

## Important telephone numbers

<b>Customer services:</b>	0800 171 000 / 020 8666 0645
<b>Health declaration</b> (to declare a medical condition or change in your circumstances)	0845 345 8106
<b>24-hr Emergency medical assistance:</b> (for medical emergency or curtailment requests)	
Outside your home country:	+44 20 8666 9389
Within your home country:	020 8666 9389
<b>24-hr Legal helpline:</b>	
Outside your home country:	+44 20 8603 9804
Within your home country:	020 8603 9804
<b>Claims:</b>	020 8666 9326

In a life or death situation call the emergency services in the country **you** are visiting for example 112 within the European Union or 911 in the USA.

This policy is available in large print,  
audio and Braille.

Please contact us on  
Phone 0800 171 000 / 020 8666 0645

and we will be pleased to organise  
an alternative version for you.

Holiday Extras Limited, Registered address Ashford Road, Newingreen, Hythe, Kent, CT21 4JF Registered No.1693250

Holiday Extras travel insurance is underwritten by AGA International SA and is administered in the UK by Allianz Global Assistance. Allianz Global Assistance is a trading name of Mondial Assistance (UK) Limited, Registered in England No 1710361. Registered Office 102 George Street, Croydon CR9 6HD.

Holiday Extras Limited and Mondial Assistance (UK) Limited are authorised and regulated by the Financial Conduct Authority.

AGA International SA is authorised by Autorité de Contrôle Prudentiel in France and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation and regulation by the Financial Conduct Authority are available from us on request.

Allianz Global Assistance acts as an agent for AGA International SA for the receipt of customer money, settling claims and handling premium refunds.

Holiday Extras Limited acts as an agent for AGA International SA for the receipt of customer money and handling premium refunds.

# Coach Travel Insurance

Please read this policy and carry it  
with you during your journey



ref: **HX016**

Cover is only available if **you** are a  
resident of the **UK**, the **Channel Islands**  
or the Isle of Man.

Existing medical conditions are not  
covered for travel outside the **UK**  
unless they have been declared to and  
accepted in writing by the **Insurer**.

Global Assistance

Allianz 

# Contents

---

	Page number
<b>Demands and needs statement</b>	<b>1</b>
<b>About our insurance services</b>	<b>2-3</b>
<b>Policy wording</b>	<b>4-32</b>
Summary of cover	4-5
Important information	6-7
Definition of words	8-9
24-hour emergency medical assistance	10
Reciprocal health arrangements	10
Health declaration and health exclusions	11-13
General exclusions	13-14
Conditions	14
Sports and leisure activities	15-16
Making a claim	16-17
Making a complaint	18
Cancellation or curtailment charges – Section 1	19-20
Emergency medical and associated expenses – Section 2	21-22
Loss of passport – Section 3	23
Delayed personal possessions – Section 4	23
Personal possessions – Section 5	24
Personal money – Section 6	25
Personal accident – Section 7	26
Missed departure – Section 8	27
Delayed departure – Section 9	28
Personal liability – Section 10	29
Legal expenses – Section 11	30
Winter sports cover - Section 12	31

This booklet contains three separate documents.

The 'Demands and needs statement' and the 'About our insurance services' documents both explain how the Holiday Extras travel insurance policy has been sold to you.

The 'Policy wording' provides the full terms, conditions and exclusions of the travel insurance policy.

## Demands and needs statement

---

Holiday Extras travel insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, cancellation or cutting short a trip, lost, stolen or delayed possessions, loss of money and passport, personal accident, personal liability and legal expenses.

The levels of cover may vary depending on where you travel (whether in your home country or overseas).

Travel insurance does not cover everything. You should read this policy carefully to make sure it provides the cover you need.

You may already possess alternative insurance for some or all of the features and benefits provided by this travel insurance product. It is your responsibility to investigate this.

Holiday Extras Limited has not provided you with any recommendation or advice about whether this product meets your specific insurance requirements.

## About our insurance services

Holiday Extras Limited,  
Ashford Road,  
Newingreen,  
Hythe, Kent,  
CT21 4JF

### 1. The Financial Conduct Authority (FCA)

The FCA is the independent watchdog that regulates financial services. Use this information to decide if our services are right for you.

### 2. Whose products do we offer?

We offer products from a range of insurers.

We can only offer products from a limited number of insurers. Ask us for a list of insurers that we offer insurance from.

We only offer products from a single insurer.

### 3. Which service will we provide you with?

We will advise and make a recommendation for you after we have assessed your needs for travel insurance.

You will not receive advice or a recommendation from us for travel insurance. We may ask you some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

### 4. What will you have to pay us for this service?

A fee.

No fee.

You will receive a quotation which will tell you about any other fees relating to any particular insurance policy.

### 5. Who regulates us?

Holiday Extras Limited registered address Ashford Road, Newingreen, Hythe, Kent, CT21 4JF Registered No.1693250 is authorised and regulated by the Financial Conduct Authority. Our FCA Register number is 309682.

Our permitted business is arranging travel insurance.

Holiday Extras Limited also has permission to conduct the following business with regards to non-investment insurance contracts:

- Advising on
- Arranging
- Dealing as an agent
- Making arrangements with a view to transactions

You can check this on the FCA's register by visiting the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0800 111 6768.

### 6. What to do if you have a complaint

If you wish to register a complaint, please contact us:

- In writing: Customer Support, Allianz Global Assistance, 102 George Street, Croydon CR9 6HD.
- By phone: 020 8603 9853.
- By email: [customersupport@allianz-assistance.co.uk](mailto:customersupport@allianz-assistance.co.uk)

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service for independent arbitration.

### 7. Are we covered by the Financial Services Compensation Scheme (FSCS)?

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 90% of the claim, with no upper limit.

Further information about the compensation scheme arrangement is available from the FSCS, telephone number 0800 678 1100 or 020 7741 4100, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

## Summary of cover

The following table shows the maximum amount **we** will pay and policy **excesses** for each section of cover. **You** should read the rest of this booklet for the full terms and conditions.

Section/Cover	Limits (up to)	Excess
<b>1. Cancellation or curtailment</b>	£2,000	£50 (Deposits £12.50 Area 1 and 2 or £20 Area 3)
<b>2. Emergency medical and associated expenses</b>	£5 million	£12.50 Area 1 and 2 £50 Area 3
Transport and accommodation	£1,000	
Funeral expenses	£5,000	
Dental	£150	
In-patient benefit	£10/day max £600	
<b>3. Loss of passport</b>	£100	£50
<b>4. Delayed possessions</b>	£100 after 12 hrs	Nil
<b>5. Personal possessions</b>	£1,500	£50
Single article, pair or set	£200	
Valuables	£200	
Tobacco/alcohol/ fragrances	£50	
Spectacles / sunglasses	£75	
<b>6. Personal money</b>	£400	£50
Cash	£250	
<b>7. Personal accident</b>		Nil
Death	£10,000	
Loss of limb / sight	£10,000	
Permanent total disablement	£10,000	
All benefits for persons 18 years and under or 65 over are reduced	£1,000	
<b>8. Missed departure</b>	£100 (Area 1) £400 (Area 2 and 3)	£50 £50
<b>9. Delayed departure</b>	Area 1 - £20 first 3 hrs, £10 each extra 3 hrs, max. £60 Area 2 and 3 -£20 first 12 hrs, £10 each extra 12 hrs, max. £60	Nil
Abandonment	£2,000	£50
<b>10. Personal liability</b>	£2 million	£250
<b>11. Legal expenses</b>	£15,000	Nil

## Additional covers

Section/Cover	Limits (up to)	Excess
<b>12. Winter sports cover</b>		
Ski pack	£400	Nil
Delayed ski equipment	£50/day max. £250	£50
Ski equipment	£500	£50
- Single article limit	£250	
Piste closure	£25/day max. £500	Nil
Avalanche cover	£25/day max. £500	Nil

### Notes

#### Excess

**You** will not have to pay an **excess** if the extra premium has been paid for **excess** waiver and this is shown on **your** policy schedule.

#### Winter sports

Cover is only available if **you** are aged 64 and under at the start date of **your** policy.

## Important information

---

Thank you for taking out Holiday Extras travel insurance with us.

Your policy schedule shows the sections of the policy you have chosen, the people who are covered and any special terms or conditions that may apply.

Your policy does not cover everything. You should read this policy carefully to make sure it provides the cover you need. If there is anything you do not understand, you should call Holiday Extras travel insurance on 0800 171 000 / 020 8666 0645 or write to us at Holiday Extras Limited, Ashford Road, Newingreen, Hythe, Kent, CT21 4JF.

### Insurer

Your Holiday Extras travel insurance is underwritten by AGA International SA and is administered in the United Kingdom by Allianz Global Assistance.

### How your policy works

Your policy and policy schedule is a contract between you and us. We will pay for any claim you make which is covered by this policy and happens during the period of insurance. Unless specifically mentioned, the benefits and exclusions within each section apply to each person insured.

Certain words have a special meaning as shown under the heading 'Definition of words'. These words have been highlighted by the use of bold print throughout the policy document.

### Information you need to tell us

There is certain information that we need to know as it may affect the terms of the insurance cover we can offer you.

You must, to the best of your knowledge, give accurate answers to the questions we ask when you buy your Holiday Extras insurance policy. If you do not answer the questions truthfully it could result in your policy being invalid and could mean that all or part of a claim may not be paid.

If you think you may have given us any incorrect answers, or if you want any help, please call Holiday Extras Limited as soon as possible and we will be able to tell you if we can still offer you cover.

### Cancellation rights

If your cover does not meet your requirements, please notify us within 14 days of receiving your policy schedule and return all your documents for a refund of your premium.

You can contact us at Holiday Extras Limited, Ashford Road, Newingreen, Hythe, Kent, CT21 4JF, or telephone 0800 171 000 / 020 8666 0645.

If during this 14 day period you have travelled, made a claim or intend to make a claim then we can recover all costs that you have used for those services.

Please note that your cancellation rights are no longer valid after this initial 14 day period.

### Policy excess

Under some sections of your policy, you will have to pay an excess. This means that you will be responsible for paying the first part of the claim for each person insured, for each section, for each incident. The amount you have to pay is the excess. You will not have to pay an excess if the extra premium has been paid for excess waiver and this is shown on your policy schedule.

### Data protection

Information about your policy may be shared between Holiday Extras Limited, us and the insurer for underwriting and administration purposes.

You should understand that the sensitive health and other information you provide will be used by us, our representatives, the insurer, other insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited or no data protection laws). We have taken steps to ensure your information is held securely.

Your information may be used by us, the insurer and members of The Allianz Global Assistance Group and shared with Holiday Extras Limited for marketing and research purposes, or to inform you from time to time about new products or services. If you do not want to receive marketing information please write to us at 102 George Street, Croydon CR9 6HD. You have the right to access your personal records.

### Financial Services Compensation Scheme (FSCS)

For your added protection, the insurer is covered by the FSCS. You may be entitled to compensation from the scheme if the insurer cannot meet its obligations. This depends on the type of business and the circumstances of the claim.

Insurance cover provides protection for 90% of the claim, with no upper limit. Further information about the compensation scheme arrangements is available from the FSCS, telephone number 0800 678 1100 or 020 7741 4100, or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk).

### Governing law

Unless agreed otherwise, English law will apply and all communications and documentation in relation to this policy will be in English. In the event of a dispute concerning this policy the English courts shall have exclusive jurisdiction.

### Contracts (Rights of Third Parties) Act 1999

We, the insurer and you do not intend any term of this contract to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

## Definitions of words

When the following words and phrases appear in the policy document or policy schedule, they have the meanings given below. These words are highlighted by the use of bold print.

### Accident

An unexpected event caused by something external and visible, which results in physical bodily injury, leading to total and permanent loss of sight, total and permanent loss of use of a limb or permanent disablement or death, within a year of the incident.

### Appointed adviser

The solicitor or appropriately qualified person, firm or company, including **us**, who is chosen to act for **you** in **your** claim for compensation.

### Area of cover

**You** will not be covered if **you** travel outside the area **you** have chosen as shown on **your** policy schedule.

- **Area 1 UK.**
- **Area 2 Channel Islands**, the Isle of Man and the Republic of Ireland.
- **Area 3**  
The Continent of Europe west of the Ural Mountains, Iceland, Madeira, the Canary Islands, the Azores, Lapland and any country or island with a Mediterranean coastline (but not Israel, Algeria, Syria, Lebanon or Libya).

### Business associate

Any person in **your home** country that **you** work closely with, whose absence from work means that the director of **your** business needs **you** to cancel or curtail **your journey**.

### Channel Islands

Jersey, Guernsey, Alderney, Sark and Herm.

### Departure point

Where **your** outward journey to **your** destination begins, and where **your** final journey back **home** begins (including any connecting transport **you** take later).

### Doctor

A legally qualified doctor holding the necessary certification in the country in which they are currently practising, other than **you** or a **relative**.

### Excess

The deduction **we** will make from the amount otherwise payable under this policy for each **person insured**, for each section, for each claim incident.

**You** will not have to pay an **excess** if the extra premium has been paid for **excess** waiver and this is shown on **your** policy schedule.

### Family

Two adults and **all** of their children (including foster children) aged 17 and under. All persons must live at the same address. Each adult can travel independently, however, all insured children must travel with an adult.

### Home

**Your** usual place of residence in the **UK**, the **Channel Islands** or the Isle of Man.

### Insurer

AGA International SA.

### Journey

A trip that takes place during the **period of insurance** which begins when **you** leave **home** and ends when **you** get back **home** or to a hospital or nursing home in **your home** country, whichever is earlier.

- Any other trip which begins after **you** get back is not covered
- A trip which is booked to last longer than 17 days (Area 1) or 31 days (Areas 2 and 3) is not covered.

### Legal action

Work carried out to support a claim that **we** have agreed to. This includes settlement negotiations, hearings in a civil court, arbitration and any appeals resulting from such hearings other than an application by **you**:

- to the European Court of Justice, European Court of Human Rights or similar International body; or
- to enforce a judgment or legally binding decision

### Legal costs

Fees, costs and expenses (including Value Added Tax or equivalent local goods and services tax) which **we** agree to pay for **you** in connection with **legal action**. Also, any costs which **you** are ordered to pay by a court or arbitrator (other than damages, fines and penalties) or any other costs **we** agree to pay.

### Manual work

There is no cover for any type of:

- work with a hands on involvement installing, assembling, maintaining or repairing electrical, mechanical or hydraulic equipment;
- work at heights over three metres above ground;
- work involving the use of heavy electrical, mechanical or hydraulic plant or machinery;
- work involving interaction with any wild animals;
- plumbing, electrical, lighting or sound technician, carpentry, painting, decorating or construction work (unless this unpaid voluntary work for a charity registered under the Charity Commission in England and Wales, the Scottish Charity Regulator or the Department for Social Development in Northern Ireland). This unpaid voluntary charity work will exclude claims under Personal accident and Personal liability sections and claims under Emergency medical and associated expenses section will have an **excess** of **£250** regardless of whether the **excess** waiver premium has been paid or not.

### Pair or set

A number of items of **personal possessions** (this does not include **ski equipment**) that belong together or can be used together.

### Period of insurance

Cancellation cover begins from the issue date shown on **your** policy schedule and ends at the beginning of **your journey**. The cover for all other sections starts at the beginning of **your journey** and finishes at the end of **your journey**.

All cover ends on the expiry date shown on **your** policy schedule, unless **you** cannot finish **your journey** as planned because of death, injury or illness or there is a delay to the **public transport** system that cannot be avoided. In these circumstances **we** will extend cover free of charge until **you** can reasonably finish that **journey**.

### Personal money

Cash, cheques, postal and money orders, current postage stamps, travellers' cheques, coupons or vouchers which have a monetary value, admission tickets and travel tickets, all held for private and not business purposes.

### Personal possessions

Each of **your** suitcases, trunks and similar containers (including their contents) and articles worn or carried by **you** (including **your valuables**).

### Public transport

Any publicly licensed aircraft, sea vessel, train or coach on which **you** are booked to travel.

### Redundancy

Loss of permanent paid employment (except voluntary redundancy), after a continuous working period of two years with the same employer if **you** are aged 18 and over or 65 and under.

### Relative

**Your** mother (in-law), father (in-law), step parent (in-law), sister (in-law), brother (in-law), wife, husband, son (in-law), daughter (in-law), step child, foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin, partner (including common law and civil partnerships) or fiancé(e).

### Resident

A person who has their main **home** and is registered with a **doctor** in the **UK**, the **Channel Islands** or the Isle of Man and has not spent more than six months abroad during the year before the policy was issued.

### Ski equipment

This consists of skis, poles, boots, bindings, snowboards or ice skates.

### Ski pack

Hired **ski equipment**, ski school fees and lift passes.

### Travelling companion

Any person that has booked to travel with **you** on **your journey**.

### United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

### Valuables

Jewellery, watches, items made of or containing precious metals or semi/precious stones, furs, binoculars, telescopes, computer games, any kind of photographic, audio, video, computer, television, fax and phone equipment (including mobile phones), MP3 players, PDAs, electronic games, TVs and CDs, mini discs, DVDs, cartridges, video and audio tapes.

### We, our, us

Allianz Global Assistance which administer the insurance on behalf of the **insurer**.

### You, your, person insured

Each person shown on the policy schedule, for whom the appropriate insurance premium has been paid.

## 24-hour emergency medical assistance

Please tell **us** immediately about any serious illness or accident abroad where **you** have to go into hospital or **you** may have to return **home** early or extend **your** stay because of any illness or injury. If **you** are unable to do this because the condition is life, limb, sight or organ threatening, **you** should contact **us** as soon as **you** can. **You** must also tell **us** if **your** medical expenses are over **£500**. If **you** are claiming for a minor illness or accident **you** should, where possible, pay the costs and reclaim the money from **us** when **you** return. **You** can call 24 hours a day 365 days a year or email.

From outside **your home** country

Phone **+44 20 8666 9389** Fax **+44 20 8603 0204** Textphone **+44 20 8666 9562**

From within **your home** country phone **020 8666 9389** Fax **020 8603 0204** Textphone **020 8666 9562**

Email **international.dept@allianz-assistance.co.uk** Quote ref: Holiday Extras HX016

Please give **us your** age and **your** policy schedule number. Say that **you** are insured with Holiday Extras travel insurance. Below are some of the ways the 24-hour emergency medical assistance service can help.

### Confirmation of payment

**We** will contact hospitals or **doctors** abroad and guarantee to pay their fees, providing **you** have a valid claim.

### Repatriation

If **our** medical advisers think it would be in **your** medical interests to bring **you** back to **your home** or to a hospital or nursing home in **your home** country, **you** will normally be transferred by regular airline or road ambulance. Where medically necessary in very serious or urgent cases, **we** will use an air ambulance. **We** will consult the treating **doctor** and **our** medical advisers first. If **you** need to go home early, the treating **doctor** must provide a certificate confirming that **you** are fit to travel. Without this the airline can refuse to carry any sick or injured person.

**You** can contact **us** at any time, day or night. **You** will be answered by one of **our** experienced assistance co-ordinators who **you** should give all relevant information to. Please make sure **you** have details of **your** policy before **you** phone.

## Reciprocal health arrangements

### European Health Insurance Card (EHIC)

- The EHIC entitles **you** to reduced-cost, sometimes free, medical treatment that becomes necessary while **you** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway.
- The card gives access to state-provided medical treatment only. Remember, this might not cover all the things **you** would expect to get free of charge from the NHS in the **UK**. **You** may have to make a contribution to the cost of **your** care.
- **You** may apply for an EHIC online at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers) or by calling **0845 606 2030**. Application forms are also available from the Post Office.

### Note

The EHIC does not cover the cost of medical treatment in a private hospital or clinic, the additional cost of returning to **your home** country or for a **relative** to stay or fly out to be with **you**. In a medical emergency **you** may have no control over the hospital **you** are taken to or the closest hospital may be private.

## Health declaration and health exclusions

These apply to the Cancellation or curtailment charges, Emergency medical and associated expenses and Personal accident sections.

**It is very important that you read the following and if necessary declare any existing medical conditions to us.**

If **you** are travelling outside of the **United Kingdom, Channel Islands, Isle of Man or the Republic of Ireland.**

### Exclusions relating to your health

**1 You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the following if at the time of taking out this insurance or booking **your journey** (whichever is later), **you**:

- a** are being prescribed regular medication;
- b** have received treatment for or had a consultation with a **doctor** or hospital specialist for any medical condition in the past 6 months;
- c** are being referred to, treated by or under the care of a **doctor** or a hospital specialist;
- d** are awaiting treatment or the results of any tests or investigations;

### Unless

The condition(s) has (have) been declared to and accepted by **us** in writing.

**You** should call the Holiday Extras medical line on **0845 345 8106** (Monday-Friday, 8am-7pm and Saturday 8.30am-5pm). quoting 'coach HX016' if:

- **you** need to declare a medical condition;
- **you** develop a medical condition after **your** policy was issued;
- **your** existing condition changes after **your** policy was issued;
- **you** are unsure whether a medical condition needs to be declared or not.

The confidential helpline will be able to confirm if cover can be provided for **your** medical conditions. If **you** need to make a claim arising from a medical condition that has not been declared and accepted by **us**, it is unlikely that **your** claim will be paid.

Each **person insured** by **us** would still be covered for any unrelated medical condition(s) and other sections of cover subject to the terms and conditions of this policy.

### But

If **you** have one (and only one) medical condition and it is listed below and **you** are seeking cover for European travel only, there is no need to declare it. Should **you** need to make a claim arising from that condition, **your doctor** must confirm in writing the date of diagnosis, that the condition was stable prior to travel and that there was no foreseeable reason why **you** should need to claim on this policy:

Acid reflux

Acne

Arthritis

Asthma (if well controlled by using inhalers only)

Diabetes (if well controlled and no associated conditions e.g. Glaucoma or other eye problems, kidney problems or peripheral vascular disease)

Dyspepsia

Glaucoma

Gout

Hernia

Hypertension (high blood pressure)

Hyperthyroidism (overactive thyroid)

Hypothyroidism (underactive thyroid)

Irritable bowel syndrome

Meniere's disease

Migraine

Varicose veins

### Minor ailments

**You** do not have to declare minor ailments e.g. hay fever, tonsillitis, ear infections, colds / flu, skin irritations, chiropody, dental treatment etc if **you**:

- were only prescribed short term antibiotics, non-prescription pain killers, creams / ointments;
- have had no further problems since; or
- have been advised by **your doctor** that it is safe to travel.

- 2 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 4 **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
- 5 **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
- 6 **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

- 2 **You** will not be covered if **you** travel against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your journey**.
- 3 **You** will not be covered if **you** know **you** will need medical treatment or consultation at any medical facility during **your journey**.
- 4 **You** will not be covered for any directly or indirectly related claim if, before **your journey**, a **doctor** diagnosed that **you** have a terminal condition.
- 5 **You** will not be covered if **you** were waiting for medical treatment or consultation at any medical facility or were under investigation for a medical condition when **your** policy was issued.
- 6 **You** will not be covered if **you** are travelling specifically for the purpose of obtaining and / or receiving any elective surgery, procedure or hospital treatment.

If **we** are unable to cover a medical condition, this will mean that any other **person insured** by **us** will not be able to make a claim arising from the medical condition(s). This may even apply if the person with the medical condition(s) purchases cover from another provider.

### Exclusions relating to the health of someone not insured on this policy, but whose health may affect your decision whether to take or continue with your journey

**You** will not be covered for any directly or indirectly related claims (see note at the end of this section) arising from the health of a **travelling companion**, someone **you** were going to stay with, a close **relative** or a **business associate** if at the time **your** policy was issued:

- **you** were aware they have been receiving medical treatment or consultation at any medical facility for a medical condition in the last 12 months;
- **you** were aware they have been awaiting medical treatment or consultation at any medical facility or have been under investigation for a medical condition;
- **you** were aware that a **doctor** had diagnosed them as having a terminal condition, or that their medical condition was likely to get worse in the next 12 months.

### Note

#### Indirectly related claims

An indirectly related claim means a medical problem that is more likely to happen because of another medical problem **you** already have. Sometimes these conditions can lead to the development of other conditions. For example if **you**:

- suffer from asthma, chronic obstructive pulmonary disease or other lung disease, **you** are more likely to get a chest infection.
- have high blood pressure, high cholesterol or diabetes, **you** are more likely to have a heart attack or a stroke.
- have osteoporosis, **you** are more likely to break or fracture a bone.
- have or have had cancer, **you** are more likely to suffer with a secondary cancer.

#### Level of medical cover provided

This is not a private medical insurance policy and only gives cover for emergency medical treatment in the event of accident or unexpected illness occurring during **your journey**.

If **you** are travelling within the **United Kingdom, Channel Islands, Isle of Man** or the Republic of Ireland, **you** are not required to declare any pre-existing medical conditions.

However it is a condition of this policy that **you** can comply with the following:

- 1 **You** are fit to travel and undertake **your** planned trip.
- 2 **You** are not travelling against medical advice or would have been if **you** had consulted **your doctor**.
- 3 **You** are not travelling with the purpose of having medical treatment or consultation.
- 4 **You** are not awaiting the outcome of any medical tests or an appointment at a medical facility for any medical investigations.

## General exclusions

The following exclusions apply to the whole of **your** policy:

**We** will not cover **you** for any claim arising from, or relating to, the following:

- 1 War, invasion, act of foreign enemy, hostilities (whether war is declared or not) civil war, civil commotion, rebellion, revolution, insurrection, military force, coup d'état, terrorism, weapons of mass destruction.
- 2 Any epidemic or pandemic.
- 3 **You** not following any advice or recommendation made by the Foreign and Commonwealth Office, World Health Organisation or any government or other official authority. This includes where certain vaccinations or other preventative measures (such as malaria tablets) are recommended.
- 4 **Your** property being held, taken, destroyed or damaged under the order of any government or customs officials.
- 5 Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste or any risk from nuclear equipment.
- 6 Any currency exchange rate changes.
- 7 The failure or fear of failure or inability of any equipment or any computer program, whether or not **you** own it, to recognise or to correctly interpret or process any date as the true or correct date, or to continue to function correctly beyond that date (except under the Emergency medical and associated expenses and Personal accident sections).
- 8 **You** acting in an illegal or malicious way.
- 9 The effect of **your** alcohol, solvent or drug dependency or long term abuse.
- 10 **You** being under the influence of alcohol, of solvents or drugs, or doing anything as a result of using these substances (except drugs prescribed by a **doctor** but not for the treatment of drug addiction).
- 11 **You** not enjoying **your journey** or not wanting to travel.
- 12 Any loss caused as a direct or indirect result of anything **you** are claiming for, for example loss of earnings, unless it says differently in the policy.
- 13 **You** taking part in a sports or leisure activity that is not listed or confirmed in writing as covered (see pages 15-16).



- 14** You taking part in a winter sport unless **you** have paid the extra premium to include this cover and the activity is listed or confirmed in writing as covered (see page 16).
- 15** You not answering accurately any question(s) **we** have asked **you** at the time of buying this policy, where **your** answer(s) may have affected **our** decision to provide **you** with this policy.
- 16** Any claim if **you** do not comply with the conditions stated in the Health declaration and health exclusions on pages 11-13.

## Conditions

The following conditions apply to the whole of **your** policy. Please read these carefully as **we** can only pay **your** claim if **you** meet these:

- 1** You are a **resident** of the **UK**, the **Channel Islands** or the **Isle of Man**.
- 2** You take reasonable care to protect yourself and **your** property against accident, injury, loss and damage and act as if **you** are not insured and to minimise any potential claim.
- 3** You have a valid policy schedule.
- 4** You accept that **we** will not extend the **period of insurance** if the original policy plus any extensions have either ended, been in force for longer than 17 days (Area 1) or 31 days (Areas 2 and 3) or **you** know **you** will be making a claim.
- 5** You contact **us** as soon as possible with full details of anything which may result in a claim and give **us** all the information **we** ask for. Please see section 'Making a claim' for more information.
- 6** You accept that no alterations to the terms and conditions of the policy apply, unless **we** confirm them in writing to **you**.

### We have the right to do the following

- 1** Cancel the policy if **you** tell **us** something that is not true, which influences **our** decision as to whether cover can be offered or not.
  - 2** Cancel the policy and make no payment if **you**, or anyone acting for **you**, make a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way, or if **you** give a false declaration or deliberate mis-statement when applying for this insurance or supporting **your** claim. **We** may in these instances report the matter to the police.
  - 3** Only cover **you** for the whole of **your journey** and not issue a policy if **you** have started **your journey**.
  - 4** Take over and deal with, in **your** name, any claim **you** make under this policy.
  - 5** Take legal action in **your** name (but at **our** expense) and ask **you** to give **us** details and fill in any forms (including Department for Work and Pensions forms), which will help **us** to recover any payment **we** have made under this policy.
- 6** With **your** or **your** Personal Representative's permission, get information from **your** medical records to help **us** or **our** representatives deal with any claim. This could include a request for **you** to be medically examined or for a postmortem to be carried out in the event of **your** death. **We** will not give personal information about **you** to any other organisation without **your** specific agreement.
  - 7** Send **you home** at any time during **your journey** if **you** are taken ill or injured. **We** will only do this if the **doctor** treating **you** and **our** medical advisers agree. If there is a dispute, **we** will ask for an independent medical opinion.
  - 8** Not accept liability for costs incurred for repatriation or treatment if **you** refuse to follow advice from the treating **doctor** and **our** medical advisers.
  - 9** Only refund or transfer **your** premium if **you** decide that the policy does not meet **your** needs and **you** have contacted **us** within 14 days from the date **you** receive **your** policy and policy schedule. **We** can recover all costs that **you** have used if **you** have travelled or made a claim or intend to make a claim.
  - 10** Not to pay any claim on this policy (except under the Personal accident section) for any amounts covered by another insurance or by anyone or anywhere else, for example any amounts **you** can get back from private health Insurance, any reciprocal health agreements, transport or accommodation provider, home contents insurer or any other claim amount recovered by **you**. In these circumstances **we** will only pay **our** share of the claim.
  - 11** If **you** cancel or cut short **your journey** all cover provided on **your** policy will be cancelled without refunding **your** premium.
  - 12** Ask **you** to pay **us** back any amounts that **we** have paid to **you** which are not covered by this policy.

## Sports and leisure activities

### Standard sports and leisure activities

- **The following activities are covered at no extra premium.**  
Abseiling, archery, athletics, badminton, ballooning - hot air (organised pleasure rides only), banana boating, baseball, basketball, bowls, boxing (training only and with no contact), bungee jumping, canoeing (up to grade 2 rivers only not white water), climbing wall, cricket, cycling, deep sea fishing, football or soccer (children's club in resort only), fishing, glacier walking, golf, high rope activities, hiking (trekking and walking), hockey (under 16s using plastic sticks), horse riding (not competitions, racing, jumping, hunting, eventing, polo or rodeo), ice skating or blade skating (not speed skating), kayaking (up to grade 2 rivers only, not white water), mountain biking, netball, parascending or parasailing (over water), pony trekking, rap jumping, ringos, roller skating or roller blading (wearing pads and helmets), rounders, rowing, sail boarding or windsurfing, safari trekking in a vehicle (organised tour), safari trekking on foot (organised tour), scuba diving to 30m (if **you** hold a certificate of proficiency or are diving with a qualified instructor), sea kayaking, sledging (pulled by dogs or horses or reindeer as a passenger), snorkelling, squash, surfing, tennis, tug of war, volley ball, wake-boarding, water polo, water-skiing, white water rafting (up to grade 3 river), windsurfing or sail boarding, zip-trekking (including over snow), zip lining, zorbing.
- **The following activities are also covered however, cover under 'Section 10 - Personal liability' does not apply.**  
Camel riding, catamaran sailing (if qualified), clay pigeon shooting, dinghy sailing, elephant riding, go karting, jet boating, jet skiing, paint balling (wearing eye protection), quad biking (part of an organised activity only), rifle range shooting, sailing (if qualified and in territorial waters only), shooting, ski dooing, small bore target shooting, snow mobiling, yachting (if qualified in territorial waters only).

### 'Category A' sports and leisure activities

- **The following activities are only covered when the extra premium has been paid for Category A activities.**  
Dry slope skiing, football or soccer (other than children's club in resort), hockey, kite surfing, sand dune surfing or skiing, street hockey (wearing pads and helmets).
- **The following activities are also covered when the extra premium has been paid for Category A activities however, cover under 'Section 10 - Personal liability' does not apply.**  
Fencing.

### 'Category X' sports and leisure activities

- **Your policy does not provide any cover for the following activities.**  
Base jumping, black water rafting, bouldering, boxing, canyoning, caving or pot holing, cave tubing or cave diving, flying (except passengers in licensed passenger carrying aircraft), free mountaineering, gliding (no cover for crewing or piloting), hang gliding, high diving (over 5 metres), hunting (fox or drag), hydrospeeding, martial arts, micro lighting, motor rallying or motor sport (all types on land or water), motorbike scrambling or dirt biking (and any other off road motorbiking), mountaineering (using ropes or guides), parachuting, paragliding or parapenting, parascending or parasailing (over land), pot holing or caving, riding on a luge, river bugging, rock climbing, rodeo, rugby, shark diving (in cage), sky diving or sky surfing, water ski jumping, white water canoeing, white water sledging or hydrospeeding.

There is also no cover for:

- taking part in a sporting activity where the organisers' guidelines have not been followed;
- any professional sporting activity;
- any kind of racing, except racing on foot; or
- any kind of **manual work**.

**We** may be able to cover **you** for other activities that are not listed. Please contact Holiday Extras travel Insurance on phone **0800 171 000 / 020 8666 0645**. **You** may need to pay an extra premium.

### Standard winter sports activities

- **If you have chosen to include winter sports cover and this is shown on your booking confirmation, the following activities are automatically covered.**

Skiing (including on dry slopes and indoor ski centres), snowboarding, big-foot skiing, cross-country skiing, glacier skiing, monoskiing, off-piste skiing or snowboarding (as long as **you** are skiing within the ski area boundaries of a recognised ski resort and following ski patrol guidelines), sledging, snow blading, snow tubing, and tobogganing.

### 'Category B' winter sports activities

- **The following activities are only covered if you have chosen to include winter sports cover and when the extra premium has been paid for Category B winter sports activities.**

Bobsleighting, heli-skiing and ice hockey.

### 'Category X' winter sports activities

- **Your policy does not provide any cover for the following activities.**

Cat-skiing, skeleton sledging, ski acrobatics, ski-flying, ski jumping, ski racing, ski stunting or snowcat skiing, or riding on a luge.

There is also no cover for:

- taking part in a winter sports activity where the organiser's guidelines have not been followed;
- any professional winter sports activity; or
- any kind of racing.

**We** may be able to cover **you** for other activities that are not listed. Please contact Holiday Extras Travel Insurance on phone **0800 171 000 / 020 8666 0645**. **You** may need to pay an extra premium.

## Making a claim

To claim, please visit the website [www.azgatravelclaims.com](http://www.azgatravelclaims.com). This will lead **you** to **our** online claims notification service where claim forms can be obtained immediately via email or by downloading directly from the site.

Alternatively, please Phone **020 8666 9326**, Textphone **020 8666 9562** and ask for a claim form or

Write to: Allianz Global Assistance travel insurance claims department, PO Box 1900, Croydon, CR90 9BA or

Email: [travel.claims@allianz-assistance.co.uk](mailto:travel.claims@allianz-assistance.co.uk). Quote ref: Holiday Extras HX016.

**You** should fill in the form and send it to **us** as soon as possible with all the information and documents **we** ask for. It is essential that **you** provide **us** with as much detail as possible to enable **us** to handle **your** claim quickly. Please keep photocopies of all information **you** send **us**.

**You** will need to obtain some information about **your** claim while **you** are away. Below is a list of the documents **we** will need in order to deal with **your** claim.

### For all claims

- **Your** original **journey** booking invoice(s) and travel documents showing the dates and times of travel.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay.
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance **you** may have that may cover the same loss, such as household or private medical.
- As much evidence as possible to support **your** claim.

### Cancellation or curtailment

- If **you** need to curtail **your journey** call within **your home** country **020 8666 9389**, Textphone **020 8666 9562**, outside **your home** country **+44 20 8666 9389**, Textphone **+44 20 8666 9562** immediately to get **our** prior agreement.
- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or injury a medical certificate will need to be completed by the treating **doctor**. A certified copy of the death certificate is required in the event of death.
- If **your** claim results from any other circumstances, please provide evidence of these circumstances.

### Medical expenses

- Always contact **our** 24-hour emergency medical service when **you** are hospitalised, require repatriation or where medical fees are likely to exceed **£500**.
- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission and discharge dates, if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot go on **your** pre-booked excursions because of medical reasons, **you** should obtain a medical certificate from them confirming this.

### If your passport is lost, stolen or destroyed

- A receipt from the Consulate confirming the cost of the replacement passport and a written report from the police if **your** passport is stolen.

### Personal possessions and Personal money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If appropriate, **you** should also report the theft, damage or loss to **your** courier or hotel / apartment manager and ask for a written report.
- Original receipts, vouchers or other suitable evidence of purchase / ownership / value for lost, stolen or damaged **personal possessions**.
- Confirmation, such as foreign exchange receipts and withdrawal slips, from **your** bank or bureau de change for issuing foreign currency, or suitable evidence for Sterling.
- Keep any damaged items as **we** may need to inspect them. If **we** make a payment, or **we** replace an item, the item will then belong to **us**.
- Obtain an estimate for repair for all damaged items.

### For loss or damage in transit claims, including delayed possessions

- Please obtain a Property Irregularity Report (PIR) from the airline or a carrier's report from the rail company, shipping line or their handling agent. This should be done within 7 days of the delay / loss / damage. **You** have 21 days to write to the airline confirming details of essential replacement items purchased.

### Personal accident

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Medical evidence from the treating **doctor** to confirm the extent of the injury and treatment given including, hospital admission / discharge.
- Full details of any witnesses, providing written statements where available.
- A certified copy of the death certificate if this applies.

### Missed departure

- Detailed account of the circumstances causing **you** to miss **your** departure together with supporting evidence from the **public transport** provider or accident / breakdown authority attending the private vehicle **you** were travelling in.

### Delayed departure

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.

### Personal liability

- A detailed account of the circumstances surrounding the claim, including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not admit liability, offer to make any payment or correspond with any third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

### Legal expenses

- Detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies) within 90 days of the event causing **your** claim.
- Any writ, summons or other correspondence received from any third party. Please note that **you** should not reply to any correspondence from a third party without **our** written consent.
- Full details of any witnesses, providing written statements where available.

## Winter sports

### Ski pack

- Medical evidence from the treating **doctor** to confirm the illness or injury and treatment given including hospital admission / discharge if this applies.
- If **you** are advised by a **doctor** at **your** resort that **you** cannot take part in **your** pre-booked ski activities because of medical reasons, **you** should obtain a medical certificate from them confirming this.

### Ski equipment

- All appropriate evidence requested under the heading 'Personal possessions and Personal money' in this section.
- All hire receipts and luggage labels / tags.
- A written report from **your** airline or other carrier if **your ski equipment** is delayed or misdirected.

### Piste closure

- Written confirmation from **your** tour operator, the local piste authority or ski lift operator confirming the reason for the closure and duration.

### Avalanche closure

- Written confirmation from **your** tour operator, or the appropriate local authority confirming the location and duration of the avalanche closure.

## Making a complaint

**We** aim to provide **you** with a first class policy and service. However, there may be times when **you** feel **we** have not done so. If this is the case, please tell **us** about it so that **we** can do **our** best to solve the problem. If **you** make a complaint **your** legal rights will not be affected.

In the first instance, please write to:

Customer Support, Allianz Global Assistance, 102 George Street, Croydon, CR9 6HD

Telephone: **020 8603 9853**

Email: [customersupport@allianz-assistance.co.uk](mailto:customersupport@allianz-assistance.co.uk)

Please supply **us** with **your** name, address, policy number and claim number where applicable and enclose copies of relevant correspondence as this will help **us** to deal with **your** complaint, in the shortest possible time.

If **you** are not satisfied with **our** final response **you** can refer the matter to the UK Financial Ombudsman Service for independent arbitration.

## Cancellation or curtailment charges - Section 1

If **you** think **you** may have to cut **your journey** short (curtail), **we** must be told immediately - see under the heading '24-hour emergency medical assistance' for more information.

### WHAT YOU ARE COVERED FOR

**We** will pay up to the amount shown in **your** summary of cover in total, for **your** part of unused personal accommodation, transport charges and other travel expenses which have been paid or where there is a contract to pay that cannot be recovered from anywhere else.

**We** will provide this cover in the following necessary and unavoidable circumstances:

### Cancellation

If **you** cancel **your journey** before it begins because one of the following happens after the date **your** policy and travel tickets for **your journey** were bought:

- The death, serious injury or serious illness of **you**, someone **you** were going to stay with, a **travelling companion**, or a **relative** or **business associate** of **you** or a **travelling companion**.
- **You** or a **travelling companion** is called for jury service in **your home** country or as a witness in a court in **your home** country.
- **You** or a **travelling companion** is needed by the police following a burglary, or damage caused by serious fire, storm, flood, explosion, subsidence, vandalism, fallen trees, impact by aircraft or vehicle at **your home** or their home or usual place of business in **your home** country.
- **Your redundancy**.
- **You** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance services or work for another Government Department, and **your** employer withdraws **your** previously agreed leave for operational reasons.

### WHAT YOU ARE NOT COVERED FOR

#### Under Cancellation and Curtailment

An **excess** of the amount shown in **your** summary of cover.

Any claim if **you** do not comply with the conditions stated in the Health declaration and health exclusions on pages 11-13.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme. Anything caused by:

- **you** not having the correct passport or visa;
- **your** carriers' refusal to allow **you** to travel for whatever reason;
- any restriction caused by the law of any country or people enforcing these laws;
- bankruptcy or liquidation of the company providing **your** transport or accommodation, their agents or any person acting for **you**;
- anything the company providing **your** transport or accommodation, their agents, any person acting for **you** or **your** conference organiser is responsible for;
- **your** vehicle being stolen or breaking down;
- **you** not wanting to travel or not enjoying **your journey**;
- riot, civil commotion, strike or lock-out;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- the death of any pet or animal;
- the withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

## WHAT YOU ARE COVERED FOR

### Curtailment

**You** cut **your journey** short (curtail) after it has begun because of one of the following:

- Anything mentioned in **Cancellation** except **redundancy**.
- **You** are injured or ill and are in hospital for the rest of **your** journey.
- **Your** passport is lost or stolen after check-in at **your departure point** and stops **you** making **your** outward journey from **your home** country.
- Cancellation or disruption to **public transport** as a result of hijack during **your journey**.

### Note

**We** will calculate curtailment claims from the date it is necessary for **you** to return to **your home** country or the date **you** are hospitalised as an in-patient, for the rest of **your** journey. **We** will pay unused personal accommodation and other travel expenses based on each 24-hour period **you** have lost. If **you** need to be repatriated, **we** will not refund the cost of **your** unused return travel tickets. **We** will put the value of these tickets towards the extra transport costs **we** have to pay.

## WHAT YOU ARE NOT COVERED FOR

### Under Cancellation

Any extra cancellation charges, because **you** did not tell the company providing **your** transport or accommodation, their agents or any person acting for **you**, as soon as **you** knew **you** had to cancel. Financial circumstances or unemployment, except caused by **redundancy** which **you** find out about after the date **your** policy or travel tickets for **your journey** were bought (whichever is the later).

### Under Curtailment

Cutting short **your journey** unless **we** have agreed.

Any costs when **you** do not get a medical certificate (from the **doctor** who treated **you** in the place where **you** were staying) which says it was necessary for **you** to come **home** because of death, injury or illness. **Our** medical advisers must have agreed with the reason and that **you** were fit to travel.

The cost of **your** original pre-booked tickets if **you** have not used them and **we** have paid extra transport costs.

**You** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets.

**Please refer to the General exclusions, Conditions and Making a claim that also apply.**

## Emergency medical and associated expenses - Section 2

If **you** are taken into hospital or **you** think **you** may have to come **home** early or extend **your journey** because of illness, injury or accident, or if **your** medical expenses are over **£500** **we** must be told immediately - see under the heading '24-hour emergency medical assistance' on page 10' for more information.

## WHAT YOU ARE COVERED FOR

**We** will pay **you** or **your** personal representatives for the following necessary and unforeseen emergency expenses if **you** die, are injured, have an accident or are taken ill during **your journey**.

### Cover outside your home country

Up to the amount shown in **your** summary of cover in total for reasonable fees or charges **you** incur for:

- **Treatment**  
Medical, surgical, medication costs, hospital, nursing home or nursing services.
- **Repatriation**  
**Your** repatriation to **your home** country if medically necessary.
- **Transport and accommodation**  
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from **your home** country on medical advice.
- **Funeral expenses**  
The reasonable cost of transporting **your** body or ashes to **your home** or **we** will pay up to the amount shown in **your** summary of cover in total for reasonable fees or charges **you** for **your** funeral expenses, in the place where **you** die outside **your home** country.

**We** will also pay:

- **In-patient benefit**  
Up to the amount shown in **your** summary of cover for each 24-hour period that **you** are in hospital as an in-patient up to the amount shown in your summary of cover in total during the **journey** as well as any fees or charges paid under **Treatment**.

## WHAT YOU ARE NOT COVERED FOR

### Under Cover outside your home country except In-patient benefit and under Cover within your home country

An **excess** of the amount shown in **your** summary of cover unless **your** claim is reduced because **you** used a European Health Insurance Card or any other reciprocal health arrangement (see 'Reciprocal health arrangements' on page 10 for more information). The cost of replacing any medication **you** were using when **you** began **your journey**.

### Under Cover outside your home country and Cover within your home country

Any claim if **you** do not comply with the conditions stated in the Health declaration and health exclusions on pages 11-13.

Extra transport and accommodation costs which are of a higher standard than those already used on **your journey**, unless **we** agree.

Anything caused by:

- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all **persons insured** are wearing crash helmets.

Any costs incurred 12 months after the date of **your** death, injury or illness.

Any costs for taxi fares and telephone calls (including mobile calls) resulting from an incident claimed for under this section.

### Under Cover outside your home country - Treatment

Services or treatments **you** receive within **your home** country.

Services or treatments **you** receive which the **doctor** in attendance and **we** think can wait until **you** get back to **your home** country.

## WHAT YOU ARE COVERED FOR

- **Dental**  
Up to the amount shown in **your** summary of cover for emergency dental treatment to relieve sudden pain.
- Cover within your home country**  
Up to the amount shown in **your** summary of cover for:
- **Transport and accommodation**  
Reasonable extra transport and accommodation costs for **you** and any one other person who stays or travels with **you** or to **you** from within **your home** country on medical advice; and the reasonable cost of transporting **you, your** ashes or body **home**.

## WHAT YOU ARE NOT COVERED FOR

Medical costs over **£500**, in-patient treatment or repatriation which **we** have not authorised. The extra costs of having a single or private room in a hospital or nursing home. The cost of all treatment which is not directly related to the illness or injury that caused the claim.

**Under Cover outside your home country - Funeral expenses**  
**Your** burial or cremation within **your home** country

**Under Cover outside your home country - Dental**  
Replacing or repairing false teeth or artificial teeth (such as crowns).  
Dental work involving the use of precious metals.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Loss of passport - Section 3

### WHAT YOU ARE COVERED FOR

**We** will pay the following if **your** passport is lost, stolen or destroyed on **your journey**.

**Costs for issuing a temporary passport**  
Up to the amount shown in **your** summary of cover in total for the cost of extra transport, accommodation and administration costs **you** have to pay to get a temporary passport to enable **you** to return to **your home** country.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Delayed personal possessions - Section 4

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for essential replacement items, if **your personal possessions** (this does not include **valuables**) are temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

### WHAT YOU ARE NOT COVERED FOR

Please refer to the General exclusions, Conditions and Making a claim that also apply.

#### Note

**You** must send **us** the receipts for anything that **you** buy. If the items are permanently lost, **we** will take any amount that **you** are due to be paid under this section from the final claim settlement under Personal possessions - section 5.

## Personal possessions - Section 5

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover in total for **your personal possessions** (this does not include **ski equipment**) damaged, stolen, lost or destroyed on **your journey**.

The most **we** will pay for **valuables** shown in **your** summary of cover in total whether jointly owned or not. There is also a single article, **pair or set** limit up to the amount shown in **your** summary of cover.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover.

More than the amount shown in **your** summary of cover for tobacco, alcohol, fragrances and perfumes and for spectacles / sunglasses.

More than the part of the **pair or set** that is stolen, lost or destroyed.

Breakage of or damage to:

sports equipment while it is being used, fragile articles, audio, video, computer, television, fax and phone equipment.

Loss or damage due to the climate, wear and tear, loss in value, process of cleaning, moths or vermin.

The cost of replacing or repairing false teeth.

A claim for more than one mobile phone per **person insured**.

Loss or theft of, or damage to, the following.

- Items for which **you** are unable to provide a receipt or other proof of purchase
- Films, tapes, cassettes, computer games, electronic games, mini-discs, DVDs, video and audio tapes, cartridges or discs, unless they were pre-recorded, in which case **we** will pay up to the replacement cost.
- Goods which deteriorate, bottles or cartons, and any damage caused by these items or their contents.
- **Personal possessions** unless they are on **your** person, locked in the accommodation **you** are using on **your journey** or they are out of sight in the locked boot or covered luggage area of a locked motor vehicle.
- **Valuables** left in a motor vehicle.
- **Valuables** carried in suitcases, trunks or similar containers unless they are on **your** person all the time.
- **Valuables** unless they are on **your** person or locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.
- Contact or corneal lenses, unless following fire or theft.
- Bonds, share certificates, guarantees or documents of any kind.
- **Personal money** (see section 6).
- Passport (see section 3).

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Personal money - Section 6

### WHAT YOU ARE COVERED FOR

Up to the amount shown in **your** summary of cover for loss or theft of **your personal money** while on **your journey**.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover

Compensation unless **you** can provide receipts for the amount **you** had from the place where **you** got the currency.

Loss or theft of **personal money**, unless it is on **your** person, locked in a safe or safety deposit box (if one is available) or locked in the accommodation **you** are using on **your journey**.

Loss caused by a reduction in exchange rates or shortage caused by mistakes in exchanging currency.

Loss or theft of travellers' cheques if the place where **you** got them from provides a replacement service.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Personal accident - Section 7

### WHAT YOU ARE COVERED FOR

We will pay **you** or **your** personal representative one of the following amounts for an **accident** during **your journey**.

#### Death

Up to the amount shown in **your** summary of cover for death.

#### Permanent loss

Up to the amount shown in **your** summary of cover for total and permanent loss of sight in one or both eyes or total and permanent loss of use of one or both hands or feet.

#### Physical disablement

Up to the amount shown in **your** summary of cover for a permanent physical disability as a result of which there is no paid work which **you** are able to do.

#### Note

Death benefit payments will be made to **your** Personal Representatives.

### WHAT YOU ARE NOT COVERED FOR

Any claim if **you** do not comply with the conditions stated in the Health declaration and health exclusions on pages 11-13.

Any claim arising more than one year after the original **accident**.

Anything caused by:

- **your** sickness, disease or gradually occurring conditions, physical or mental condition that is gradually getting worse unless shown on **your** policy schedule;
- **you** travelling in an aircraft (except as a passenger in a fully-licensed, passenger-carrying aircraft);
- **your** suicide, self-injury or deliberately putting yourself at risk (unless **you** were trying to save another person's life) for example swimming while under the influence of alcohol or climbing from one balcony to another;
- **you** travelling on a motorcycle, unless the rider holds an appropriate valid licence and all persons insured are wearing crash helmets.

We will not pay more than one of the benefits resulting from the same injury.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Missed departure - Section 8

### WHAT YOU ARE COVERED FOR

We will pay **you** up to the amount shown in **your** summary of cover in total for the cost of extra accommodation and transport which **you** have to pay to get to **your journey** destination or back **home** because **you** do not get to the **departure point** by the time shown in **your** travel itinerary (plans) because:

- **public transport** (including scheduled flights) does not run to its timetable; or
- the vehicle **you** are travelling in has an accident or breaks down;
- an accident or breakdown occurs ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling in; or
- on **your** outward journey from **your home** country there is a delay caused by adverse weather conditions.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover

Any claim unless **you**:

- get a letter from the **public transport** provider (if this applies) confirming that the service did not run on time
- get confirmation of the delay from the authority who went to the accident or breakdown (if this applies) affecting the vehicle **you** were travelling in
- have allowed time in **your** travel plans for delays which are expected.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later). Failure of **public transport** caused by a riot, civil commotion, strike or industrial action which began or was announced before **you** left **home** or where **you** could have reasonably made other travel arrangements.

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Delayed departure - Section 9

### WHAT YOU ARE COVERED FOR

Compensation if the flight, international train or sea vessel **you** are booked on is delayed at its **departure point** from the time shown in **your** travel itinerary (plans) because of:

- a serious fire, storm or flood damage to the **departure point**;
- industrial action;
- bad weather;
- mechanical breakdown of the international train or sea vessel; or
- the grounding of the aircraft due to a mechanical or a structural defect.

**We** will pay:

#### Delay

Up to the amount shown in **your** summary of cover in total; or

#### Abandonment

Up to the amount shown in **your** summary of cover in total for **your** part of the unused costs of the **journey** which have been paid or where there is a contract to pay that cannot be recovered from anywhere else, if, after **you** have been delayed for more than 12 hours, **you** decide to abandon the **journey** before **you** leave **your home** country.

### WHAT YOU ARE NOT COVERED FOR

#### Under Delay and Abandonment

Anything which is caused by **you** not checking in at the **departure point** when **you** should have done.

Missed connections.

Compensation unless **you** get a letter from the airline, railway company or shipping line giving the reason for the delay and showing the scheduled departure time and the actual departure time of the flight, international train or sea vessel.

Any delay caused by a riot, civil commotion, strike or industrial action which began or was announced before **your** policy or travel tickets for **your journey** were bought (whichever is later).

The withdrawal from service of an aircraft, cross-channel train or sea vessel (temporarily or permanently), on which **you** are booked to travel, by the carrier or on the recommendation or order of any government, civil aviation authority, port authority, rail authority or other similar authority in any country.

#### Under Abandonment

An **excess** of the amount shown in **your** summary of cover.

More than the lowest market value of equivalent accommodation, transport charges and other travel expenses, if payment was made using frequent flyer points, airmiles, loyalty card points, redeemable vouchers or another similar scheme.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Personal liability - Section 10

If **you** are hiring a motorised or mechanical vehicle while on **your journey you** must make sure that **you** get the necessary insurance from the hire company. **We** do not cover this under **our** policy.

### WHAT YOU ARE COVERED FOR

**We** will pay **you** up to the amount shown in **your** summary of cover plus any other costs **we** agree to in writing that relate to anything **you** cause during **your journey** for which **you** are legally liable and results in one of the following.

- Bodily injury of any person.
- Loss of or damage to property which **you** do not own and **you** or a **relative** have not hired, loaned or borrowed.
- Loss of or damage to the accommodation **you** are using on **your journey** that does not belong to **you** or a **relative**.

#### Note

Inform **us** as soon as **you** or **your** Personal Representatives are aware of a possible prosecution, inquest or fatal injury, which might lead to a claim under this section.

Please do not negotiate, pay, settle, admit or deny any liability to any third party, without **our** written consent.

### WHAT YOU ARE NOT COVERED FOR

An **excess** of the amount shown in **your** summary of cover

Any liability for bodily injury or loss of or damage to property that comes under any of the following categories:

- something which is suffered by anyone employed by **you** or a **relative** and is caused by the work they are employed to do;
- something which is caused by something **you** deliberately did or did not do;
- something which is caused by **your** employment or employment of a **relative**;
- something which is caused by **you** using any firearm or weapon;
- something which is caused by any animal **you** own, look after or control;
- something which **you** agree to take responsibility for which **you** would not otherwise have been responsible for.

Any contractual liabilities.

Any liability for bodily injury suffered by **you**, a **relative** or **travelling companion**.

Compensation or other costs caused by accidents arising from **your** ownership or possession of any of the following:

- The use of any land or building except for the accommodation **you** are using on **your journey**.
- Motorised or mechanical vehicles and any trailers attached to them.
- Aircraft, motorised watercraft or sailing vessels.

Please refer to the General exclusions, Conditions and Making a claim that also apply.



## Legal expenses - Section 11

You can call **our** 24-hour legal helpline for advice on any travel related legal problem to do with **your journey**, arising under the law of England, Wales, Scotland and Northern Ireland

From within **your home** country Phone **020 8603 9804** Textphone **020 8666 9562**

From outside **your home** country Phone **+44 20 8603 9804** Textphone **+44 20 8666 9562**

### WHAT YOU ARE COVERED FOR

If **you** die, are ill, or injured during **your journey** and **you** or **your** personal representative take **legal action** to claim damages or compensation for negligence against a third party **we** will do the following:

- Nominate an **appointed adviser** to act for **you**. If **you** and **we** cannot agree on an **appointed adviser**, the matter can be referred to an Alternative Resolution Facility.
- For each event giving rise to a claim **we** will pay up to the amount shown in **your** summary of cover for **legal costs** for **legal action** for **you** (but not more than twice this amount in total for all **persons insured** on this policy).

#### Note

- **you** must conduct **your** claim in the way requested by the **appointed adviser**;
- **you** must keep **us** and the **appointed adviser** fully aware of all facts and correspondence including any claim settlement offers made to **you**;
- **we** will not be bound by any promises or undertakings which **you** give to the **appointed adviser**, or which **you** give to any person about payment of fees or expenses, without **our** consent;
- **we** can withdraw cover after **we** have agreed to the claim, if **we** think a reasonable settlement is unlikely or that the cost of the **legal action** could be more than the settlement.

### WHAT YOU ARE NOT COVERED FOR

Any claim:

- not reported to **us** within 90 days after the event giving rise to the claim;
- where **we** think a reasonable settlement is unlikely or where the cost of the **legal action** could be more than the settlement;
- involving **legal action** between **you** and members of the same household, a **relative**, a **travelling companion**, or one of **your** employees;
- where another insurer or service provider has refused **your** claim or where there is a shortfall in the cover they provide;
- against a travel agent, tour operator or carrier, **us**, the **insurer**, another **person insured** under this policy or **our** agent.

**Legal costs:**

- for **legal action** that **we** have not agreed to;
- if **you** refuse reasonable settlement of **your** claim. **You** should use Alternative Resolution Facilities such as mediation in this situation;
- if **you** withdraw from a claim without **our** agreement. If this occurs **legal costs** that **we** have been paid must be repaid to **us** and all **legal costs** will become **your** responsibility;
- that cannot be recovered by **us**, **you** or **your appointed adviser**, when **you** receive compensation. Any repayment will not be more than half of the compensation **you** receive;
- awarded as a personal penalty against **you** or the **appointed adviser** (for example not complying with Court rules and protocols);
- for bringing **legal action** in more than one country for the same event.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

## Winter sports cover - Section 12

This section is only in force if shown on **your** policy schedule.

### WHAT YOU ARE COVERED FOR

#### Ski pack

**We** will pay up to the amount shown in **your** summary of cover in total for **your ski pack** costs that have been paid for and that cannot be recovered from anywhere else, if:

- **you** have to cancel or curtail **your journey**.
- **you** cannot ski because of an injury or illness during **your journey**.

#### Delayed ski equipment

**We** will pay up to the amount shown in **your** summary of cover in total for the hire of alternative **ski equipment** if **yours** is temporarily lost or stolen on **your** outward journey for more than 12 hours from when **you** arrived at **your** destination.

#### Ski equipment

**We** will pay up to the amount shown in **your** summary of cover in total for **your ski equipment** and **ski equipment you** hire that is damaged, stolen, lost or destroyed on **your journey**.

#### Note

It will be **our** decision to pay either:

- the cost of repairing **your** items;
- to replace **your** belongings with equivalent items; or
- the cost of replacing **your** items. An amount for wear, tear and loss of value will be deducted.

#### Piste closure

**We** will pay one of the following, if it is not possible for **you** to ski or snow board at **your** pre-booked ski resort, because the ski-lifts and ski-schools that **you** are due to use are closed as a result of adverse weather conditions.

- Up to the amount shown in **your** summary of cover for each full day in total for the cost of extra transport or lift passes to let **you** ski or snow board at another resort; or
- Up to the amount shown in **your** summary of cover for each full day in total if no other resort is available.

#### Avalanche closure

**We** will pay up to the amount shown in **your** summary of cover for extra transport and accommodation costs **you** need to pay to get **you** to **your journey** destination or back **home** because of an avalanche in **your** resort.

### WHAT YOU ARE NOT COVERED FOR

#### Under Ski pack

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Cancellation or curtailment charges - Section 1.

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Emergency medical and associated expenses - Section 2.

#### Under Ski equipment

Anything mentioned under the heading 'WHAT YOU ARE NOT COVERED FOR' within Personal possessions - Section 5.

#### Under Piste closure

Any compensation for the first full 24 hours at **your** booked ski resort.

**Any journey** in **your home** country.

Any claim unless **you** have a letter from the ski-lift or ski-school operators giving the reason for closing the piste and showing the number of days the piste was closed during **your journey**. Compensation which **you** can get from **your** tour operator or anywhere else.

Costs if the ski-lifts or ski-schools in **your** pre-booked resort were closed when **your** policy or travel tickets for **your journey** were issued, if this is less than 14 days before the beginning of **your journey**.

**Any journey** that takes place outside a recognised ski resort or the official resort opening dates.

#### Under Avalanche closure

Any claim unless **you** have a letter from the relevant authority or **your** tour operator's representative confirming the dates and location of the avalanche.

Compensation which **you** can get from **your** tour operator or anywhere else.

Please refer to the General exclusions, Conditions and Making a claim that also apply.

**Notes**

---

**Notes**

---