, **You** can enrol for Medicare at a DHS Service Centre. If **You** receive treatment before **You** enrol, Medicare benefits will be back-paid for eligible visitors. Should **You** be admitted to hospital then immediate contact must be made with the Assistance Company and their authority obtained in respect of any treatment not available under MEDICARE before such treatment is provided. **Your** failure to contact the Assistance Company may result in a claim being reduced or declined.

If **You** are travelling to **European Union** countries **You** should obtain a European Health Insurance Card (EHIC). **You** can apply either online through <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC> or by telephoning 0300 330 1350. This will entitle **You** to benefit from the reciprocal health agreements, which exist between certain European countries. In the event of a claim being accepted for medical expenses which has been reduced by the use of an EHIC, or Private Health Insurance, the deduction of the **Policy Excess** under the medical section will not apply.

### Law

Unless some other law is agreed in writing, this policy is governed by English law. If there is a dispute, it will only be dealt with in the courts of England or of the country within the **United Kingdom** in which **Your** main residence is situated and communication of and in connection with this Policy shall be in the English language.

### Fraudulent Claims

The **Insured Person** must not act in a fraudulent manner. If the **Insured Person** or anyone acting for them:

- fails to reveal or hides a fact likely to influence whether **We** accept **Your** proposal, **Your** renewal, or any adjustment to **Your** policy;
- fails to reveal or hides a fact likely to influence the cover **We** provide;
- makes a statement to **Us** or anyone acting on **Our** behalf, knowing the statement to be false;
- sends **Us** or anyone acting on **Our** behalf a document, knowing the document to be forged or false;

- makes a claim under the policy, knowing the claim to be false or fraudulent in any way;
- makes a claim for any loss or damage **You** caused deliberately or with **Your** knowledge; or
- If **Your** claim is in any way dishonest or exaggerated;  
**We** will not pay any benefit under this policy or return any premium to **You** and **We** may cancel **Your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **You** and inform the appropriate authorities.

### Duplicate Insurance

If at the time of loss, theft, damage, expense or liability insured by Sections A, B, D, E, F, G and H there is another insurance against such loss or any part thereof, the **Insurer** shall be liable under this Insurance for their proportionate share only of such loss.

### Subrogation

The **Insurer** is entitled to take over any rights in the defence or settlement of any claim and to take proceedings in the **Insured Person's** name for the **Insurer's** benefit against any other party.

### One Way Travel

Cover under all sections ceases on arrival at final destination.

## Claim Conditions

### Documentation:

All certificates, information and evidence required by the **Insurer** shall be furnished at the expense of the **Insured Person** or his legal personal representatives and shall be in such form and of such nature as the **Insurer** may prescribe. The **Insured Person** shall as often as required submit to medical examination on behalf of the **Insurer** at their own expense and in the event of death of the **Insured Person** the **Insurer** shall be entitled to have a post-mortem examination at their own expense.

### Interest:

The **Insurer** will not pay interest on any benefit payable under this Policy unless payment has been unreasonably delayed by them following receipt of all the required certificates, information and evidence necessary to support the claim.

### Recognising Our Rights :

**You** and each **Insured Person** must recognise the **Insurer's** right to:

1. Pay, repair or replace choose either to pay the amount of a claim (less any **Policy Excess** and up to any Sum Insured limit) or repair, replace or reinstate any item or property that is damaged, lost or stolen;
2. Inspect & dispose of items inspect and take possession of any item or property for which a claim is being made and handle any salvage in a reasonable manner;
3. Handle a claim in **Your** name take over and deal with the defence or settlement of any claim in **Your** name and keep any amount recovered;
4. Pay in sterling settle all claims in pounds sterling;
5. Be reimbursed promptly be reimbursed within 30 days for any costs or expenses that are not insured under this Policy, which the **Insurer** pays to **You** or on **Your** behalf;
6. Receive medical certificates be supplied at **Your** expense with appropriate original medical certificates where required before paying a claim.
7. Carry out medical examinations request and carry out a medical examination and insist on a post-mortem examination, if the law allows them to ask for one, at their expense.

### Paying Claims:

1. Death
  - A. If the **Insured Person** is 18 years old or over, claims are paid to their estate and the receipt given to the **Insurer** by their personal representatives shall be a full discharge of all liability by the **Insurer** in respect of the claim.
  - B. If the **Insured Person** is aged under 18 years, the **Insurer** shall pay any claim to their parent or legal guardian. Their parent or legal guardian's receipt shall be a full discharge of all liability by the **Insurer** in respect of the claim.
2. All other Claims
  - A. If the **Insured Person** is 18 years old or over, the **Insurer** shall pay the claim to that **Insured Person** and their receipt shall be a full discharge of all liability by the **Insurer** in respect of the claim.
  - B. If the **Insured Person** is aged under 18 years, the **Insurer** shall pay the appropriate benefit amount to their parent or legal guardian for their benefit. Their parent or legal guardian's receipt shall be a full discharge of all liability by the **Insurer** in respect of the claim.

Please refer to the Claims Checklist at the back of this policy document for a list of documentation required by Claims Handlers to process a claim.

## Definitions

Any word or expression to which a specific meaning has been attached will bear the same meaning throughout this policy document. For ease of reading the definitions are highlighted by the use of **bold** print and will start with a capital letter.

### **Close Relative**

Means mother, father, sister, brother, wife, husband, partner (including common law and civil partnerships), son, daughter (including fostered/adopted), grandparent, grandchild, parent in law, son in law, daughter in law, brother in law, sister in law, step parent, step child, step sister, step brother or legal guardian.

### **Dependent Business Partner**

Means a person in the same employ as **You** who's absence from work necessitates **Your** presence.

### **Home Country**

Means the country that the **Insured Person** normally resides in within the United Kingdom or Channel Islands.

### **Insured Person/You/Your**

Means any person named on the Booking Invoice or Validation Certificate (as applicable).

### **Insurer/We/Our/Us**

Means UK General Insurance Limited on behalf of Great Lakes Insurance SE.

### **Irrecoverable Payments and Charges**

Means the cost of pre-paid tickets or bookings that are not refundable from the provider.

### **Medical Condition**

Means any disease, illness or injury.

### **Medical Practitioner**

Means a registered practising member of the medical profession who is not related to the **Insured Person** or any person with whom they are travelling.

### **Policy Excess**

Means the amount of any claim that **You** have to pay before any payment is made to **You**. This is £75 excess per person for each claim made for Cancellation or Curtailment, Medical expenses, Personal effect and specific aspects of the Winter Sports Extension. £250 excess per person for each claim made for Personal Liability.

### **Pre-Existing Medical Condition**

Means

- a) Any respiratory condition (relating to the lungs or breathing), heart condition, stroke, Crohn's disease, epilepsy, allergy, or cancer for which **You** or a **Close Relative** have ever received treatment (including surgery, tests or investigations by **Your** doctor or a consultant/specialist, or prescribed drugs/medication).
- b) Any **Medical Condition** for which **You** or a **Close Relative** have received surgery, in-patient treatment or investigations in a hospital or clinic or have been prescribed drugs/medication in the last twelve months.

### **Strike or Industrial Action**

Means any form of industrial action taken by workers which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.

### **Terrorism**

Any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.

### **Travelling Companion**

Means a person that the **Insured Person** has arranged to undertake their journey with where it would be unreasonable to expect the **Insured Person** to continue their journey without that person.

### **Unattended**

Means when the **Insured Person** is not in full view of and not in a position to prevent unauthorised interference with their property.

### **Valuables**

Means jewellery, watches, gold, precious stones and articles made of/or containing gold, silver or precious metals, photographic, TV, audio, CD's, MP3 Players, video, computer, GPS/navigation, electrical equipment, binoculars, optical equipment, telescopes and animal skins.

# The policy document

The following sections explain the cover provided by Your policy during the Period of Insurance. The cover is set out in Your Schedule of cover together with any Policy Excess limits or endorsement.

## General conditions and exclusions

The Insured Person must comply with all the terms and conditions stated in this policy document to have the full protection of their policy and act as if uninsured at all times. If the Insured Person does not comply the Insurer may at their option cancel the policy or refuse to deal with their claim or reduce the amount of any claim payment.

### General Conditions

1. This Insurance is available for holiday or business travel, but excludes overseas residency, permanent overseas employment, work of a predominantly manual nature or any hazardous activity not agreed on behalf of the Insurer.
2. That You contact the Assistance Company as soon as possible with full details of anything which may result in a claim as a result of a medical emergency.

### GENERAL EXCLUSIONS

The Insurer shall not pay for:

- a) The first amount of each and every claim per incident claimed for under each Section by each Insured Person as denoted by the Schedule of cover.
- b) The first £250 of each and every claim arising from the same incident under Section F – Personal Liability for rented accommodation (in respect of the use of rented temporary accommodation only).

No Policy Excess applies to Section A – Loss of deposit only, Section C – Personal Accident, Section D – Travel Delay, Section E(v) – Temporary loss of baggage, Section H – Winter Sports: Ski equipment hire, Piste closure & Delay due to Avalanche.

Please also note that if an Insured Person has a valid claim for medical expenses which is reduced by their;

- using an EHIC; or
- taking advantage of a reciprocal health agreement with their Home Country; or using their private medical insurance; at the point of treatment, then the Insurer will NOT deduct the Policy Excess.

The Insured Person will not be covered under Section A – Cancellation or Curtailment, Section B – Medical Expenses or Section C – Personal Accident for any claim directly or indirectly caused by, arising or resulting from, or in connection with either;

A) At the time of taking out this policy:

- i) Any Pre-Existing Medical Condition unless You have contacted Healthcheck on 01702 427253 and the Insurer has agreed to provide cover and You have paid the additional premium required.
- ii) Any Medical Condition that the Insured Person or any other person not necessarily travelling but upon whom travel depends such as a Close Relative has received a terminal prognosis.
- iii) Any Medical Condition the Insured Person is aware of but which has not had a formal diagnosis.
- iv) Any Medical Condition for which the Insured Person or any other person not necessarily travelling but upon whom travel depends such as a Close Relative is on a waiting list for or has knowledge of the need for surgery in a hospital;

or

B) After the date this policy was purchased including prior to booking any individual journey in respect of an Annual Multi Trip Policy:

A change of health or where the cost of any claim is increased due to a change of health, if the procedure detailed under the 'Pre-Existing Medical Conditions' section on page 2 has not been followed.

C) At any time:

- i) Any Medical Condition the Insured Person has in respect of which a Medical Practitioner has advised them not to travel or would have done so had they sought his/her advice.
- ii) Any surgery, treatment or investigations for which You intend to travel outside Your Home Country to receive (including any expenses incurred due to the discovery of other Medical Conditions during and/or complications arising from these procedures).

- iii) Any **Medical Condition** for which the **Insured Person** or any other person not necessarily travelling but upon whom travel depends such as a **Close Relative** is not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.
- iv) Pregnancy when **You** are expected to give birth within two months of the return date of **Your** trip;
- v) Participating in any activity where the **Insured Person** has been advised against doing so by a **Medical Practitioner**.

The **Insurer** shall not pay (unless agreed in writing by or on behalf of the **Insurer**) for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. (a) (i) Mountaineering or climbing; pot-holing; sports tours; motorised competitions; racing; competing in or practicing for speed or time trials of any kind; or
  - (ii) Travelling by motorcycle, unless in respect of motorcycles up to 125 cc hired or borrowed during the Period of Insurance, and the **Insured Persons** are wearing crash helmets; or
  - (iii) Any participation in the following Winter Sports activities will always be excluded ski racing, ski jumping, ice hockey or the use of bobsleighs or skeletons.
- (b) Any activity where **Insured Persons** do not wear the recommended/recognised safety equipment, or do not follow the safety procedures, rules or regulations of the activity's organisers /providers; or
- (c) Any activity in the air (other than as a passenger in a fully licensed passenger-carrying-aircraft, bungee jumping or parasailing); or
- (d) Wilful exposure to needless danger (other than in an attempt to save human life); or
- (e) Air travel within 24 hours of scuba diving.

NOTE: Exclusions 1.(a), (b) and (c) are not applicable to cancellation claims under Section A.

NOTE: Please see Sporting and Hazardous Activities schedule.

2. (a) Any form of stress or anxiety; or
  - (b) Depression or any other mental or nervous disorder that was diagnosed before the Period of Insurance commenced, or before **Your** trip was booked (whichever is later). Mental disorders diagnosed at any other time are also excluded unless investigated and diagnosed by a hospital consultant specialising in the relevant field.
3. Any wilfully self inflicted injury or illness, insanity, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, the use of drugs (other than medically prescribed) and the effects of alcohol.
4. The **Insured Person's** participation in any criminal or illegal acts.
5. Claims arising directly or indirectly from an act of **Terrorism**. This exclusion does not apply to Section B - Medical Expenses except for any claims which are in any way caused or contributed by an act of **Terrorism** involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
6. Damage to, or loss or destruction of any property or any loss or expense whatsoever arising indirectly caused by or contributed to, by or arising from:
  - (a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
  - (b) the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly..
7. (a) Unless the **Insurer** provides cover under this insurance, any other loss, damage or additional expenses following on from the event for which the **Insured Person** is claiming. Examples of such loss, damage, or additional expense would be the cost of replacing locks after losing keys, costs incurred of preparing a claim, or loss of earnings following bodily injury or illness.
  - (b) Any costs for;
    - (i) telephone calls (other than the first call to the Emergency Assistance Service to notify them of a medical problem requiring hospitalisation); or
    - (ii) taxi fares (unless a taxi is being used in place of an ambulance to take **You** to or from a hospital); or
    - (iii) food and drink expenses (unless these form part of **Your** hospital costs if **You** are kept as an inpatient).
8. Any **Insured Person's** travel to a country, specific area or event to which the Travel Advice unit of the British Foreign and Commonwealth Office or the World Health Organisation has advised against all, or all but essential travel, unless agreed by or on behalf of the **Insurer**.
9. Any search and rescue costs or ship to shore rescue costs (cost charged to you by a Government, regulated authority or private organisation concerned with finding and rescuing an individual). This does not include medical evacuation costs by the most appropriate transport, however ship to shore medical evacuation is limited to £10,000 per **Insured Person**.
10. Private medical treatment unless authorised by the Assistance Company.
11. Interest on any benefit payable under this Policy unless payment has been unreasonably delayed by or on behalf of the **Insurer** following receipt of all the required

certificates, information and evidence necessary to support the claim.

12. Sonic or pressure waves from aircraft and other airborne devices travelling at sonic or supersonic speeds.
13. Any circumstances the **Insured Person** is aware of that could reasonably be expected to give rise to a claim on this policy unless the **Insured Person** has been given the **Insurer's** written agreement.

## Section A Cancellation or Curtailment

Up to the amount shown in the Schedule of cover should an **Insured Person** necessarily have to cancel the projected journey before commencement or curtail it by returning to their **Home Country** before completion, as a result of:

- i) the death, accidental bodily injury, illness, compulsory quarantine on the orders of a treating **Medical Practitioner**, redundancy that qualifies for payment under current redundancy legislation, cancellation of leave for British Forces, Police or government security staff, summoning to jury service or witness attendance in a court of an **Insured Person** or **Travelling Companion**.
- ii) the death, serious injury or illness of a **Close Relative**, or the person with whom the **Insured Person** intends to reside at the holiday or journey destination, or **Dependent Business Partner** of the **Insured Person** or **Travelling Companion** which necessitates the presence of the person concerned.
- iii) hijack.
- iv) adverse weather conditions making it impossible for an **Insured Person** to travel to initial point of departure at commencement of outward journey.
- v) major damage or burglary at the **Insured Person's** home or place of business, which at the request of an emergency service requires their presence.

The **Insurer** will pay:

- a) for Cancellation prior to departure; any **Irrecoverable Payments and Charges** (whether paid or contracted to be paid) for travel, accommodation, tours or excursions up to the Sum Insured, for any of the above reasons.
- b) for Curtailment after initial departure a pro-rata proportionate refund of inclusive tour costs, or alternatively the original value of unused air tickets up to the Sum Insured, for any of the above reasons.

**Where return to an Insured Person's Home Country is necessary in an emergency situation they should contact the Assistance Company who may be able to assist in having existing air tickets amended.**

### EXCLUSIONS APPLICABLE TO SECTION A

The **Insurer** shall not pay for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider
2. a **Pre-Existing Medical Condition** unless the **Insurer** has agreed to provide cover and **You** have paid the additional premium required and any **Medical Condition** which does not comply with the conditions detailed under the Important Declaration - **Pre-Existing Medical Conditions** section on page 1 and 2.
3. for unused portions of the **Insured Person's** ticket, where repatriation has been arranged at the expense of the **Insurer**
4. an **Insured Person** having to cut short their trip but not returning to **Your Home Country**, in which case the **Insurer** will only pay for the equivalent costs which **You** would have incurred had **You** returned to **Your Home Country**
5. being unable to continue with **Your** travel due to **Your** failure to obtain the necessary visas or passports
6. a disinclination to travel or any other adverse financial situation (except redundancy that qualifies for payment under current redundancy legislation)
7. any cost of a trip that has been paid for as a prize or using any airline reward scheme, for example Avios Travel Rewards Programme
8. the cost of any Air Passenger Duty.

## Section B Medical Expenses

Attention:

**Insured person**/Treating Doctor or Hospital. In the event of a Medical Emergency Global Response must be contacted by the **Insured person** or someone acting on their behalf at the first available opportunity. Details of how to contact them are shown on page 22 of this document.

Failure to contact Global Response could result in **Your** claim being limited to £500

For travel to the United States of America: **We** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

We reserve the right to limit payment to what **Our** medical officer deems reasonable. If **Our** medical officer advises a date when it is feasible and practical to repatriate **You**, but **You** choose instead to remain abroad, **Our** liability to pay any further costs under this section after that date will be limited to what **We** would have paid if **Your** repatriation had taken place.

#### 1. Medical, Repatriation and Associated Expenses.

Up to the amount shown in the Schedule of cover should an **Insured Person** suffer accidental bodily injury or become ill (including compulsory quarantine on the orders of a treating **Medical Practitioner**), the **Insurer** will pay:

- i) normal and necessary receipted expenses of emergency medical or surgical treatment incurred outside the **Insured Person's Home Country** including, emergency dental treatment to relieve pain and suffering (limited to £250), specialists or ophthalmic fees, hospital, nursing attendance charges, physiotherapy, massage and manipulative treatment, surgical and medical requisites, decompression chambers, ambulance/necessary transport charges (including helicopter/air ambulance charges if necessary on medical grounds and authorised by the Assistance Company. The **Insurer** reserves the right to repatriate the **Insured Person** to their **Home Country** when in the opinion of the **Medical Practitioner** in attendance and their medical advisers the **Insured Person** is fit to travel.
- ii) reasonable additional accommodation and repatriation expenses incurred by an **Insured Person** and any one member of the family or party who has to remain or travel with the injured, ill or hi-jacked **Insured Person**, certified by a **Medical Practitioner** to be strictly necessary on medical grounds, and approved by the Assistance Company.
- iii) the travel and reasonable accommodation expenses of one person to travel from their country of residence if their presence is strictly necessary on medical grounds.
- iv) the cost of transporting the remains of an **Insured Person** to their former **Home Country** up to £7,500 or funeral expenses incurred outside the **Insured Person's** country of residence up to £1,000.

#### 2. Inpatient Benefit.

In addition to the costs referred to above, the **Insurer** will also pay £20 for each complete day, up to the amount shown in the Schedule of cover if the **Insured Person** is confined to hospital outside the United Kingdom.

#### 3. Criminal Injuries Benefit.

Should an **Insured Person** be admitted to hospital as an in-patient as a result of receiving Criminal Injuries following a personal assault verified by a written report that substantiates the injuries resulted from an unprovoked personal assault, the Inpatient Benefit payable under Section B2 above is increased to £100 per complete day, up to the amount shown in the Schedule of cover, that the **Insured Person** is confined to hospital outside their **Home Country**.

#### EXCLUSIONS APPLICABLE TO SECTION B1, B2 and B3

The **Insurer** shall not pay for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. travel against any health requirements stipulated by the carrier, their handling agents or any other public transport provider
2. a **Pre-Existing Medical Condition** unless the **Insurer** has agreed to provide cover and **You** have paid the additional premium required and any **Medical Condition** which does not comply with the conditions detailed under the Important Declaration - **Pre-Existing Medical Conditions** section on page 1 and 2.
3. the cost of medical or surgical treatment of any kind received by the **Insured Person** later than 52 weeks from the date of the accident or commencement of the illness
4. for medical expenses incurred in an **Insured Person's Home Country**
5. a claim that is not verified by a medical report obtained whilst travelling
6. elective or cosmetic surgery, unless deemed medically necessary and agreed by the Assistance Company
7. dental treatment to provide, replace or repair caps, crowns or bridges other than for the relief of pain and suffering
8. any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and the Assistance Company can be reasonably delayed until the **Insured Person's** return to their **Home Country**
9. any medical treatment and associated costs **You** have to pay following **Your** refusal of curtailment, or **Your** decision not to move hospital or return to **Your Home Country** after the date when, in the opinion of the medical Emergency Service Providers, **You** should have done so
10. accommodation and travel expenses where the transport and/or accommodation used are of a standard superior to that of the trip
11. medication an **Insured Person** is taking before and which they will have to continue taking during their trip (except in the event of accidental loss or damage to that medication).

## Section C Personal Accident

Up to the amount shown in the Schedule of cover in the event of the **Insured Person** sustaining bodily injury arising wholly and exclusively from violent accidental external and visible means which injury shall solely and independently of any other cause result in his/her



death or disablement within twelve calendar months of the injury, the **Insurer** hereby agrees to pay the following Sums Insured.

- |                                       |         |
|---------------------------------------|---------|
| 1. Death, or .....                    | £10,000 |
| 2. Loss of Sight, or .....            | £25,000 |
| 3. Loss of One or Two Limbs, or ..... | £25,000 |
| 4. Permanent Total Disablement .....  | £25,000 |

Provided that:

- A) the benefit payable under (1) above is reduced to £1,000 if the **Insured Person** is under 16 years of age or 66 years of age or over at the time of death
- B) the total compensation in respect of any one **Insured Person** shall not exceed the amount shown in the Schedule of cover.

### Definitions

Loss of One or Two Limbs: loss or severance at or above the wrist or ankle or total permanent loss of use of an entire arm or leg.

Loss of Sight: total and irrecoverable loss of sight which shall be considered as having occurred:

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

Permanent Total Disablement: A disability which has lasted for at least 12 months from which the **Insurer** believes the **Insured Person** will never recover and which prevents them from carrying out any gainful occupation for which they are reasonably qualified by way of training, education or experience.

### Special Condition

If an **Insured Person** was already disabled before the bodily injury or already had a condition which is gradually getting worse, the **Insurer** may reduce their payment. Any reduced payment will be based on their medical assessment of the difference between:

- A. the disability after the bodily injury; and
- B. the extent to which the disability is affected by the disability or condition before the Accident.

## Section D Travel Delay

### 1. Delayed Departure or Arrival

The **Insurer** will pay each **Insured Person** up to the limits shown below if the departure of the aircraft, train or sea vessel in which the **Insured Person** has arranged to travel is delayed for at least 12 hours from the departure time specified in the travel itinerary, or if the arrival of the aircraft, train or sea vessel at destination is at least 12 hours later than the time specified in the travel itinerary, due to **Strike or Industrial Action**, disruption, **Terrorism**, adverse weather conditions, or mechanical breakdown of the aircraft, train or sea vessel.

#### The Limits

The **Insurer** will pay either:

- a) £25 up to the amount shown in the Schedule of cover for each 12 hour period of delay commencing from the original booked departure time or arrival time specified in the travel itinerary for each **Insured Person**, or
- b) if the **Insured Person** elects to cancel the whole travel itinerary prior to departure. **Irrecoverable Payments and Charges** made for the travel, accommodation tours or excursions up to the amount shown in the Schedule of cover each **Insured Person**.

### 2. Hijack of Aircraft, Train or Sea Vessel

The **Insurer** will pay £100 per day compensation up to the amount shown in the Schedule of cover per complete day that the **Insured Person** is in detention due to unlawful seizure or wrongful exercise of control of an aircraft, train or sea vessel or the crew thereof, in which the **Insured Person** is travelling as a passenger.

### 3. Failure of Transport Connections in the United Kingdom

If the **Insured Person** arrives at the point of international departure in the United Kingdom too late to commence the booked travel as the result of failure of scheduled public transport services in the United Kingdom due to inclement weather, **Strike or Industrial Action**, **Terrorism** disruption or mechanical breakdown, or as a result of an accident to the motor vehicle in which the **Insured Person** is travelling to the point of departure, the **Insurer** will pay up to the amount shown in the Schedule of cover for additional travel and accommodation only expenses necessarily incurred by the **Insured Person** in order to reach the booked destination.

### 4. Missed connection

The **Insurer** will pay up to the amount shown on the Schedule of cover for necessary additional transport charges incurred to join a pre-booked tour, as a result of the aircraft in which the **Insured Person** has arranged to travel on the outbound flight is delayed for at least 12 hours from the departure time specified in the travel itinerary.

### EXCLUSIONS APPLICABLE TO SECTION D

The **Insurer** shall not pay for any claim arising directly or indirectly caused by, arising or resulting from, or in connection with:

1. **Strike or Industrial Action, Terrorism**, disruption, war, invasion, riot, or civil commotion in existence or publicised at the time of effecting the Insurance
2. the withdrawal from service (temporary or otherwise) of an aircraft or train or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.
3. any upgrade in accommodation
4. any claim arising as a result of **You** not having taken reasonable steps to complete the journey to the departure point on time once the original occurrence giving rise to the delay is diminished or otherwise rectified
5. any claim relating to internal flights
6. any claim, if the adverse weather, strike or industrial action was in existence or publicly declared before **You** purchased **Your** policy
7. any claim in respect of mechanical breakdown or failure, if **Your** private motor vehicle has not been properly serviced and maintained
8. any repair costs to **Your** private motor vehicle
9. any claims for vehicle breakdown or failure, which are not substantiated by a written report from a rescue service or garage.

## Section E Personal effects, money and travel documents

The **Insurer** will pay for the Loss, Theft or Damage to:-

- i. **Accompanied personal baggage, clothing or effects belonging to the insured person. Up to** the amount shown in the Schedule of cover.  
The amount payable will be the value at today's prices less deduction for wear, tear and depreciation.
- ii. **Personal Monies. Up to** the amount shown in the Schedule of cover. Cash, Bank or Currency notes, including reasonable expenses incurred as a result of loss, theft or damage.
- iii. **Tickets. Up to** the amount shown in the Schedule of cover. Air or other tickets including reasonable expenses incurred as a result of loss, theft or damage.
- iv. **Passport or Visas. Up to** the amount shown in the Schedule of cover. In respect of the cost of an emergency replacement or temporary passport or visa obtained whilst abroad including reasonable and receipted expenses incurred to obtain the same.
- v. **Temporary Loss of Baggage. Up to** the amount shown in the Schedule of cover. If baggage is temporarily lost for more than 24 hours by an airline, railway or shipping company on the outward journey, for the purchase of immediate necessities the **Insurer** will pay the **Insured Person** up to £100 supported by receipts, but this will be deducted from the final claim if the loss is permanent.

### NOTE IN RESPECT OF CASH

Cover will be effective from time of collection from bank or currency exchange agent, or for 3 days before commencement of journey, or from date of commencement of this Insurance, whichever is the latter.

### CONDITIONS APPLICABLE TO SECTIONS E & H

The **Insured Person** must comply with the following conditions to have the full protection of their policy. If the **Insured Person** does not comply the **Insurer** may at their option cancel the policy or refuse to deal with their claim or reduce the amount of any claim payment.

1. The **Insured Person** shall act at all times as if un-insured and shall exercise reasonable care for the safety and supervision of his property and in the event of loss, theft or damage hereunder the **Insured Person** shall take all reasonable steps to recover any lost property.
2. The maximum the **Insurer** will pay for any insured article shall be limited and is denoted in the Schedule of cover, the value of a pair or set of articles is also limited. The **Insured Person** shall produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of £50. Where this is not done liability shall be limited to £50.
3. Loss, theft or damage whilst in the custody or control of a carrier, authority, transport company, garage or hotel must be reported in writing to them and written acknowledgement obtained.
4. There is a maximum limit in respect of all **Valuables** as denoted in the schedule of cover.
5. Payment for air tickets is limited to the original purchase price proportionately for each leg of the journey and loss, theft or damage must be reported immediately to the issuing agent.
6. Claims for loss, theft or damage to spectacles or sunglasses are limited to £100 per pair.
7. The **Insured Person's** failure to comply with local authority advice when checking in baggage may result in a claim being reduced or declined.
8. Claims occurring for loss, theft or damage of any item whilst at the beach are limited to £100 in total.

### EXCLUSIONS APPLICABLE TO SECTIONS E & H

The **Insurer** shall not pay for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. damage due to moth, vermin, wear and tear and gradual deterioration
2. loss, theft or damage to contact or corneal lenses, dentures or other aids or appliances, cycles, wind or kite/surf boards or mobile telephones
3. loss, theft or damage to property hired to the **Insured Person** or confiscated by Police, Customs or other relevant authority
4. loss, theft or damage not reported whilst travelling overseas to the Police or other relevant authority and a written statement obtained in confirmation
5. the breakage of fragile articles and the consequence thereof unless caused by fire or accident to a means of conveyance. For example **Your** clothes or camera being damaged by a spillage
6. mechanical breakdown or derangement
7. loss, theft or damage to business or professional goods, equipment or samples
8. loss, theft or damage to money, or **Valuables** left **Unattended** (including in a vehicle or the public transport providers), unless in a locked safe, a locked hotel room, locked apartment, or locked holiday residence. **Valuables** and money are not insured if left in 'checked in' baggage
9. shortages due to error or omission, depreciation in value.

## Section F Personal liability

The **Insurer** will indemnify **Insured Persons** against all sums which they are legally liable to pay as damages in respect of:

1. accidental bodily injury (including death, illness or disease) to any person;
2. accidental loss of or damage to material property; which occurs during the Period of Insurance and arises out of and in the course of their journey.

The maximum amount which the **Insurer** shall be liable to pay as damages as a result of any one occurrence or of any series of occurrences arising directly or indirectly from one source or original cause is up to the Sum Insured.

The **Insurer** will also pay Costs and Expenses. Costs and Expenses shall mean:

1. all costs and expenses recoverable by any claimant from any **Insured Person**;
2. all costs and expenses incurred with the **Insurer's** written consent;
3. solicitors' fees for representation at any coroner's inquest or fatal accident inquiry or in any court of summary jurisdiction; in respect of any occurrence to which Section F applies.

Costs and Expenses are payable in addition to the limit of liability for Section F except in respect of

1. occurrences happening in; or
2. claims or legal proceedings brought or originating in; the United States of America or Canada or any other territory within the jurisdiction of either such country. In these circumstances, Costs and Expenses are included in the limit of liability for Section F.

### CONDITIONS APPLICABLE TO SECTION F

1. The **Insurer** may at any time pay to the **Insured Person** in respect of any occurrence(s) covered by Section F the limit of liability applicable to such occurrence(s) (after deduction of any sums already paid) or any lesser amount for which the claim(s) arising from such occurrence(s) can be settled and upon such payment being made the **Insurer** shall be under no further liability in respect of such occurrence(s) except for the payment of Costs and Expenses incurred prior to the date of such payment.
2. If at the time of the happening of any occurrence covered by Section F there is any other existing insurance whether taken out by the **Insured Person** or not covering the same liability the **Insurer** shall not be liable to indemnify the **Insured Person** in respect of such liability except so far as concerns any excess beyond the amount which would have been payable under such other insurance had Section F not been effected.
3. **Insured Persons** must;
  - i. give the **Insurer** written notice as soon as possible of any incident which may give rise to a claim;
  - ii. give the **Insurer** all necessary information and assistance which they may require; and
  - iii. forward every letter, writ, summons and process to the **Insurer** as soon as they receive it.
4. **Insured Persons** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without the **Insurer's** permission in writing.

### EXCLUSIONS APPLICABLE TO SECTION F

The **Insurer** shall not indemnify **Insured Persons** against liability:

1. in respect of bodily injury to any person who is
  - i. under a contract of service with an **Insured Person** when such injury arises out of and in the course of their employment by that **Insured Person**;
  - ii. a member of the **Insured Person's** family

2. assumed by any **Insured Person** under a contract or agreement unless such liability would have attached in the absence of such contract or agreement
3. in respect of loss of or damage to property
  - i. belonging to the **Insured Person**;
  - ii. in the **Insured Person's** care custody or control

However this Exclusion shall not apply in respect of loss of or damage to buildings and their contents not belonging to but temporarily occupied by the **Insured Person** in the course of their journey
4. in respect of bodily injury, loss or damage caused directly or indirectly by, or in connection with:
  - i. the carrying on of any trade business or profession;
  - ii. the ownership, possession or use of
    - a. horse-drawn or mechanically propelled vehicles;
    - b. aircraft, hovercraft or watercraft (other than manually propelled watercraft);
    - c. firearms (other than sporting guns)
5. arising from the occupation or ownership of any land or building other than any building temporarily occupied by the **Insured Person** in the course of their journey
6. in respect of punitive or exemplary damages
7. in respect of activities or volunteer work organised by or when the **Insured Person** is assigned overseas by or under the auspices of a charitable voluntary not for profit social or similar organisation, except where no other insurance or indemnity is available.

## Section G Legal expenses

The **Insurer** will pay up to the amount shown in the Schedule of cover for legal costs and expenses, or the appointment of a claims agent in order to pursue compensation and/or damages against a third party arising from or out of personal injury to or death of the **Insured Person** occurring during the Period of Insurance up to the amount shown in the Schedule of cover.

The **Insurer** shall have complete control over the legal proceedings, however **Insured Persons** have the right to select and appoint legal representatives of their choice to represent them in any legal inquiry or legal proceeding (provided any appointment of a legal representative is not on a contingency fee basis, where the legal representative charges a proportion of the amount recovered as a fee). The **Insured Person** shall provide the **Insurer** with details of the selected legal representative's name and address. The **Insurer** may provide information about legal representatives in the local area if asked to do so.

### EXCLUSIONS APPLICABLE TO SECTION G

The **Insurer** shall not pay for:

1. costs incurred in pursuance of any claim against a travel agent, or tour operator including any employee, servant or agent thereof, carrier or their suppliers, **Travelling Companion, Close Relative** or the **Insurer** or their representatives
2. legal expenses incurred prior to the granting of support by the **Insurer** or without their written consent
3. any claim where, in the **Insurer's** opinion, there is insufficient prospect of success in obtaining a reasonable benefit
4. claims for professional negligence
5. claims against any employer, or whilst carrying on any trade or profession.

### LEGAL EXPENSES CLAIMS

If an **Insured Person** suffers a personal injury and wishes to claim against the person who caused it they may telephone Campbell Irvine Limited on 0207 938 1734 for guidance.

## Section H Winter sports

### Ski Equipment

The **Insurer** will pay up to the amount shown in the Schedule of cover in respect of:

- a) Loss, theft or breakage of skis and ski equipment owned by the **Insured Person**.
- b) Loss, theft or breakage of skis and ski equipment hired to and in the charge of the **Insured Person**.

There is a limit for any single item, set or pair and an overall limit in respect of hired equipment. The **Insured Person** shall produce receipts or other evidence of value and ownership where possible and in any event in respect of any item valued in excess of £100. Where this is not done, liability shall be limited to £100.

NOTE: Claims will in any event be settled on the basis of 20% depreciation each year for such items.

### Ski Hire

The **Insurer** will pay up to the amount shown in the Schedule of cover in respect of the cost of necessary hire of skis following:-

- a) Loss, theft or breakage of an **Insured Person's** skis.
- b) The misdirection or delay in transit of an **Insured Person's** skis, subject to the **Insured Person** being deprived of their use for not less than 12 hours.

#### **Ski Pack**

The **Insurer** will pay up to the amount shown in the Schedule of cover in respect of the proportionate value of any ski pass, hire or tuition fee necessarily unused due to the following:

- a) Accident or sickness of an **Insured Person**.
- b) Loss, theft or damage of ski pass.

#### **Piste Closure**

The **Insurer** will pay up to the amount shown in the Schedule of cover for each 24 hour period that it is not possible to ski, up to the maximum Sum Insured, for additional transport costs incurred to reach an alternative resort caused by a lack of snow or avalanche at the **Insured Person's** pre-booked resort following the closure of skiing facilities.

#### **Avalanche Closure**

The **Insurer** will pay up to the amount shown in the Schedule of cover in respect of additional travel and accommodation expenses necessarily incurred in the event that the outward or return journey by public transport is delayed beyond the scheduled arrival time as a direct result of avalanche. Subject to a delay of not less than 12 hours having occurred.

**NOTE: This Winter Sports Section is subject to the same Conditions and Exclusions as Section E. Personal Effects, other than the exclusion of hired equipment. Skis and Ski equipment includes snow boards and snow board equipment.**

#### **EXCLUSIONS APPLICABLE TO SECTION H**

The **Insurer** shall not pay for any claim directly or indirectly caused by, arising or resulting from, or in connection with:

1. occurrences detailed above that do not occur during the Period of Insurance
2. the **Insured Person** participating in ski racing, ski-jumping, ice hockey, or the use of bob sleighs or skeletons
3. the Ski Hire, Ski Pack, Piste Closure or Avalanche, benefits above where not supported by documentary evidence
4. loss, theft or damage of skis or ski poles over five years old
5. loss, theft or damage to skis or ski equipment carried on a vehicle roof rack
6. loss of or damage to skis or ski equipment whilst in use
7. Piste Closure outside the months that constitute the local regular ski season.
8. Any **Pre-Existing Medical Condition** unless the **Insurer** has agreed to provide cover and **You** have paid the additional premium required and any **Medical Condition** which does not comply with the conditions detailed under the Important Declaration - **Pre-Existing Medical Conditions** section on page 1 and 2.

Please note: Winter Sports activities using a recognised piste are insured. Spontaneous 'off piste' winter sports activities will only be insured if, in addition to the requirement noted above, they are with a qualified instructor or in a group of not less than 3 persons in possession of working communications or portable telephones. No cover for winter sports activities against local authority advice.

## Annual multi trip travel insurance

Where this Insurance is being issued as an Annual Multi Trip Travel Policy and the appropriate premium has been paid and is shown on the validation certificate or booking invoice (as applicable), it is agreed by the **Insurer** to cover all trips made by the **Insured Person(s)**:

- a) to a destination outside of the United Kingdom.
- b) within the United Kingdom if such trip includes at least two nights pre-booked accommodation.

Subject to the following:

- 1) The maximum duration of any one trip shall not exceed 31 days. Any trip which at the commencement of the insurance is known to be longer than the maximum duration of any one trip, is not insured for any part of such trip.
- 2) Each trip shall be deemed to be a separate insurance subject to the terms, conditions, limitations and exclusions contained herein.
- 3) Children are not insured unless named on the policy and reside permanently with a parent who is the principal **Insured Person**. Children are deemed to be 18 years or less at the date of payment of Insurance Premium.
- 4) Cover is granted under the insurance for WINTER SPORTS up to a total of 31 days in all during the period of this insurance. Please note if **You** wish to enquire about amending or extending the cover provided by this policy after the date of purchase, please contact the company **You** purchased **Your** insurance from.

## General advice

# What you must do in the event of a medical emergency

### MEDICAL EMERGENCIES

The Emergency Assistance Company provides immediate help in the event of an **Insured Person's** illness or injury whilst travelling abroad - they provide a 24 hour multi-lingual emergency service 365 days a year and can be contacted by telephone or fax.

The emergency assistance provided for **You** by this insurance is operated by Global Response and Healthwatch S.A.

In the event of any illness, injury, accident or hospitalisation which requires:

1. Inpatient treatment anywhere in the World
2. Outpatient treatment in North America and the United Kingdom, Channel Islands, Isle of Man and Ireland.

**You** must contact:

#### Global Response

Telephone: +44 (0) 113 318 0177

Fax: +44 (0) 113 318 0178

Outpatient treatment anywhere in the World excluding North America, and the United Kingdom, Channel Islands, Isle of Man and Ireland, **You** must contact:

#### Healthwatch S.A.

Telephone: +44 (0) 113 318 0124

Fax: +44 (0) 113 318 0125

Email: newcase@healthwatch.gr

Global Response or Healthwatch S.A. may be able to guarantee costs on **Your** behalf. When contacting Global Response or Healthwatch S.A. please state that **Your** insurance is provided by UK General Insurance Limited and quote Scheme Name: tgWS18 and Reference Number 05041G.

**Note:** **You** must retain receipts for medical and additional costs incurred and **You** are responsible for any **Policy Excess** which should be paid by **You** at the time of treatment.

### Inpatient Treatment Abroad

If **You** go into hospital **You** must contact the Emergency Assistance Service as detailed above immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses.

### Outpatient Treatment Abroad

If **You** require outpatient treatment please contact the appropriate Emergency Assistance provider as detailed above. If the emergency assistance is being provided by Healthwatch S.A. please ensure the treating Doctor or Clinic is aware of the following instructions:

#### OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS

For travel to the United States of America: **We** will only pay for reasonable and necessary emergency medical treatment, surgical, hospital, ambulance and nursing fees and charges. This means costs that are incurred for approved, eligible medical services or supplies up to 150% of the published medical rates for the same or similar treatment as payable by US Medicare.

**We** reserve the right to limit payment to what **Our** medical officer deems reasonable.

In order to have your invoices paid quickly, please send your treatment invoice together with a copy of the policy (clearly showing the patient name/s) and any supporting documentation related to the outpatient treatment (Medical report, cost breakdown) by email to newcase@healthwatch.gr

You must include your bank details, IBAN no's and/or swift code for payment to be processed electronically.

Outpatient Department Tel: 00 30 2310 256454

Outpatient Department Fax: 00 30 2310 256455

Email: newcase@healthwatch.gr

### Returning early to the United Kingdom or Channel Islands/Isle of Man

If **You** have to return to the United Kingdom or Channel Islands/Isle of Man under Section B (Medical Expenses) the Emergency Assistance Company must authorise this. If they do not, this could mean that **We** will not provide cover or we may reduce the amount **We** pay for **Your** return home. **We** reserve the right to repatriate **You** should **Our** medical advisors consider **You** fit to travel. If **You** refuse to be repatriated all cover under this policy will cease.

## What to do if you need to make a claim

Notice must be given within 45 days of the date of occurrence of any claim under this Insurance. To notify a claim and request a claims form please contact the claims handlers:

**www.csal.co.uk**

Claims Settlement Agencies

308-314 London Road, Hadleigh, Essex SS7 2DD.

Tel: 01702 427172

Email: info@csal.co.uk

### CLAIMS CHECKLIST

The following documentation will be required by the claims handlers, in order that a claim may be processed. Originals will be required, as settlement cannot be made with photocopied documents.

For all sections of cover **You** will be required to submit **Your** insurance policy document and receipt of premium paid. **Your** travel booking invoice (showing **Your** itinerary and dates of travel) together with:

### CANCELLATION OR CURTAILMENT

**Your** Cancellation Invoice

Completed Medical Certificate if Cancellation for medical reasons (which can be found on the claim form)

Original Air Tickets

Copy of Death Certificate (if applicable)

Redundancy letter (if applicable)

Evidence from treating **Medical Practitioner** confirming curtailment was medically necessary (Curtailment only)

### PERSONAL EFFECTS AND PERSONAL MONEY

Receipts or other evidence to support ownership and value for the items claimed

Airline or other Tickets and Baggage Check Tags

A written report from the person/company to whom the loss was reported whilst travelling overseas (e.g. Police Report)

Proof of date and time baggage was returned to **You** (Baggage Delay Claims only)

Evidence to support damage (e.g. Repairers report of total loss or damage and current price)

### MEDICAL EXPENSES

Original Receipts

Medical Evidence to support nature of illness or injury

Evidence of Hospital admission and discharge

Original Travel Tickets

Additional Travel Tickets (if applicable)

### TRAVEL DELAY/ MISSED DEPARTURE

Original Air Tickets

Replacement tickets and invoices /receipts

A letter from the airline (or similar) confirming the scheduled and actual time of departure including the official cause of the delay.

## Data Protection and fraud prevention

Please note that any information provided to us will be processed by us and our agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

We may also send the information in confidence, for processing to other companies acting on our instructions including those located outside of the European Economic Area (EEA). All countries in the EEA, which includes the UK, have similar standards of legal protection for your personal information. If we share your information outside the EEA we will require your personal information to be protected to at least UK standards.

## Helpful telephone numbers

Telephone calls may be monitored or recorded in order to improve service and to prevent and detect fraud.

### Healthcheck

If **You** need to advise **Us** of anything under the Important declaration, or Changes in **Your** circumstances during the period of insurance please call

t 01702 427253

### Assistance company

If **You** require medical treatment abroad call the appropriate number as detailed on page 22 of this document.

### Claims

If **You** need a claim form call **Our** claims handler (Please also see What to do if **You** need to make a claim on page 23)

t 0044 (0)1702 427172

### Customer services

If **You** need assistance with this policy call tagconnect

t 020 3794 2954

tagconnect@travel-general.com

### Note to all hospitals, doctors and medical facilities.

In the event of in-patient hospitalisation or a serious **Medical Condition Our** assistance company must be advised immediately with full medical details. Failure to do this will mean medical expenses incurred cannot be guaranteed.

This is not private medical insurance and only gives cover in the event of accident or unexpected illness, for necessary emergency treatment. In the event of any medical treatment becoming necessary and for which reimbursement will be sought, **You** will be expected to allow **Us** or **Our** representatives' unrestricted access to all **Your** medical records and information.