

The logo for Travel Insurance Direct features the words "travelinsurance" in a blue, lowercase, sans-serif font and "direct" in a smaller, teal, lowercase, sans-serif font. A stylized wave graphic, composed of a blue top curve and a yellow bottom curve, is positioned between the two words.

travelinsurance
direct

POLICY SCHEDULE

This policy is for residents of the United Kingdom only and is effective for policies purchased from 1st July 2015 until 30th June 2016

PLEASE CHECK YOUR POLICY

It is important **You** check **Your Policy Schedule** details as soon as **You** receive them to ensure that no information has been left out or is incorrect. This booklet is **Your Policy Schedule** and shows what **You** are and are not covered for and forms part of **Your** travel insurance together with **Your Validation Certificate**. The **Validation Certificate** provides details of who is insured, the type and level of cover **You** have purchased, the Territorial Limits, and the commencement and duration of **Your** insurance.

If any information is incorrect, please contact us before **You** travel on +44 (0) 1603 632386. We recommend **You** make a copy of the **Validation Certificate** for each person insured.

WHAT YOU MUST DO IN THE EVENT OF A MEDICAL EMERGENCY OUTSIDE THE UNITED KINGDOM OR IN ALL CASES INVOLVING REPATRIATION OR CURTAILMENT

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:

Inpatient treatment, anywhere in the world You must contact:

Global Response:

Tel: +44 (0)113 318 8114

Fax: +44 (0)113 318 8115

Outpatient treatment, anywhere in the world, excluding North America and the United Kingdom, You must contact:

Healthwatch S.A.

Tel: +44 (0)113 3180 124

Fax: +44 (0)113 3180 125

Email: newcase@healthwatch.gr

Outpatient treatment, in North America and the United Kingdom You must contact:

Global Response:

Tel: +44 (0)113 318 8114

Fax: +44 (0)113 318 8115

Our Emergency Assistance Services may be able to guarantee costs on **Your** behalf. When contacting **Our Emergency Assistance Service** please state that **Your** insurance is provided by UK General Insurance Ltd arranged by Travel Insurance Direct and quote the appropriate scheme name and scheme number:

Scheme Name: Travel Insurance Direct

Scheme Number: 04729D

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.

OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS:

In order to have your invoices paid quickly, please send your invoice together with a copy of the **Validation Certificate** (clearly showing the policy number and names) and any supporting documentation related to the outpatient treatment (medical report, cost breakdown) by email to newcase@healthwatch.gr

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

Out Patient Department Tel: 00 30 2310 256454

Out Patient Department Fax: 00 30 2310 256455 or 00 30 2310 254160

E-mail: newcase@healthwatch.gr

RETURNING EARLY TO THE UNITED KINGDOM

If **You** have to return to the **United Kingdom** under Section A1 (Cancellation and Curtailment) or Section B (Medical Expenses) **Our Emergency Assistance Service** 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 to the **United Kingdom**. **Our Emergency Assistance Service** reserve the right to repatriate **You** should **Our Emergency Assistance Service** view **You** as being fit to travel.

MAKING A CLAIM

To make a claim other than any claim for medical emergencies or curtailment please contact:

Direct Group Travel Services by

Telephone: 0844 412 4296

Fax: 0844 412 4138

Write: PO Box 1188, Doncaster DN1 9PQ

Please quote the scheme number 04729D and state under which section(s) a claim is being made. This will ensure we send **You** the correct claim form(s).

PLEASE DO NOT FORWARD ANY DOCUMENTS UNTIL YOU SUBMIT THE COMPLETED CLAIM FORM.

IMPORTANT: Please read the claim form carefully and ensure that **You** provide all the documentation requested. Failure to fully complete the claim form or forward all the requested documentation in support of **Your** loss will prevent us from reviewing **Your** claim. Please note that additional information or documentation may be required to substantiate **Your** loss if it is considered necessary. In no event should a claim be notified later than 31 days after the end of the **Trip**.

UK General Insurance Ltd are an insurers agent and in the matter of a claim act on behalf of the insurers.

SECTION A4 SCHEDULED AIRLINE FAILURE – CLAIMS PROCEDURE

Any occurrence which may give rise to a claim should be advised as soon as reasonably practicable and in any event within 14 days to:

IPP Claims Office

IPP House, 22-26 Station Road, West Wickham, Kent, BR4 0PR

Tel: +44 (0)20 8776 3752

Fax: +44 (0)20 8776 3751

Email: info@ipplondon.co.uk

Website: www.ipplondon.co.uk

IPP will only accept claims submitted up to six months after the failure. Any claims submitted after the six month period will NOT be processed.

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READ THIS FIRST

HEALTH CONDITIONS

Accepted Medical Conditions

You do not need to contact **Our medical pre-screening company** if the only medical condition(s) **You** have appears in the following list, provided **You** are not awaiting surgery for the condition and have been fully discharged from any post-operative follow-up and the words in brackets apply to **You**:

- Abnormal Smear Test
- Achilles Tendon Injury
- Acne
- Acronyx (Ingrowing Toenail)
- Acid Reflux
- Adenoids
- Allergic Rhinitis
- Alopecia
- Anal Fissure/Fistula
- Appendectomy
- Astigmatism
- Athlete's Foot (Tinea Pedis)
- Attention Deficit Hyperactivity Disorder
- Bell's Palsy (Facial Paralysis)
- Benign Prostatic Enlargement
- Bladder Infection (fully recovered, no hospital admissions)
- Blepharitis
- Blindness
- Blocked Tear Ducts
- Breast – Fibroadenoma
- Breast Cyst(s)
- Breast Enlargement/Reduction
- Broken Bones (other than head or spine) – (no longer in plaster)
- Bunion (Hallux Valgus)
- Bursitis
- Caesarean Section
- Candidiasis (oral or vaginal)
- Carpal Tunnel Syndrome
- Cartilage Injury
- Cataracts
- Cervical Erosion
- Cervicitis
- Chalazion
- Chicken Pox (fully resolved)
- Cholecystectomy
- Chronic fatigue syndrome (if only symptom is fatigue)
- Coeliac Disease
- Cold Sore (Herpes Simplex)
- Colitis (simple)
- Common Cold(s)
- Conjunctivitis
- Constipation
- Corneal Graft
- Cosmetic Surgery
- Cyst – Breast
- Cyst – Testicular
- Cystitis (fully recovered, no hospital admissions)
- Cystocele (fully recovered, no hospital admissions)
- D & C
- Deaf Mutism
- Deafness
- Dental Surgery
- Dermatitis (no hospital admissions or consultations)
- Deviated Nasal Septum
- Diarrhoea and/or Vomiting (resolved)
- Dilatation and Curettage
- Dislocated Hip
- Dislocations
- Dry Eye Syndrome
- Dyspepsia
- Ear Infections (resolved – must be all clear prior to travel if flying)
- Eczema (no hospital admissions or consultations)
- Endocervical Polyp
- Endocervicitis
- Endometrial Polyp
- Epididymitis
- Epiphora (Watery Eye)
- Epispadias
- Epistaxis (Nosebleed)
- Erythema Nodosum
- Essential Tremor
- Facial Neuritis (Trigeminal Neuralgia)
- Facial Paralysis (Bell's Palsy)
- Fibromyositis
- Fibrositis
- Frozen Shoulder
- Femoral Hernia
- Fibroadenoma
- Fibroid – Uterine
- Fibromyalgia
- Gall Bladder Removal
- Ganglion
- Glandular Fever (full recovery made)
- Glaucoma
- Glue Ear (resolved – must be all clear prior to travel if flying)
- Goitre
- Gout
- Grave's Disease
- Grommet(s) Inserted (Glue Ear)
- Gynaecomastia
- Haematoma (external)
- Haemorrhoidectomy
- Haemorrhoids (Piles)
- Hallux Valgus (Bunion)
- Hammer Toe
- Hay Fever
- Hernia (not Hiatus)
- Herpes Simplex (Cold Sore)
- Herpes Zoster (Shingles)
- Hip Replacement (no subsequent arthritis)
- Hives (Nettle Rash)
- Housemaid's Knee (Bursitis)
- HRT (Hormone Replacement Therapy)
- Hyperthyroidism (Overactive Thyroid)
- Hypospadias
- Hypothyroidism (Underactive Thyroid)
- Hysterectomy (provided no malignancy)
- Impetigo
- Indigestion
- Influenza
- Ingrowing Toe-nail (Acronyx)
- Inguinal Hernia
- Insomnia
- Intercostal Neuralgia
- Intertrigo
- Irritable Bowel Syndrome (IBS)
- Keinboeck's Disease
- Keratoconus
- Knee Injury – Collateral/cruciate ligaments
- Knee Replacement (no subsequent arthritis)
- Kohlers Disease
- Labyrinthitis
- Laryngitis
- Learning Difficulties
- Leptothrix
- Leucoderma
- Lichen Planus
- Ligaments (injury)
- Lipoma
- Macular Degeneration
- Mastitis
- Mastoidectomy (resolved - must be all clear prior to travel if flying)
- Menopause
- Menorrhagia
- Migraine (provided this is a definite diagnosis and there are no ongoing investigations)
- Miscarriage
- Mole(s)
- Molluscum Contagiosum
- Myalgia (Muscular Rheumatism)
- Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)
- Myxoedema
- Nasal Infection
- Nasal Polyp(s)
- Nettle Rash (Hives)
- Neuralgia, Neuritis
- Nosebleed(s)
- Nystagmus
- Obstructive Sleep Apnoea
- Osgood-schlatter's Disease
- Osteochondritis
- Otosclerosis
- Overactive Thyroid
- Parametritis
- Pediculosis
- Pelvic Inflammatory Disease
- Photodermatitis
- Piles
- Pityriasis Rosea
- Post Viral Fatigue Syndrome (if the only symptom is fatigue)
- Pregnancy (provided no complications)
- Prickly Heat
- Prolapsed Uterus (womb)
- Pruritis
- Psoriasis (no hospital admissions or consultations)
- Repetitive Strain Injury
- Retinitis Pigmentosa
- Rhinitis (Allergic)
- Rosacea
- Ruptured Tendons
- Salpingo-oophoritis
- Scabies
- Scalp Ringworm (Tinea Capitis)
- Scheuermann's Disease
- Sebaceous Cyst
- Shingles (Herpes Zoster)
- Shoulder Injury
- Sinusitis
- Skin Ringworm (Tinea Corporis)
- Sleep Apnoea
- Sore Throat
- Sprains
- Stomach Bug (resolved)
- Strabismus (Squint)
- Stress Incontinence
- Synovitis
- Talipes (Club Foot)
- Tendon Injury
- Tennis Elbow
- Tenosynovitis
- Termination of Pregnancy
- Testicles – Epididymitis
- Testicles – Hydrocele
- Testicles – Varicocele
- Testicular Cyst
- Testicular Torsion (Twisted Testicle)
- Throat Infection(s)
- Thrush
- Thyroid – Overactive
- Thyroid Deficiency
- Tinea Capitis (Scalp Ringworm)
- Tinea Corporis (Skin Ringworm)
- Tinea Pedis (Athlete's Foot)
- Tinnitus
- Tonsillitis
- Tooth Extraction
- Toothache
- Torn Ligament
- Torticollis (Wry Neck)
- Trichomycosis
- Trigeminal Neuralgia
- Turner's Syndrome
- Twisted Testicle
- Umbilical Hernia
- Underactive Thyroid
- Undescended Testicle
- Urethritis (fully recovered, no hospital admissions)
- URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
- Urticaria
- Uterine Polyp(s)
- Uterine Prolapse
- Varicocele
- Varicose Veins – legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
- Vasectomy
- Verruca
- Vertigo – provided no disabling episodes
- Vitiligo
- Warts (benign, non-genital)
- Womb Prolapse (uterus)

In addition to any **Medical Condition** shown in the above table, **You** may be automatically accepted for cover if **You** have **ONLY ONE** of the following conditions provided **You** have **NO other Pre-Existing Medical Condition(s)**.

Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):

- There must have been NO hospital admissions within the last 12 months.
- Must NOT affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- Must NOT be awaiting surgery.
- Must have NO lung problems.

Asthma (Wheezing):

- There must have been NO hospital admissions EVER.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must be able to walk 200 yards on the flat without becoming short of breath.

Diabetes Mellitus (Sugar Diabetes):

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no Insulin).
- There must have been NO hospital admissions or diabetic complications EVER.
- Must have been a non-smoker for at least 12 months.

Down's Syndrome:

- There must be NO associated conditions or complications (e.g. congenital heart disease, epilepsy, gastrointestinal abnormalities).

Hypercholesterolaemia (High/Raised Cholesterol):

- No more than 1 medication.
- Must NOT be the inherited form.
- Must have been a non-smoker for at least 12 months.

Hypertension (High Blood Pressure, White Coat Syndrome):

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

Hypotension (Low Blood Pressure):

- Must NOT be associated with any underlying condition.

Osteoporosis (Osteopaenia, Fragile Bones):

- There must have been NO vertebral (backbone) fractures.

If **You** have any other **Pre-Existing Medical Condition(s)** or if the **Medical Condition** does not meet the above criteria or **You** have more than one condition, **You** must contact the Medical Screening Company on 0844 573 4171 to declare **ALL Your Pre-Existing Medical Conditions** to ensure that the cover will meet **Your** needs.

PLEASE NOTE that cover cannot be offered for any **Pre-Existing Medical Condition** if **You**, or any person whose health **Your** travel plans depend:

- are awaiting the results of medical tests or investigations;
- are travelling against the advice of a **Medical Practitioner**;
- are travelling for the purpose of obtaining medical treatment;
- are on a hospital waiting list;
- have been given a terminal prognosis;

Please also note there is no cover for claims arising from any psychological condition (including anxiety, stress, depression, psychiatric or eating disorders, phobias).

MEDICAL HEALTH REQUIREMENTS – PREGNANCY

As is consistent with the treatment of all **Pre-Existing Medical Conditions** under the **Policy**, the **Policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancies) or childbirth. This includes, but is not limited to, delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The **Policy** does, however, cover **You** should complications arise with **Your** pregnancy due to **Accidental** injury or unexpected illness which occurs while on **Your Trip**.

RECIPROCAL HEALTH AGREEMENT:

If **You** intend travelling to European Union countries **We** would advise residents of the **United Kingdom** to obtain a European Health Insurance Card (EHIC) from www.ehic.org.uk or by telephoning: 0300 330 1350, **You** will be issued with a European Health Insurance Card, which will entitle **You** to certain free health arrangements in European Union Countries (full details are given in the DSS leaflet number SA40).

PROPERTY CLAIMS:

These claims are paid based on the value of goods at the time **You** lose them and not on a 'new for old' or replacement cost basis. Wear, tear and depreciation will be deducted. Certain items of personal property are not covered. Police reports are required for all losses involving theft. Other losses require alternative appropriate reports, such as an Airline Property Irregularity Report, a Hotel Manager's report, etc.

POLICY SCHEDULE:

You should read this document carefully. It gives **You** full details of what is and is not covered and the conditions of the cover. Cover will vary from policy to policy and Underwriter to Underwriter.

CONDITIONS, EXCLUSIONS AND WARRANTIES:

Conditions and exclusions will apply to individual sections of **Your Policy**, while general exclusions and conditions will apply to the whole of **Your Policy**. It is important that **You** supply accurate and complete answers are provided to **Us** at the time of taking out this insurance. Failure to do so may result in **Our** treating this Policy as null and void.

COMPUTER DATE RECOGNITION EXCLUSION:

There is limited cover under the **Policy** for claims arising from the failure of computers and other data processing systems to correctly recognise any date as its true calendar date. The exact extent of this exclusion can be ascertained by reading Exclusion 1 of Exclusions Applicable to all Sections of the Insurance contained herein.

DANGEROUS SPORTS OR PASTIMES:

There is no cover under the **Policy** for claims arising from any activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing medical condition, except for those activities specifically identified under section 'Hazardous Activities Included'

PERSONAL LIABILITY:

There is no cover for Personal Liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft or any mechanically propelled conveyance.

POLICY LIMITS:

All sections of **Your Policy** have limits on the amount **We** will pay under that section. There are also specific limits under the Personal Effects and Baggage section for: **Single Items; Valuables**.

POLICY EXCESSES:

Under most sections of the **Policy**, claims will be subject to an **Excess**. The **Excess** will be applied per person, per section and per incident under which a claim is made. This means that **You** will be responsible for the first part of the claim. The amount **You** have to pay is the **Excess**.

REASONABLE CARE/UNATTENDED PROPERTY:

You must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property, as if uninsured. There is no cover for property left **Unattended** in a place to which the general public has access. There is no cover for loss of money which was not carried on **Your** person unless placed in a safety deposit box or similar locked, fixed receptacle.

CANCELLATION:

We hope **You** are happy with the cover this **Policy** provides. However, if after reading this document, this Insurance does not meet with **Your** requirements, please return it to **Your** agent within 14 days of issue and we will refund **Your** premium. Thereafter **You** may cancel the **Policy** at any time, however no refund of premium is payable. Please advise **Your** agent in writing of **Your** desire to do so.

The **Insurer** 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:

- a) Fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions

Provided the premium has been paid in full **You** will be entitled to a proportionate rebate of premium in respect of the unexpired period showing on the insurance.

GOVERNING 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.

COMPLAINTS PROCEDURE:

If **You** have any cause for complaint regarding this Insurance, please refer to the Complaints Procedure on page 39.

ELIGIBILITY

This policy is only available to **You** if:

- **You** are resident in the **United Kingdom**.
- **You** are registered with a **Medical Practitioner** in the **United Kingdom**.
- **You** are in the **United Kingdom** at the time of purchasing this **Policy**.
- **Your Trip** starts and ends in the **United Kingdom**. (Single Trip, Annual Multi Trip and Discovery/Backpacker Cover only).
- **Your Trip** starts in the **United Kingdom** (one way trip only).

CONSUMER INSURANCE ACT

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

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

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

IMPORTANT NOTICE

There is no cover for persons aged 75 years and over at the time of purchase of the **Policy**.

There is no cover for persons aged 70 years and over at the time of purchase of the **Policy** on Annual Multi Trip policies. Medical Expenses and Cancellation and Curtailment related **Excesses** are doubled for persons aged 66 years and over.

There is no cover for persons aged 46 years and over at the time of purchase of the **Policy** on the Discovery/Backpackers policies. On Single Trip policies: Children who have not paid an adult premium will only be insured when accompanied by an adult premium paying person on the same policy.

On Annual Multi Trip policies: Adults and children may travel independently of each other.

This **Policy Schedule** only constitutes a valid Insurance when it is issued in conjunction with a **Validation Certificate** issued between 01.07.2015 and 30.06.2016. Also travel must commence prior to 30.06.2017.

POLICY PERIODS

Policy Type – Single Trip

A single **Trip**, as defined in the **Period of Insurance** on page 11, beginning and ending in the United Kingdom.

Cover for **Trips** within the **United Kingdom** only applies when accommodation has been pre-booked for two or more nights.

Policy Type – One Way Trip

A single outward **Trip**, as defined in the **Period of Insurance** on page 11, beginning in the **United Kingdom**. The **Period of Insurance** shall expire normally or in any event no later than 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Policy Type – Annual Multi Trip

Any number of **Trips**, as defined, subject to the following:

- a maximum duration of 24 days (or 31, 45 or 60 days on payment of additional premium) in any one **Trip**. Cover for **Trips** within **Your** country of domicile only applies when accommodation has been pre-booked for two or more nights.
- **Wintersports** cover is limited to 24 days per **Policy** per year when additional premium is paid unless otherwise stated on **Your Validation Certificate**.

POLICY DEFINITIONS

Wherever the following words or phrases appear within this **Policy** they will always have the same meaning and will appear in **bold**.

Accident/Accidental

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place and independently of all other causes, results directly, immediately and solely in physical bodily injury which results in a Loss. In no event shall the contracting of any disease and/or illness (including, but not limited to heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **Accident**. An event that directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **Accident**.

Act of Terrorism

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

Bodily Injury

Means an identifiable physical injury sustained by **You** caused by sudden, unexpected, external and visible means.

Cancellation Costs

Unused and irrecoverable travel, car hire, excursions and accommodation expenses paid or contracted to be paid by **You** in respect of **Your Trip**.

Cash

Currency notes and coins in circulation.

Close Business Associate

Any person whose absence from business for one or more complete days at the same time as **You** prevents the effective continuation of that business.

Common Law Partner(s)

Any couple (including same sex) in a common law relationship who have cohabited for at least 6 months.

Curtailment Costs

Travel costs necessarily incurred to return **You Home** before the booked return date and a pro rata amount representing the unused and irrecoverable costs of accommodation, car hire and excursions attributable to each complete day which is not spent overseas. This pro rata refund excludes all costs attributable to the outward and return travel tickets, whether used or unused.

Consequential Loss

Any other costs that are directly or indirectly caused by the event which led to **Your** claim unless specifically stated in this **Policy**. For example **Your** loss of earnings as a result of being hospitalised abroad.

Excess

Where applicable, the **Excess** is the first amount of the claim for each person, each section and each incident which is payable by **You**. **Excess** amounts are shown in the Schedule of Cover.

Fragile Articles

Means any item(s) carried as **Your Personal Effects** or baggage which could be easily damaged or destroyed.

Golf Equipment

Golf Clubs, Golf Bags, Golf Shoes, Golf Trolley which are owned by **You**.

Hazardous Activity/Activities

An activity where it is recognised there is an increased risk of injury or can be reasonably expected to exacerbate an existing **Medical Condition**.

Hijack

Means when control of the **Public Transport** **You** are travelling in has been seized by force.

Home

Your usual place of residence in the **United Kingdom** including BFPO addresses for members of the armed forces.

Illness

Any disease or infection which is unexpectedly contracted by **You** prior to **Your Trip** or unexpectedly manifests itself for the first time during **Your Trip**.

Incidental Basis

Your participation in a **Hazardous Activity** on a casual, fortuitous, occasional or minor basis. Sports tours and/or activity holidays would be considered to include participation in **Hazardous Activities** on a non **Incidental Basis**.

Medical Practitioner

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

Mugging

Means a violent, threatening attack by a third party causing actual bodily harm.

Pair or Set

Means two or more items of **Personal Effects** which are complimentary or used or worn together.

Period of Insurance Single Trip/One Way Trip

Under Section A (for Cancellation), insurance is effective from the date shown on the **Validation Certificate** and terminates on commencement of the **Trip**. In respect of all other sections, insurance commences when **You** leave **Your Home** or business (whichever is the later) in the **United Kingdom** to commence the **Trip** described in the territorial limits and shall cease with whichever occurs first of the following:

- The expiry of the **Policy Period** as shown on the **Validation Certificate**;
- **Your** return **Home** as planned, at the end of the **Trip**;
- **Your** first return to the **United Kingdom** prior to the planned return at the end of the **Trip**.

For trips in excess of 4 months duration, one return to the **United Kingdom** is permitted, during which time cover under this **Policy** will be suspended.

The **Period of Insurance** will be extended day by day up to a maximum of 30 days after the expiry of the period stated on the **Validation Certificate** when the return is necessarily delayed as a result of **Your** ill health or failure of **Public Transport** provided that **Our Emergency Assistance Service** has been notified. In respect of one way trips only, the **Period of Insurance** shall cease whichever occurs first of the following: the expiry of the **Policy Period** or 24 hours after the time **You** first leave the immigration control of **Your** final destination country.

Period of Insurance – Annual Multi Trip only

Under Section A (for Cancellation), insurance is effective from the later of either the date of commencement of the **Validation Certificate** or the time at which a **Trip** is booked and terminates with whichever occurs first of the following:

1. The commencement of the **Trip**; or
2. The expiry of the **Policy Period** (being the expiry of 365 days from the date of commencement of the **Policy**).

In respect of all other sections, insurance commences when **You** leave **Your Home** or business in the **United Kingdom** (whichever is the later) to commence the **Trip** described in the territorial limits and shall cease with whichever occurs first of the following:

1. The expiry of the **Policy Period** (being the expiry of 365 days from the date of purchase).
2. **Your** return to **Your Home** as planned, at the end of the **Trip**;
3. **Your** first return to the **United Kingdom** prior to the planned return at the end of the **Trip**; or
4. **Your** period of travel exceeding the period stated on the **Validation Certificate**. (If **Your** period of travel exceeds or was intended to exceed 24 days (or 31, 45 or 60 days as appropriate), then the entire period of travel, including the first 24 days (or 31, 45 or 60 days as appropriate), will not be covered hereunder).

The **Period of Insurance** will be extended day by day up to a maximum of 30 days when the return is necessarily delayed as a result of **Your** ill health or failure of **Public Transport**. Cover extends to each and every **Period of Insurance** up to the maximum duration stated herein for any one **Trip**. (**Wintersports** limited to 24 days per **Policy** per year unless otherwise stated on **Your Validation Certificate**).

Personal Effects

Luggage and clothing (excluding **Golf Equipment**, **Sports Equipment**, **Ski Equipment** and **Valuables**) and other articles which belong to **You** (or for which **You** are legally responsible) which are worn, used or carried by **You** during any **Trip**.

Policy Schedule/Policy

This document which gives **You** full details of what is and is not covered and the conditions of the cover.

Pre-Existing Medical Condition/Medical Condition

Any condition from which **You** or anyone upon whom **Your Trip** depends have suffered from, or received any form of medical advice, treatment or medication within the last twelve months prior to **You** purchasing this insurance policy.

Public Transport

The use of train, bus, coach or ferry services, or scheduled flights, running to a published timetable to join the booked travel itinerary.

Redundancy/Redundant

Means **You** becoming unemployed under the Protection of Employment Act. **You** must have been given a notice of **Redundancy** and be receiving payment under the current **Redundancy** Payments legislation.

The following are not included in the definition:

- Any employment which has not been continuous and with the same employer for at least two years
- any employment which is not on permanent basis
- any employment which is on a short term, fixed contract
- any instance where **You** have reason to believe that **You** would be made **Redundant** at the time of booking **Your Trip** or purchasing this insurance **Policy**.

Relative

Spouse, Parent, Parent-in-law, Step Parents, Step Children, Son, Son-in-law, Daughter, Daughter-in-law, Grandparents, Grandchild, Brother, Brother-in-law, Sister, Sister-in-law, Fiancé(e) or **Common Law Partner**.

Single Item

Any one article, **Pair**, **Set** or collection.

Ski Equipment

Skis, ski sticks, ski bindings, ski boots, snowboard, snowboard bindings and snowboard boots owned by **You**.

Sports Equipment

Those items which are usually worn, carried, used or held during the participation of a sporting activity.

Travelling Companion

Means a person(s) with whom **You** have booked to travel on the same travel itinerary and without whom **Your** travel plans would be impossible.

Trip

A holiday or journey, which starts from **Your Home** to countries within the Territorial Limits for which the appropriate premium has been paid and ends on return to **Your Home**, during the **Period of Insurance**.

Unattended

Means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your Personal Effects**, baggage or vehicle.

United Kingdom

Means England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands including BFPO addresses for members of the armed forces.

Validation Certificate

An insurance **Validation Certificate**, Schedule of Benefits or Tour Operators Booking Invoice used by the Issuing Agent to validate and activate this **Policy Schedule**.

Valuables

Articles made of or containing gold, silver or other precious metals, jewellery, leather goods, animal skins, photographic equipment, electrical and electronic equipment of any kind, video and all audiovisual equipment and their media, telecommunications equipment including mobile phones, telescopes and binoculars, spectacles and sunglasses.

We/Insurer/Our or Us

UK General Insurance Limited on behalf of Ageas Insurance Limited.

Wintersports

Skiing, Off-Piste skiing (except in areas designated as unsafe by resort management), snowboarding with a leash, recreational racing, mono skiing, guided cross country skiing, snow mobiling, snow tubing, snowshoeing (provided the trip is booked in the **United Kingdom** and is part of an organised tour), tobogganing and ice skating.

You/Your/Insured

Any person who is included on the **Policy** having paid the appropriate premium. **Your** shall be held to mean that which relates to **You**.

TERRITORIAL LIMITS

Area 1 **United Kingdom**, Northern Ireland, Isle of Man and Channel Islands

Area 2 Europe including countries west of the Ural Mountains; the Azores; Canary Islands; Iceland; Madeira; Jordan and countries bordering the Mediterranean Sea (excluding Algeria, Lebanon, Israel & Libya)

Area 3* Worldwide excluding USA/Canada

Area 4 Worldwide including USA/Canada

*Includes up to 25% of trip duration in Area 4 up to a maximum of 60 days

HAZARDOUS ACTIVITIES INCLUDED

(All vehicle/watercraft/aircraft related activities exclude Personal Liability)

You are required at all times to wear the appropriate safety equipment for that activity (for example, protective clothing and/or suitable head protection). Please note that a General Exclusion of cover existing under **Your Policy** with **Us** for claims arising directly or indirectly from **Your** "wilful exposure to a peril". This means that **We** will not pay **Your** claim if **You** do not meet this **Policy** condition.

GROUP 1 CASUAL ACTIVITIES

You are automatically covered for these activities provided that the activity is on a casual, unplanned or **Incidental Basis** and not the main purpose of **Your** trip.

- Archery
- Badminton
- Banana/Doughnut Boating
- Basketball
- 1 × Bungee Jump
- Camel Riding
- Canoeing
- Clay Pigeon Shooting
- Conservation/Charity Work (Educational Environment/working with hand tools only)
- Cricket
- Cycling
- Deep Sea Fishing
- Glacier Walking
- Golf
- Hiking/Rambling/Trekking (up to 4,000m)
- Horse Riding (not polo, jumping, or hunting)
- Hot Air Ballooning
- Husky Sledge Riding
- Inshore Sailing (within 12 miles of the coastline)
- Jet boating
- Jet Skiing
- Kayaking (up to Grade 4)
- Kite Surfing over water
- Manual Work (Ground Level, No machinery)
- Motor Cycling or Quad biking up to 50cc

- Mountain Biking
- Netball
- Orienteering
- Parascending over water
- Passenger in small aircraft/helicopter
- Roller Blading
- Running (Sprint/Long Distance)
- Rowing (including training)
- Safaris (Booked in the **United Kingdom**, No firearms)
- Sandboarding
- Scuba Diving to 30m
- Sleigh Riding
- Snorkelling
- Squash
- Surfing
- 1 × Tandem Sky Dive
- Tennis
- Volleyball
- Wake Boarding
- Water Polo
- Water Skiing
- White Water Rafting (Up to Grade 4)
- Wind Surfing

GROUP 2 CASUAL ACTIVITIES

*These activities are covered provided the activity is on a casual, unplanned or **Incidental Basis** and not the main purpose of **Your Trip**. Claims relating to these activities will be subject to 50% reduction in Personal **Accident** Benefits, and Medical Expenses **Excess** increased to £300.*

- Abseiling
- Boxing Training
- Elephant Riding
- Football (Amateur)
- Hiking/Rambling/Trekking 4000m to 6000m)
- Hockey (Amateur)
- Kayaking (over grade 4)
- Martial Arts Training
- Motor Cycling or Quad biking up to 125cc
- Netball (Amateur)
- Rugby (Amateur)
- Safaris (booked locally, no firearms)
- White Water Rafting (Grades 5 & 6)

GROUP 3 REGULAR ACTIVITIES

*These activities are covered when participation is on a regular, non-casual basis or are the main purpose of **Your Trip**. Claims relating to these activities will be subject to a 50% reduction in Personal **Accident** cover and Medical Expenses **Excess** increased to £300.*

- Bar Work
- Charity/Conservation work working with hand tools only
- Cycling (Touring)
- Fruit Picking
- Go Karting
- Golf*
- Husky Sledge Riding
- Inshore Sailing
- Jogging
- Kayaking (Up to Grade 4)
- Marathons
- Mountain Bike Touring
- Regular Horse Riding/Pony Trekking
- Sailing Holidays (No air-sea rescue, within 12 miles of the coastline)
- Scuba Diving to 30m
- Snow Park Activities** (provided **Wintersports** premium paid)
- Supervised overland Safaris (Booked in the **United Kingdom**, No firearms)
- Surfing
- Sleigh Riding
- Trekking/Rambling/Hiking (Up to 6,000m)

* Activity NOT subject to a 50% reduction in Personal Accident cover and Medical Expenses Excess not subject to an increase.

** Activities include small and medium jumps up to 30 feet, pipes, boxes and rails.

SKI & WINTERSPORTS ACTIVITIES

Cover for **Wintersports** will be included when the appropriate premium has been paid.

Skiing, Off Piste Skiing (except areas designated as unsafe by resort management), Snowboarding with a leash, Recreational Racing, Mono Skiing, Guided Cross Country Skiing, Snow Mobiling, Snow Tubing, Snowshoeing (Provided **Trip** booked in the **United Kingdom** and is part of an organised tour), Tobogganing and Ice Skating.

MOTORCYCLING

Cover for motorcycling (riding own motorcycles only and excluding trial/track riding or racing) up to 1500cc will be included when the appropriate premium has been paid.

Cover for motorcycling (riding own motorcycles only and excluding trial/track riding or racing) from 1501cc to 1800cc will be included when the appropriate premium has been paid subject to the rider being over 35 years of age and have at least two years experience of riding a comparable motorcycle.

There is no cover for Section I – Personal Accident or Section J – Personal Liability motorcycle related claims.

THE INSURER

Master Policy arranged by Crispin Speers & Partners Ltd under Master Policy Number CSP15MPTX769 with UK General Insurance Limited on behalf of:

Ageas Insurance Limited, Registered in England No. 354568.

Registered Office: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

Section A4 Scheduled Airline Failure is provided by International Passenger Protection Limited, IPP House, 22–26 Station Road, West Wickham, Kent BR4 0PR, United Kingdom and is underwritten by Certain Underwriters at Lloyd's.

Travel Insurance Agencies Ltd, Crispin Speers & Partners Ltd and UK General Insurance Limited are authorised and regulated by the Financial Conduct Authority.

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

This can be checked on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by calling them on 0800 111 6768.

SCHEDULE OF COVER – TRAVEL BOND & ANNUAL MULTI TRIP

TRAVEL BOND & ANNUAL MULTI TRIP

Section	Basic (TravelBond only)	Light	Standard	Premier	Excess (per insured)
A1 Cancellation and Curtailment	No Cover	Up to £3,000	Up to £3,000	Up to £5,000	£75*
A2 Catastrophe Cover	No Cover	No Cover	Up to £1,000	Up to £1,000	£75
A3 Withdrawal of Services	No Cover	£50 per day up to £250	£50 per day up to £250	£50 per day up to £250	N/A
A4 Scheduled Airline Failure	No Cover	Up to £3,000	Up to £3,000	Up to £5,000	N/A
B Medical Expenses	Up to £10,000,000	Up to £10,000,000	Up to £10,000,000	Up to £10,000,000	£100*
C1 Hospital Benefit	No Cover	No Cover	£30 per day up to £900	£50 per day up to £1,000	N/A
C2 Mugging Benefit	No Cover	£40 per day up to £400	£40 per day up to £400	£50 per day up to £500	N/A
D Personal Effects and Baggage	No Cover	No Cover	Up to £1,500	Up to £2,000	£75
Single Item Limit	-	-	Up to £500	Up to £500	-
Valuables Limit in total	-	-	Up to £500	Up to £500	-
Travel Documents	-	-	Up to £250	Up to £250	-
Delayed Baggage	-	-	£50 per day up to £150	£50 per day up to £150	-
E Personal Money	No Cover	No Cover	Up to £500	Up to £750	£75
Cash Limit	-	-	Up to £200	Up to £250	-
Cash (aged under 18)	-	-	Up to £50	Up to £100	-
F1 Travel Delay	No Cover	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	N/A
F2 Holiday Abandonment	No Cover	Up to £3,000	Up to £3,000	Up to £5,000	£75
F3 Additional Expenses	No Cover	Up to £800	Up to £800	Up to £1,000	N/A
F4 Pet Care	No Cover	No Cover	£10 per day up to £100	£10 per day up to £100	N/A
G Hijack	No Cover	£50 per day up to £500	£50 per day up to £500	£50 per day up to £500	N/A
H Missed Departure	No Cover	Up to £800	Up to £800	Up to £1,000	£75
I Personal Accident	No Cover	Max. Benefit £10,000	Max. Benefit £20,000	Max. Benefit £20,000	N/A
Loss of limbs or sight (up to and including 69)	-	£10,000	£20,000	£20,000	-
Permanent Total Disablement	-	£10,000	£20,000	£20,000	-
Death benefit (aged 18-65)	-	£5,000	£10,000	£10,000	-
Death benefit (aged 66-69)	-	£2,500	£2,500	£2,500	-
Death benefit (aged under 18)	-	£2,500	£2,500	£2,500	-
J Personal Liability	Up to £1,000,000	Up to £2,000,000	Up to £2,000,000	Up to £2,000,000	£100
K Legal Expenses	Up to £15,000	Up to £15,000	Up to £15,000	Up to £25,000	£250

* Medical Expenses and Cancellation and Curtailment related Excesses are doubled for persons aged 66 and over.

SCHEDULE OF COVER – TRAVEL BOND & ANNUAL MULTI TRIP continued

Section	Basic (TravelBond only)	Light	Standard	Premier	Excess (per insured)
WINTER SPORTS					
Wintersports Cover (Effected when additional premium is paid)					
L Ski Equipment	No Cover	No Cover	Up to £500	Up to £1,000	£75
Owned	No Cover	No Cover	Up to £500	Up to £500	-
Single Item Limit – Owned	No Cover	No Cover	Up to £250	Up to £250	-
Hired	No Cover	No Cover	Up to £250	Up to £250	-
M Ski Hire	No Cover	No Cover	£20 per day up to £200	£20 per day up to £200	N/A
N Ski Pack	No Cover	No Cover	£75 per day up to £300	£75 per day up to £300	N/A
O Piste Closure	No Cover	No Cover	£20 per day up to £200	£20 per day up to £200	N/A
P Avalanche Closure	No Cover	No Cover	Up to £250	Up to £250	£75
BUSINESS COVER					
Business Cover (when additional premium is paid)					
Q1 Business Equipment	No Cover	No Cover	Up to £2,000	Up to £2,000	£75
Single Item Limit	-	-	Up to £500	Up to £500	-
Computer Equipment single item limit	-	-	Up to £1,500	Up to £1,500	-
Samples	-	-	Up to £500	Up to £500	-
Delayed Business Equipment	-	-	£100 per day up to £300	£100 per day up to £300	-
Emergency Courier of Essential Business Equipment	-	-	Up to £500	Up to £500	-
Q2 Business Equipment Hire	No Cover	No Cover	£150 per day up to £750	£150 per day up to £750	£75
Q3 Business Money	No Cover	No Cover	Up to £1,000	Up to £1,000	£75
Cash Limit	-	-	Up to £500	Up to £500	-
Q4 Employee Replacement	No Cover	No Cover	Up to £1,000	Up to £1,000	£75
GOLF COVER					
Golf Cover (when additional premium is paid)					
R1 Golf Equipment	No Cover	No Cover	Up to £1,000	Up to £1,000	£75
Single Article Limit – Owned	No Cover	No Cover	Up to £250	Up to £250	-
R2 Golf Hire	No Cover	No Cover	£25 per day up to £150	£25 per day up to £150	N/A
R3 Green Fees	No Cover	No Cover	£50 per day up to £300	£50 per day up to £300	N/A
PHOTO					
Photographic Equipment Extension (When additional premium is paid)					
S1 Photographic Equipment	No Cover	No Cover	Up to £1,000	Up to £1,000	£75
CRUISE COVER					
Cruise cover (when additional premium is paid)					
T1 Missed Port Departure	No Cover	No Cover	No Cover	Up to £1,000	£75
T2 Cabin Confinement	No Cover	No Cover	No Cover	£100 per day up to £500	N/A
T3 Itinerary Change	No Cover	No Cover	No Cover	£100 per day up to £500	N/A
T4 Unused Excursions	No Cover	No Cover	No Cover	Up to £500	£75
T5 Cruise Interruption	No Cover	No Cover	No Cover	Up to £1,000	£75

* Medical Expenses and Cancellation and Curtailment related Excesses are doubled for persons aged 66 and over.

The Excess is the first amount of the claim for each person, each section and each incident which is payable by You.

All the Excess amounts are shown in the Schedule of Cover.

All Excesses are doubled if discount applied as shown on Your Validation Certificate.

Section D Personal Effects and Baggage not covered if discount applied as shown on Your Validation Certificate.

SCHEDULE OF COVER – DISCOVERY/BACKPACKERS

DISCOVERY POLICIES

Section	Basic	Light	Standard	Premier	Excess (per insured)
A1 Cancellation and Curtailment	No Cover	Up to £1,500	Up to £1,500	Up to £3,000	£100
A2 Catastrophe Cover	No Cover	No Cover	No Cover	Up to £1,000	£100
A3 Withdrawal of Services	No Cover	£25 per day after 48 hours up to £250	£25 per day after 48 hours up to £250	£50 per day up to £250	N/A
A4 Scheduled Airline Failure	No Cover	Up to £1,500	Up to £1,500	Up to £3,000	N/A
B Medical Expenses	Up to £5,000,000	Up to £5,000,000	Up to £5,000,000	Up to £10,000,000	£125
C1 Hospital Benefit	No Cover	No Cover	£25 per day up to £250	£30 per day up to £1,000	N/A
C2 Mugging Benefit	No Cover	£20 per day up to £200	£20 per day up to £200	£50 per day up to £500	N/A
D Personal Effects and Baggage	No Cover	No Cover	Up to £1,000	Up to £2,000	£100
Single Item Limit	-	-	Up to £250	Up to £500	-
Valuables Limit in total	-	-	Up to £250	Up to £500	-
Travel Documents	-	-	Up to £200	Up to £250	-
Delayed Baggage	-	-	£25 per day up to £75	£50 per day up to £150	-
E Personal Money	No Cover	No Cover	Up to £200	Up to £500	£100
Cash Limit	-	-	Up to £100	Up to £250	-
Cash (aged under 18)	-	-	Up to £50	Up to £100	-
F1 Travel Delay	No Cover	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	£20 for the first 12 hour period £20 for each additional 12 hour period up to £300	N/A -
F2 Holiday Abandonment	No Cover	Up to £1,500	Up to £1,500	Up to £3,000	£100
F3 Additional Expenses	No Cover	Up to £800	Up to £800	Up to £1,000	N/A
F4 Pet Care	No Cover	No Cover	No Cover	£10 per day up to £100	N/A
G Hijack	No Cover	£25 per day up to £250	£25 per day up to £250	£50 per day up to £500	N/A
H Missed Departure	No Cover	Up to £800	Up to £800	Up to £1,000	£100
I Personal Accident	No Cover	Max. Benefit £10,000	Max. Benefit £10,000	Max. Benefit £20,000	N/A
Loss of limbs or sight	-	£10,000	£10,000	£20,000	-
Permanent Total Disablement	-	£10,000	£10,000	£20,000	-
Death benefit (aged 18-45)	-	£5,000	£5,000	£10,000	-
Death benefit (aged under 18)	-	£2,500	£2,500	£2,500	-
J Personal Liability	Up to £1,000,000	Up to £2,000,000	Up to £2,000,000	Up to £2,000,000	£100
K Legal Expenses	Up to £15,000	Up to £15,000	Up to £15,000	Up to £25,000	£250

SCHEDULE OF COVER – DISCOVERY/BACKPACKERS continued

Section	Basic	Light	Standard	Premier	Excess (per insured)
WINTER SPORTS					
Wintersports Cover (Effectual when additional premium is paid)					
L Ski Equipment	No Cover	No Cover	Up to £500	Up to £500	£100
Owned	No Cover	No Cover	Up to £500	Up to £500	-
Single Item Limit – Owned	No Cover	No Cover	Up to £250	Up to £250	-
Hired	No Cover	No Cover	Up to £250	Up to £250	-
M Ski Hire	No Cover	No Cover	£20 per day up to £200	£20 per day up to £200	N/A
N Ski Pack	No Cover	No Cover	£75 per day up to £300	£75 per day up to £300	N/A
O Piste Closure	No Cover	No Cover	£20 per day up to £200	£20 per day up to £200	N/A
P Avalanche Closure	No Cover	No Cover	Up to £250	Up to £250	£100
BUSINESS COVER					
Business Cover (when additional premium is paid)					
Q1 Business Equipment	No Cover	No Cover	No Cover	No Cover	N/A
Single Item Limit	-	-	-	-	-
Computer Equipment single item limit	-	-	-	-	-
Samples	-	-	-	-	-
Delayed Business Equipment	-	-	-	-	-
Emergency Courier of Essential Business Equipment	-	-	-	-	-
Q2 Business Equipment Hire	No Cover	No Cover	No Cover	No Cover	N/A
Q3 Business Money	No Cover	No Cover	No Cover	No Cover	N/A
Cash Limit	-	-	-	-	-
Q4 Employee Replacement	No Cover	No Cover	No Cover	No Cover	N/A
GOLF COVER					
Golf Cover (when additional premium is paid)					
R1 Golf Equipment	No Cover	No Cover	No Cover	Up to £1,000	£100
Single Article Limit – Owned	-	-	-	Up to £250	-
R2 Golf Hire	No Cover	No Cover	No Cover	£25 per day up to £150	N/A
R3 Green Fees	No Cover	No Cover	No Cover	£50 per day up to £300	N/A
PHOTO					
Photographic Equipment Extension (When additional premium is paid)					
S1 Photographic Equipment	No Cover	No Cover	Up to £1,000	Up to £1,000	£100
CRUISE COVER					
Cruise cover (when additional premium is paid)					
T1 Missed Port Departure	No Cover	No Cover	No Cover	Up to £1,000	£75
T2 Cabin Confinement	No Cover	No Cover	No Cover	£100 per day up to £500	N/A
T3 Itinerary Change	No Cover	No Cover	No Cover	£100 per day up to £500	N/A
T4 Unused Excursions	No Cover	No Cover	No Cover	Up to £500	£75
T5 Cruise Interruption	No Cover	No Cover	No Cover	Up to £1,000	£75

SECTION A1 CANCELLATION AND CURTAILMENT CHARGES

What You Are Covered For:

If **Your Trip** is cancelled or curtailed due to any one of the reasons listed below occurring to **You** and **You** have to cancel or curtail **Your Trip**, during the **Period of Insurance**, the **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover:

Cancellation

For **Cancellation Costs** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.

Curtailment

For **Curtailment Costs** which are foregone and which are not recoverable.

Reasons for Cancellation and Curtailment:

- a) death, **Accidental Bodily Injury** or **Illness**, occurring during the **Period of Insurance**, to **You**, **Your Travelling Companion**, a **Relative** or **Close Business Associate** of **Yours** or **Your Travelling Companion**, or the person with whom **You** have arranged to stay whilst on the **Trip**;
- b) jury service, witness call or compulsory quarantine;
- c) **Accident** involving **Your** vehicle within 7 days prior to the intended date of departure (applicable to self drive holidays only);
- d) **Your** posting overseas or emergency and unavoidable requirements of duty of Armed Forces, Police, Fire, Nursing or Ambulance Services;
- e) **Your Redundancy**, notified during the **Period of Insurance**, which qualifies for payment under the Redundancy Payments Act;
- f) **Accidental** damage to **Your Home** rendering it uninhabitable or the Police requiring **Your** presence following a burglary at **Your Home** within 7 days prior to the commencement of **Your Trip**;
- g) **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office (FCO) or the World Health Organisation has advised the public not to travel within 14 days of departure;
- h) (**In respect of Discovery Policy only**) as a result of a failed university (or equivalent) examination recognised by an approved examining body, provided that the date of issue of the **Policy** precedes all examination dates relating to the failed course or exam;

What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising from any **Pre-Existing Medical Condition** if **You** or any person upon whom **Your Trip** depends:
 - a) are awaiting the results of medical tests or investigations;
 - b) are travelling against the advice of a **Medical Practitioner**;
 - c) are travelling for the purpose of obtaining medical treatment;
 - d) are on a hospital waiting list;
 - e) have been given a terminal prognosis.
3. claims arising from an undisclosed **Pre-Existing Medical Condition(s)** that was required to be advised to **Our** Medical Screening Company in accordance with the criteria details in Health Conditions on page 5.
4. claims arising from a **Pre-Existing Medical Condition(s)** which is specifically advised as excluded in Health Conditions on page 5.
5. claims for any costs associated with unused timeshare property, airmiles or other like promotions.
6. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing **Cancellation** or **Curtailment**.

7. claims arising where **You** have not been able to receive the necessary inoculations or vaccinations or obtain necessary visas or passports.
8. claims for travel expenses for **You** to travel to the **United Kingdom** (or final destination country), when **You** did not possess return travel tickets.
9. claims arising from FCO or World Health Organisation advices which was notified at the time the insurance was purchased or booking **Your Trip** in respect of Annual Multi Trip.
10. an additional amount of £100 in respect of any cancellation or curtailment claim arising as a result of section A1 (h).
11. any losses arising from unlawful or criminal proceedings against **You** or any person **You** are travelling with.
12. any unused portion of **Your** original tickets where repatriation has occurred.
13. disinclination to travel.
14. death, injury or illness of pets and animals.
15. late arrival after check in time. This also extends to delays in connecting flights.
16. any losses due to **Your** personal financial situation other than as described under A1 (e).

SPECIAL NOTE: It is a condition of this section that any claim for Cancellation be advised as soon as possible to Direct Group Travel Services and a claim form requested. Curtailment for any reason must be authorised by Our Emergency Assistance Service, following written confirmation from the treating Medical Practitioner if IT IS MEDICALLY NECESSARY THAT YOU CURTAIL YOUR TRIP.

SECTION A2 CATASTROPHE

What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover in respect of additional travel and accommodation expenses necessary to continue **Your Trip** or, in the event that this is impossible, **Your** return **Home** if **You** are forced to relocate from **Your** pre-booked accommodation as a result of a Natural Catastrophe (which means: fire, lightning, explosion, earthquake, storm, tempest, hurricane or flood).

What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims which are not substantiated by a written report from the local or national authority who ordered **Your** relocation confirming the exact cause of **Your** relocation.
3. any costs or expenses payable by or recoverable from **Your** tour operator, airline, hotel or other provider of accommodation.
4. any costs or expenses if **You** decide not to remain in **Your** booked accommodation, although it is considered safe and acceptable to continue staying there.

SECTION A3 WITHDRAWAL OF SERVICES

What You Are Covered For:

The **Insurer** will pay **You** the amount shown in the Schedule of Cover for each and every completed period of 24 hours where, due to strike or industrial action, **Your** pre booked hotel completely withdraws the following:

- i. water or electrical facilities; or
- ii. swimming pool facilities; or
- iii. kitchen services to the extent that no food is available; or
- iv. chambermaid facilities.

✗ What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. claims which are not substantiated by a written report from the tour representative and/or hotel confirming the exact length, nature and cause of the disruption.
2. claims arising from strike or industrial action which was notified at the time the insurance was purchased.
3. claims for services not normally available prior to any strike or industrial action.

SECTION A4 SCHEDULED AIRLINE FAILURE

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown on the Schedule of Cover for each person named on the **Validation Certificate** and on the airline ticket for:

1. Irrecoverable sums paid in advance in the event of insolvency of the scheduled airline provider not forming part of an inclusive holiday prior to departure; or
2. In the event of insolvency after departure:
 - a) additional pro rata costs incurred by **You** in replacing that part of the flight arrangements to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements; or
 - b) if curtailment of the holiday is unavoidable – the cost of return flights to the **United Kingdom** to a similar standard of transportation as enjoyed prior to the curtailment of the travel arrangements.

PROVIDED THAT in the case of A4.2 (a) and A4.2 (b) above where practicable **You** shall have obtained the approval the approval of IPP prior to incurring the relevant costs by contacting IPP as set out under the Claims Procedure.

✗ What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. Scheduled flights not booked within the **United Kingdom**.
2. any costs resulting from the insolvency of:
 - a) any scheduled airline which is insolvent or in respect of which any prospect of insolvency is known at the date this Insurance was purchased.
 - b) any scheduled airline that is bonded or insured elsewhere (even if the bond is insufficient to the meet the claim).
 - c) any scheduled airline in Chapter 11, its equivalent or threat of insolvency being known as at the date this Insurance was purchased.
3. any loss for which a third party is liable or which can be recovered by other legal means.
4. any losses which are not directly associated with the incident that caused **You** to claim. For example, loss due to being unable to reach a pre- booked hotel, villa, car hire or cruise following the financial failure of an airline.

SECTION B MEDICAL EXPENSES AND EMERGENCY REPATRIATION

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover in respect of the following expenses necessarily incurred as a result of **You** sustaining **Accidental Bodily Injury** or **Illness** or **Your** death:

1. **Medical Expenses**
 - a. cost of medical, surgical or hospital treatment (including emergency dental treatment up to £200 for the immediate relief of pain only) and emergency ambulance costs. The **Insurer** reserves the right to repatriate when, in the opinion of the **Medical Practitioner** in attendance and the **Insurer's** Medical Advisors, **You** are fit to travel.
 - b. cost of transporting **Your** remains to the **United Kingdom**, or the reasonable cost of funeral in the country where death occurs, up to £3,000.

- c. reasonable additional transportation and accommodation room only costs (up to £1,000 per person for accommodation room only) incurred by **You** and any one person travelling with **You**, as a result of **You** receiving medical advice from the **Medical Practitioner** in attendance and the **Insurer's** Medical Advisors that **You** originally planned return journey to the **United Kingdom** is impossible due to medical reasons. (Payment shall be based upon the average cost of transportation and accommodation incurred prior to the originally planned return date).

2. Emergency Repatriation

- a. the cost of **Your** return to the **United Kingdom** by medically appropriate means where, in the opinion of **Our Emergency Assistance Service**, such return is medically necessary.

X What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** (unless **You** use a European Health Insurance Card which successfully reduces the amount of the claim by more than **Your Excess** amount) as shown in the Schedule of Cover.
2. claims arising from any **Pre-Existing Medical Condition** if **You** or any person upon whom **Your Trip** depends:
 - a) are awaiting the results of medical tests or investigations;
 - b) are travelling against the advice of a **Medical Practitioner**;
 - c) are travelling for the purpose of obtaining medical treatment;
 - d) are on a hospital waiting list;
 - e) have been given a terminal prognosis;
3. claims arising from an undisclosed **Pre-Existing Medical Condition(s)** that was required to be advised to **Our Medical Screening Company** in accordance with the criteria details in Health Conditions on page 5.
4. claims arising from a **Pre-Existing Medical Condition(s)** which is specifically advised as excluded in Health Conditions on page 5.
5. claims arising for treatment or surgery which, in the opinion of the **Insurer's** Medical Advisors, is not essential or can reasonably be delayed until **Your** return to the **United Kingdom**.
6. claims arising from the additional costs of single or private hospital accommodation.
7. claims arising from medical treatment of any kind received in the **United Kingdom**.
8. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **Medical Practitioner**.
9. claims arising from medical treatment of any kind occurring after **You** have refused the offer of repatriation when, in the opinion of the **Insurer's** Medical Advisor, **You** are fit to travel.
10. claims arising in respect of physiotherapy treatment and other associated treatments, except as part of an ongoing treatment program for a serious injury which, in the opinion of the **Insurer's** Medical Advisors, cannot reasonably be delayed until **Your** return **Home**.
11. claims in respect of expenses arising from **You** not possessing return travel tickets.
12. claims arising from anxiety, stress, depression, or any other mental or nervous disorder.

SPECIAL NOTES: In the event of You dying, being involved in an Accident, being admitted to hospital, or curtailing for medical reasons Our Emergency Assistance Service must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify Our Emergency Assistance Service will prejudice the Insurer and will result in the Insurer's non acceptance of liability of such claims.

If **You** are travelling to countries within the European Union (EU), the European Economic Area (EEA) or Switzerland **You** are advised to obtain a European Health Insurance Card (EHIC). **You** can apply online through www.ehic.org.uk or by telephoning 0300 330 1350 . This will entitle **You** to benefit from reciprocal health care arrangements which exist between countries within the EU, EEA or Switzerland.

Should **You** require medical treatment in Australia, **You** must enroll with MEDICARE. It is not necessary to enroll on arrival. **You** can simply do this on the first occasion **You** receive treatment. In patient and out patient treatment at a public hospital is then available free of charge.

It is a condition of **Your** Policy that **You** mitigate costs to the **Insurer**.

Should You be admitted to hospital then immediate contact must be made with Our Emergency Assistance Service and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided. Wherever possible, give all such information and assistance as the Insurer may require.

SECTION C1 HOSPITALISATION BENEFIT

This is separate from Medical Expenses Cover

✔ What You Are Covered For:

The Insurer will pay **You** the amount shown in the Schedule of Cover for each and every completed period of 24 hours for which **You** are an in patient in a hospital abroad, as a direct result of **You** sustaining **Accidental Bodily Injury** or **Illness** which is covered under Section B.

SECTION C2 MUGGING BENEFIT

✔ What You Are Covered For:

The Insurer will pay **You** the amount shown in the Schedule of Cover if **You** receive in patient hospital treatment, which is covered under Section B, as a direct result of a **Mugging**.

SPECIAL NOTE TO SECTION C1 HOSPITALISATION BENEFIT AND SECTION C2 MUGGING BENEFIT

Please note that **You** can only claim under section C1 or Section C2 for the same incident.

SECTION D PERSONAL EFFECTS & BAGGAGE

✔ What You Are Covered For:

✔ **Lost, Stolen or Damaged** The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover, for the value of personal property taken or purchased on the **Trip** by **You** which is accidentally lost, stolen or damaged.

✔ **Travel Documents** The **Insurer** will reimburse **You** up to the maximum as shown in the Schedule of Cover for the value of Travel Documents (passport, green card, travel tickets, visas, accommodation vouchers and petrol coupons) held by **You** which are lost or stolen (and reasonable expenses directly consequential upon any such loss).

✔ **Baggage Delay** The **Insurer** will reimburse **You** for the cost of purchase of necessities, up to the amount shown in the Schedule of Cover should baggage be delayed or lost in transit on the outward journey for more than 24 hours. Payment made under this heading will be set against the amount of claim arising if the baggage is permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation calculated as follows:

- Up to one year old – 85% of purchase price
- Up to two years old – 70% of purchase price
- Up to three years old – 50% of purchase price
- Up to four years old – 25% of purchase price
- Up to five years old – 10% of purchase price
- Over five years old – nil

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. wear, tear and depreciation of the article(s) as shown above.
3. claims arising from breakage of **Fragile Articles** unless caused by fire or **Accident** to a vehicle.

4. claims arising for loss, theft or damage to prams, buggies, wheelchairs, pedal cycles, motor vehicles, marine or diving equipment and craft, surfboards or related equipment or fittings of any kind.
5. claims arising from damage caused by leakage of powder or liquid carried within **Personal Effects** or baggage.
6. claims arising for **Cash** (see Section E), cheques, travellers cheques, stamps and contact lenses.
7. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
8. claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required.
9. claims arising for breakage of **Sports Equipment** whilst in use (unless **Ski Equipment** and appropriate **Wintersports** cover has been effected).
10. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
11. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading.
12. claims arising for loss or damage of dentures or bridgework, artificial limbs or hearing aids of any kind.
13. claims arising from property left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
14. claims arising for loss, theft or damage of items from an **Unattended** motor vehicle, unless taken from a locked enclosed boot or concealed by the parcel shelf or luggage cover in the fixed position in a hatchback or estate vehicle between 8am and 8pm local time and there is evidence of forced entry which is confirmed by an official written Police report.
15. claims arising for loss or damage to items carried on a vehicle roof rack.
16. claims arising for loss, theft or damage to **Valuables** which at the time of such loss, theft or damage were located in checked-in luggage or an **Unattended** motor vehicle.

SECTION E PERSONAL MONEY

What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover in respect of the loss or theft of **Cash** or travellers cheques which is **Your** property and carried on **Your** person or placed in a locked safety deposit box or similar locked, fixed receptacle. (A reduced limit applies as shown in the Schedule of Cover, for children under 18 unless an adult premium has been paid). Cover for **Cash** is limited to the **Cash** limit as shown in the Schedule of Cover.

What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
3. claims for loss which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained).
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
5. claims arising from shortages due to error, omission or depreciation in value.
6. claims arising for loss or theft to **Cash** which at the time of such loss or theft was located in checked-in luggage or an **Unattended** motor vehicle.
7. any loss of travellers cheques or cheques not immediately reported to the local bank or agent of the supplier in accordance with their instructions.
8. any loss resulting from the loss or theft of credit cards.

SECTION F1 AND F2 TRAVEL DELAY AND HOLIDAY ABANDONMENT

✔ What You Are Covered For:

In the event of a delay of **Your booked** first outward flight, rail or sea trip from the **United Kingdom** or booked final inbound flight, rail or sea trip to the **United Kingdom** due to:

- (a) strike, or
- (b) industrial action, or
- (c) adverse weather conditions, or
- (d) mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel;

the **Insurer** will pay **You** as follows:

1. Travel Delay

The amount shown in the Schedule of Cover for the first 12 hour period of delay and an additional amount for each full 12 hour period of delay thereafter, up to the maximum amount shown in the Schedule of Cover, providing always that **You** obtain from the carrier a written statement confirming the length and exact nature of the delay.

2. Holiday Abandonment

If the holiday or journey is necessarily cancelled following a delay of not less than 24 hours beyond the scheduled departure time on **Your** first booked outward flight, rail or sea **Trip** from the **United Kingdom** (and written confirmation obtained from the carrier), the **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for unused and irrecoverable travel accommodation expenses paid or contracted to be paid by **You** in respect of **Your** own **Trip** (prior to any occurrence giving rise to a claim under this section). No claim shall be made under both Travel Delay and Holiday Abandonment.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover (Holiday Abandonment only).
2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased or booking each **Trip** in respect of Annual Multi-Trip policies.
3. **Your** failure to check in at the airport, railway station or port in accordance with the travel itinerary supplied to **You**.
4. Any losses if **You** fail to obtain written confirmation from the airline or shipping or rail or coach line or their agents showing the period and reasons for a cancellation or delay.
5. Any losses arising from a delay ordered by any government, the Civil Aviation Authority or official government body.
6. Any travel delay benefit if **You** elect to take an alternative route within 12 hours of the delay occurring, and seek indemnity under Section F3 of this Insurance.

SECTION F3 ADDITIONAL EXPENSES

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover for reasonable additional accommodation and travelling expenses necessarily incurred by **You** for travel by an alternative route on **Your** outward journey to reach **Your** booked holiday destination or homeward journey to reach **Your Home** as a result of **Your** scheduled **Public Transport** being cancelled or delayed for more than 12 hours due to hijack, riot, civil commotion, adverse weather conditions, mechanical breakdown or industrial action.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. claims arising from cancellation or delay caused by strike or industrial action if already notified at the time the insurance was purchased and/or booking each **Trip** in respect of Annual Multi Trip policies.

2. any losses if **You** fail to obtain written confirmation from the airline or shipping or rail or coach line or their agents showing the period and reasons for the cancellation or delay.

SECTION F4

PET CARE

What You Are Covered For:

In the event of a delay of more than 12 hours to **Your** final planned inbound flight, rail or sea trip to the **United Kingdom** due to:

- (a) strike, or
- (b) industrial action, or
- (c) adverse weather conditions, or
- (d) mechanical breakdown of or a technical fault occurring in the scheduled **Public Transport** on which **You** are booked to travel;

the **Insurer** will pay **You** up to the amount stated in the Schedule of Cover in respect of additional kennel and/or cattery fees necessarily incurred as a direct result of the delay.

What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. claims not substantiated by a written report from the carrier stating the length and exact nature of the delay.
2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased or booking each **Trip** in respect of Annual Multi-Trip policies.

SECTION G

HIJACK

What You Are Covered For:

The **Insurer** will pay **You** the amount shown in the Schedule of Cover for each and every completed period of 24 hours in the event of **Hijack** of the **Public Transport** on which **You** are travelling.

What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. claims not substantiated by a Police report confirming the length and exact nature of the incident.

SECTION H

MISSED DEPARTURE

What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **You** are unable to reach the International point of departure of the booked travel itinerary on the initial outward journey from the **United Kingdom** or final return journey to the **United Kingdom** as a consequence of the failure of **Public Transport** services or the **Accident**/breakdown of a private motor car in which **You** are travelling.

What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising as a result of **You** not having taken reasonable steps to complete the journey to the departure point on time.

3. claims arising from the failure of **Public Transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point.
4. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown.
5. claims arising from vehicle breakdown that are not substantiated by a written report from a rescue service or garage.
6. any repair costs to the vehicle in which **You** are travelling in as a result of a mechanical breakdown or **Accident**.
7. any **Accident** involving a motor vehicle, which was the reason for the delay, which cannot be substantiated by the police or a motoring organisation.

SECTION I PERSONAL ACCIDENT

This is separate from Medical Expenses Cover

Special Definitions (*which are shown in italics*)

Loss of limb

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

Loss of sight

- means total and irrecoverable loss of sight which shall be considered as having occurred:
 - a) in both eyes if **Your** name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist and
 - b) in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen scale.

Permanent Total Disablement

- means a physical or mental impairment that has a substantial and long-term adverse effect on **Your** ability to carry out any form of employment and at least three of the following normal day to day activities:
 - Dressing and undressing.
 - Personal hygiene.
 - Getting up and down a flight of stairs.
 - Getting in and out of a bed or chair.
 - General household duties including cleaning, ironing or shopping.

We will consider that **You** are unable to perform an activity when the following applies:

- **You** are unable to perform the activity even with the use of equipment and;
- **You** always need the help of another person to perform the activity.

What You Are Covered For:

We will pay one of the benefits as shown in the Schedule of Cover if **You** sustain **Bodily Injury** which shall solely and independently of any other cause, result within two years in **Your** death, loss of *limb, loss of sight or permanent total disablement*.

What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. Claims arising directly or indirectly as a result of **Your** failure to comply with the Health Conditions.

SPECIAL CONDITIONS:

1. **Our Medical Practitioner** may examine **You** as often as **We** deem necessary in the event of a claim.
2. Under *Permanent Total Disablement*, **You** need to be in receipt of the applicable disability benefit from **Your** local government body.
3. Under *Permanent Total Disablement*, **You** need to be certified by **Our Medical Practitioner** that there is no likelihood of an improvement in **Your** condition.

Provisions

1. Benefit is not payable to **You**:
 - a) Under more than one item shown in the Schedule of Benefits under this section. Please note that different payment amounts relate to different age groupings. Full details are confirmed within the Schedule of Benefits.
 - b) Under *permanent total disablement* until 24 continuous calendar months after the date **You** sustain **Bodily Injury**
 - c) Under *permanent total disablement* if **You** are able or may be able to carry out any relevant employment or relevant occupation.
2. The death benefit will be paid into the deceased's estate.

SECTION J PERSONAL LIABILITY

✔ **What You Are Covered For:**

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for **Your** legal liability for **Accidental** injury to third parties and/or **Accidental** damage to their property. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under the laws of the United Kingdom.

✘ **What You Are Not Covered For:**

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising directly or indirectly from, happening through or in consequence of:
 - i. employer's liability, contractual liability, or liability to a member of **Your** family, **Your Travelling Companion's** family or to **Your Travelling Companion**;
 - ii. animals belonging to **You**, or in **Your** care, custody or control;
 - iii. willful, malicious or unlawful acts or the use of firearms or weapons of any kind;
 - iv. the pursuit of trade, business or profession;
 - v. ownership or occupation of land or buildings; or
 - vi. the influence of intoxicating liquor or drugs;
3. claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance.
4. claims for legal fees and costs resulting from any criminal proceedings.
5. claims arising in respect of any wilful or criminal act or assault.

SPECIAL NOTE: No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by You without the written consent of the Insurer, who shall be entitled, if they so desire, to take over and conduct, in Your name, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The Insurer shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and You shall, wherever possible, give all such information and assistance as the Insurer may require.

SECTION K LEGAL EXPENSES

✔ **What You Are Covered For:**

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover, for legal costs incurred by **You** in pursuit of legal proceedings against third parties (excluding any member of **Your** family or **Travelling Companion**) for any compensation owed to **You** arising directly from **Your** physical **Bodily Injury** or death during the **Period of Insurance**.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising for any legal expenses incurred without prior authorisation by the **Insurer**.
3. claims arising where the **Insurer** considers **Your** prospects of success in achieving a reasonable benefit to be insufficient.
4. claims arising pursuant to a contingent fee agreement between **You** and **Your** counsel.
5. claims arising for travel and accommodation expenses in pursuit of a legal action.
6. claims arising from **You** pursuing legal proceedings as part of and/or on behalf of a group or organisation.
7. claims incurred for any legal costs pursuant to a legal action against UK General Insurance Limited, Crispin Speers and Partners, Direct Group Travel Services, Travel Insurance Agencies Limited, any carrier, airline, travel agent or tour operator.
8. any claim for legal costs where **You** are pursuing legal action relating directly or indirectly to medical negligence.
9. any claim for travel and accommodation expenses which **You** have incurred whilst pursuing legal action.

SPECIAL NOTE: You must comply with the following procedures: You shall apply to the Insurer for a written acknowledgement by the Insurer of the existence of a potentially viable claim. If an acknowledgement is granted, the Insurer shall initially pay up to 5% of the amount shown in the Schedule of Cover for legal costs incurred by You to determine the probability of success in achieving a reasonable benefit. This shall include an assessment of the legal liability of the potential defendant and the ability to collect damages from the potential defendant. The Insurer shall not be responsible for any legal expenses incurred prior to its issuing You with a written acknowledgement of the existence of a potentially viable claim. In the event that You are awarded legal costs as part of any judgment or settlement, the Insurer shall be entitled to repayment by You of any sums paid under this Section. In the event that You are awarded compensation (by judgement or settlement), the Insurer shall be entitled to recover from You two thirds of any sum paid to You under any section of this policy on account of the same incident for which compensation is received. Claims in respect of Sections J and K must be notified to Direct Group Travel Services in writing immediately.

WINTERSPORTS COVER

Provided when Wintersports Cover is effected and appropriate premium paid.

You are required at all times to wear the appropriate safety equipment for that activity (for example, protective clothing and/or suitable head protection). Please note that a General Exclusion of cover existing under Your Policy with Us for claims arising directly or indirectly from Your “wilful exposure to a peril”. This means that We will not pay Your claim if You do not meet this Policy condition.

Wintersports cover shall not be bound by Exclusions Applicable to All Sections, paragraph 10, in so far as it excludes ‘All Wintersports’.

However, the following activities will still be excluded from cover: ski jumping, ski flying, heli skiing, ski acrobatics, ski stunting, freestyle skiing, off piste skiing on areas designated as unsafe by resort management, ski racing and training, ski bob racing, parapenting, ice hockey and use of skeletons and bobsleighs.

SECTION L SKI EQUIPMENT

✓ What You Are Covered For:

The **Insurer** will pay **You** in respect of loss or breakage of **Ski Equipment** up to the amount shown in the Schedule of Cover for owned and hired **Ski Equipment**. In the case of owned **Ski Equipment**, each claim is subject to a maximum payment for any **Single Item** shown in the Schedule of Cover.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such a carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required.
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
5. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
6. claims arising for **Ski Equipment** left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
7. claims arising for loss, theft or damage of items from an **Unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of damage or forced entry which is confirmed by a written Police report.
8. breakage of **Ski Equipment** over 5 years old.

SPECIAL NOTE: The Insurer's liability for Ski Equipment shall be further limited as follows: Up to one year – 85% of purchase price, up to two years old – 70% of purchase price, up to three years old – 50% of purchase price, up to four years old – 25% of purchase price, Up to five years old – 10% of purchase price, Over five years old – nil.

SECTION M

SKI HIRE

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for each 24 hour period for the cost of necessary hire of **Ski Equipment** following:

- a. loss or breakage of **Your Ski Equipment**; or
- b. the misdirection or delay in transit of **Your Ski Equipment** for at least 12 hours from **Your** original booked **Trip** from the **United Kingdom**.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
2. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required.
3. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
4. claims arising for property left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
5. claims arising for loss, theft or damage of items from an **Unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written Police report.
6. claims arising from delay, detention, seizure or confiscation by Customs or other officials.

SECTION N SKI PACK

✔ What You Are Covered For:

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

- a. **Your Accident** or **Illness**.
- b. loss or theft of **Your** ski pass.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. claims arising for loss or theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
2. claims arising for property left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
3. claims arising for loss or theft from an **Unattended** motor vehicle.
4. claims arising from a **Medical Condition** which is not substantiated by a report from the treating **Medical Practitioner** confirming **Your** inability to ski.

SECTION O PISTE CLOSURE

✔ What You Are Covered For:

In the event that, due to lack of snow fall or adverse weather in the pre-booked **Wintersports** resort between the months of December to March in the Northern hemisphere and between the months of April and July in the Southern hemisphere and no alternative being available, **You** are not allowed to ski for a period in excess of 24 hours, the **Insurer** will pay the benefit as shown in the Schedule of Cover for each full 24 hour period in which **You** are unable to ski, up to the maximum as shown in the Schedule of Cover.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. claims arising which are not substantiated by a written report from the resort management.
2. claims arising due to lack of snow fall in a **Wintersports** resort which does not possess skiing facilities above 1,000 metres.

SECTION P DELAY DUE TO AVALANCHE

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover for additional travel and accommodation expenses in the event that **Your** return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising which are not substantiated by a report from the resort management.

BUSINESS COVER

Provided when Business Cover is effected and appropriate premium paid.

SECTION Q1 BUSINESS EQUIPMENT

✓ What You Are Covered For:

For Lost, Stolen or Damaged

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for the value of computer equipment, communication devices and other business related equipment which is necessarily carried by **You** in the course of **Your** business, which is accidentally lost, stolen or damaged. The maximum payment for any **Single Item** is shown in the Schedule of Cover. The maximum payment for computer equipment is shown in the Schedule of Cover. The maximum payment for Samples is shown in the Schedule of Cover.

Business Equipment Delay

The **Insurer** will pay **You** for the cost of purchase of necessities, up to the maximum as shown in the Schedule of Cover, should business equipment be delayed or lost in transit on the outward journey from the **United Kingdom** for more than 24 hours. Payment made under this heading will be set against the amount of any claim arising if the business equipment is permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

Emergency Courier of Essential Business Baggage

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for emergency courier expenses necessarily incurred in replacing business equipment essential to **Your** intended business itinerary as a result of loss, theft or damage covered under this Section.

The amount payable will be the value at today's prices less a deduction for wear, tear and depreciation calculated as follows: Up to one year old – 85% of purchase price, up to two years old – 70% of purchase price, up to three years old – 50% of purchase price, up to four years old – 25% of purchase price, up to five years old – 10% of purchase price, over five years old – nil

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. wear, tear and depreciation of the article(s) (see table above).
3. claims arising from breakage of **Fragile Articles** unless caused by fire or accident to a vehicle.
4. claims arising from damage caused by leakage of powder or liquid carried within **Personal Effects** or baggage.
5. claims for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
6. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required.
7. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
8. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading.
9. claims arising for property left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property.
10. claims arising for loss, theft or damage of items from an **Unattended** motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written Police report.
11. claims arising for loss, theft or damage to items carried on a vehicle roof rack.
12. Loss, theft or damage to business equipment whilst in the custody of an airline or other carrier.

SECTION Q2 BUSINESS EQUIPMENT HIRE

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for each 24 hour period, for the cost of necessary hire of business equipment, following:

- a. loss or breakage of **Your** business equipment; or
- b. the misdirection or delay in transit on **Your** first outward flight, rail or sea **Trip** from the **United Kingdom** for at least 24 hours of **Your** business equipment.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
2. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required.
3. claims arising for loss, theft or damage to business equipment shipped as freight or under a Bill of Lading.
4. claims arising for business equipment left **Unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the business equipment.
5. claims arising for loss, theft or damage of business equipment from an **Unattended** motor vehicle, unless taken from a locked boot between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written Police report.
6. claims arising for loss, theft or damage to business equipment carried on a vehicle roof rack.

SECTION Q3 BUSINESS MONEY

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover in respect of loss of **Cash** or traveller's cheques (unless the issuer provides a replacement service) which is the property of **Your** employer or **You**, if **You** are self employed, and carried on **Your** person unless placed in a safety deposit box or similar locked, fixed receptacle. Cover for **Cash** is limited to the **Cash** limit as shown in the Schedule of Cover.

✗ What You Are Not Covered For:

In addition to the Exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims arising for theft which are not reported to any appropriate Police authority within 24 hours of discovery and an official written report obtained.
3. claims arising for loss, theft or damage which are not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained).
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials.
5. claims arising from shortages due to error omission or depreciation in value.
6. claims arising for loss or theft to **Cash** which at the time of such loss or theft was located in checked-in luggage or an **Unattended** motor vehicle.

SECTION Q4 EMPLOYEE REPLACEMENT

✔ What You Are Covered For:

The **Insurer** will indemnify **You** up to the amount shown in the Schedule of Cover in respect of the cost of economy class return air fare for reasonable and necessary expenses incurred by **You** in sending a substitute **Close Business Associate** to complete a **Trip** following the disablement of **You** as a result of **Bodily Injury** or **Illness**, where such disablement is likely to last for at least 7 days.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. The cost of air travel other than for an economy class scheduled return air fare.
3. Any losses not confirmed by a qualified **Medical Practitioner**.

GOLF COVER

Provided when Golf Cover is effected and appropriate premium paid.

SECTION R1 GOLF EQUIPMENT

✔ What You Are Covered For:

Lost, Stolen or Damaged The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover, for the value of **Golf Equipment** taken or purchased on the **Trip** by **You** which is accidentally lost, stolen or damaged.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
 - a. Exclusions applicable to **SECTION D – PERSONAL EFFECTS AND BAGGAGE** will also apply where appropriate.

The maximum payment for any **Single Item** is shown in the Schedule of Cover.

SECTION R2 GOLF HIRE

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for each 24 hour period, for the cost of necessary hire of **Golf Equipment**, following the misdirection or delay in transit for at least 24 hours of **Your Golf Equipment**

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. claims arising for delay which has not been reported to any appropriate authority within 24 hours of discovery and an official written report obtained. In the case of an airline, a Property Irregularity Report will be required.

SECTION R3 GREEN FEES

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for loss of pre paid green fees which **You** cannot get back from anywhere else, if the course **You** have booked to play is completely closed because of snow, frost, water logging, fog or high winds.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. Compensation unless **You** have a letter from the secretary of the club confirming the date and reason for the course closure.

PHOTOGRAPHIC EQUIPMENT EXTENSION

Provided when Photographic Equipment Cover is effected and appropriate premium paid.

SECTION S1 PHOTOGRAPHIC EQUIPMENT

✔ What You Are Covered For:

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

- a. Accidental Damage within the Territorial Limits to arrange for the repair of the item of Property Insured where it can be economically repaired to the prior level of functionality. If in **Our** opinion this is not possible, for items of Property Insured up to 3 years old for which an original receipt is supplied, **We** will pay the cost of replacing the item of Property Insured with a new, or a similar article of like kind, functionality and quality as the item of Property Insured. For articles which are over 3 years old where an original receipt is supplied **We** will pay the cost of replacing the article up to the market value; or
- b. Theft within the Territorial Limits to pay for items of property insured up to 3 years old for which an original receipt is supplied, the cost of replacing the item with a new, or similar article of like kind, functionality and quality as the item of Property Insured. For articles which are over 3 years old where proof of purchase is supplied **We** will pay the cost of replacing the item up to the market value.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. Exclusions applicable to **SECTION D – PERSONAL EFFECTS AND BAGGAGE** will also apply.

CRUISE COVER

Provided when Cruise Cover is effected and appropriate premium paid

SECTION T1 MISSED PORT DEPARTURE

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for reasonable additional accommodation and travel expenses, if **You** arrive at **Your** international departure point too late to board **Your** cruise as a result of the following:

- a. scheduled **Public Transport** services failing to get **You** to **Your** destination in time due to strike, industrial action, adverse weather or mechanical breakdown or failure; or
- b. the private motor vehicle in which **You** were travelling suffering from a mechanical or failure; or
- c. the private motor vehicle in which **You** were travelling being directly involved in a road traffic accident, which resulted in mechanical breakdown or failure.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. any upgrade in accommodation.
3. 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.
4. any claim relating to internal flights
5. any claim, if the adverse weather, strike or industrial action was in existence or publicly declared before **You** started **Your** journey to the departure point.
6. any claim in respect of mechanical breakdown or failure, if **Your** private motor vehicle has not been properly serviced and maintained.
7. any repair costs to **Your** private motor vehicle.
8. any claims for vehicle breakdown or failure, which are not substantiated by a written report from a rescue service or garage.

SECTION T2 CABIN CONFINEMENT

✓ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for each 24 hour period that **You** are confined to **Your** cabin by the ships medical officer for medical reasons during the **Trip**.

✗ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for

1. the **Excess** as shown in the Schedule of Cover.
2. any confinement to **Your** cabin which has not been confirmed in writing by the ships medical officer.

SECTION T3 ITINERARY CHANGE

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount as shown in the Schedule of Cover for each missed port in the event of cancellation of a scheduled port visit due to mechanical failure of the ship, adverse weather or timetable restrictions. Written confirmation of the cancellation which details the reason for the missed port must be provided by the cruise operator.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. claims arising from a missed port caused by strike or industrial action if the strike or industrial was notified at the time the insurance was purchased or booking each **Trip** in respect of Annual Multi-Trip policies.
2. **Your** failure to attend the excursion as per **Your** itinerary.
3. claims arising from when **Your** ship cannot put people ashore due to a scheduled tender operation failure.

SECTION T4 UNUSED EXCURSIONS

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for the cost of pre-booked excursions, which **You** were unable to use as a direct result of being confined to **Your** own cabin due to an **Accident** or illness which is covered under Section B.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.

SECTION T5 CRUISE INTERRUPTION

✔ What You Are Covered For:

The **Insurer** will pay **You** up to the amount shown in the Schedule of Cover for additional travel expenses incurred to reach the next port in order to re-join the cruise, following **Your** temporary illness that requires hospital treatment on dry land.

✘ What You Are Not Covered For:

In addition to the exclusions applicable to all sections, the **Insurer** shall not be responsible for:

1. the **Excess** as shown in the Schedule of Cover.
2. claims where less than 25% of the Trip duration remains.
3. claims arising from an undisclosed **Pre-Existing Medical Condition(s)** that was required to be advised to **Our Medical Screening Company** in accordance with the criteria details in Health Conditions on page 5.
4. claims arising from a **Pre-Existing Medical Condition(s)** which is specifically advised as excluded in Health Conditions on page 5.

EXCLUSIONS APPLICABLE TO ALL SECTIONS ON THE INSURANCE

The **Insurer** shall not be responsible for claims arising:

1. for any claims in any way caused or contributed to by:
 - a. the failure of; or
 - b. the fear of the failure of; or
 - c. the inability of any equipment or any computer program to recognise, interpret correctly or process any date as its true calendar date or to continue to function correctly beyond that date (except claims under Sections B, C and I);
2.
 - i) for an act of terrorism; this exclusion will not apply to losses under Section B, Section C1 Section G or Section I unless such losses are caused by nuclear, chemical or biological attack or planned attack, or the disturbances were already taking place at the beginning of any Trip in which case the exclusion will apply.
 - ii) war, invasion or warlike operations (whether war be declared or not), hostile acts of sovereign or government entities, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or martial law or confiscation by order of any government or public authority; or
 - iii) seizure or illegal occupation; or
 - iv) confiscation, requisition, detention, legal or illegal occupation, embargo, quarantine or any result of any order of public or government authority which deprives **You** of the use or value of **Your** property, nor for loss or damage arising from acts of contraband or illegal transportation or illegal trade; or
 - v) discharge of pollutants or contaminants, which pollutants and contaminants shall include but are not limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment; or
 - vi) chemical or biological release or exposure of any kind; or
 - vii) attacks by electronic means including computer hacking or the introduction of any form of computer virus; or
 - viii) threat or hoax, in the absence of physical damage due to an act of terrorism; or
 - ix) any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.
3. from loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising therefrom, or any consequential loss or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, 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; or
 - b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof;
4. from HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex.
5. from **You** engaging in any illegal or criminal act;
6. from any **Consequential Loss** whatsoever. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance (except as provided in Section D relating to loss of Travel Documents);
7. directly or indirectly out of **Your** financial incapacity, except in the circumstances of redundancy, which qualifies for payment under the Redundancy Payments Act;
8. which, but for the existence of this insurance, would be covered under any other insurance **Policy(ies)**, including any amounts recovered by **You** from Private Health Insurance, European Health Insurance Card payments, any Reciprocal Health Agreements, Airlines, Hotels, Home Contents Insurance or any other recovery available to **You**, except in respect of any excess beyond which would have been covered under such other insurance or facility had this insurance not been effected;
9. from the tour operator, airline or any other company, firm or person either becoming insolvent or being unable or unwilling to fulfil any part of their obligation; other than as provided under Section A4, Scheduled Airline Failure.
10. from any **Hazardous Activity** which is not listed or any listed **Hazardous Activity** restrictions which are not complied with on pages 13, 14 and 15 of this document.;

11. from **You** suicide or attempted suicide or willful exposure to danger (except in an attempt to save human life), sexually transmitted disease or the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating **Medical Practitioner**;
12. from anxiety, stress, depression or any other mental or nervous disorder.
13. from **You** being in or entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **You** are travelling as a passenger other than as a member of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon;
14. from **You** wilful exposure to a peril. **You** must exercise reasonable care to prevent illness, injury or loss or damage to **Your** property as if uninsured;
15. directly or indirectly from **You** being engaged in any manual employment (other than ground level, no machinery) after the commencement of the **Trip**;
16. which have not been proven and the amount thereof substantiated.
17. from **You** travelling against the advice of a **Medical Practitioner**.
18. directly or indirectly from any non disclosed **Pre-Existing Medical Condition** which **You** should declare to and have accepted by **Us** as per the Health Conditions.
19. **You** drinking too much alcohol where it is reasonably foreseeable that such consumption could result in a serious impairment of **Your** faculties and/or judgement resulting in a claim. **We** do not expect **You** to avoid alcohol on **Your Trip** but **We** will not cover any claim arising because **You** have drunk so much alcohol that **Your** judgement is seriously affected and **You** need to make a claim as a result.
20. Any claim arising from the unauthorised use of a swimming pool outside the specified times of opening.
21. Any claim arising from **You** climbing on top of, or jumping from a vehicle; or jumping from a building or balcony; or climbing or moving from any external part of any building to another (apart from stairs) regardless of the height, unless **Your** life is in danger or **You** are attempting to save human life.
22. Any claim where **You** are not wearing a helmet whilst on a motorcycle.
23. Any claim where **You** are not wearing a seatbelt when travelling in a motor vehicle, where a seatbelt is available.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. All certificates, information and evidence required by the **Insurer** shall be furnished at **Your** or **Your** legal personal representatives' expense and shall be in such form and of such nature as the **Insurer** may prescribe. **You** shall, as often as required, submit to a medical examination on behalf of the **Insurer** at **Your** expense. In the event of **Your** death, the **Insurer** shall be entitled to have a post mortem examination at their own expense. Any items which become the subject of a claim for damage shall be retained for **Insurer's** inspection and shall be forwarded to their Agents upon request at **Your** or **Your** legal personal representatives' expense. All such items shall become the property of the **Insurer** following final settlement of the claim.
2. In the event of any occurrence which may give rise to a claim under this insurance, **You** shall take all reasonable steps to minimise any loss arising out of such claim.
3. This insurance is non- transferable. No premium will be refunded, either in full or on a pro-rata basis, after the expiry of the money back guarantee period.
4. The **Insurer** may, at its own expense, take proceedings in **Your** name to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Insurer**.
5. In the event that **You** recover, by any means, damages from any third party in respect of personal accident in the circumstances defined in Section I, all benefits paid to **You** under Section I shall be repaid to the **Insurer**.
6. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under this **Policy**, all benefits thereunder shall be forfeited as well as all premiums paid.
7. In the event that **You** experience a problem with the **Policy** or the claims process, please refer to the Complaints Procedure below.
8. On all applicable occasions **You** must mitigate costs to the Insurer.

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:

COMPLAINTS REGARDING THE SALE OF THE POLICY:

Please contact **Your** agent who arranged the Insurance on **Your** behalf.

Travel Insurance Agencies Ltd, Seymour House, Unit D, 30–34 Muspole Street, Norwich NR3 1DJ.

Email: support@tia-insurance.com

If **Your** complaint about the sale of **Your Policy** cannot be resolved by the end of the next working day, **Your** agent will pass it to:

Customer Relations Department
UK General Insurance Limited
Cast House
Old Mill Business Park
Gibraltar Island Road
Leeds, LS10 1RJ
Tel: 0845 218 2685
Email: customerrelations@ukgeneral.co.uk.

COMPLAINTS REGARDING CLAIMS:

Direct Group
Customer Relations
PO Box 1193
Doncaster
DN1 9PW
Tel: 0844 412 4296
Fax: 0844 412 4138

In all correspondence please state that **Your** insurance is provided by UK General Insurance Limited and quote scheme number: 04729D

If it is impossible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are insured in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff. **You** may contact the

Financial Ombudsman Service at:

The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9GE. Tel: 0300 123 9123

Please note that the Ombudsman will not consider **Your** case until **You** have followed the internal complaints procedure as outlined above. Please quote **Your** scheme number and/or **Your** claim number in all **Your** correspondence to all parties involved with this procedure. This procedure is intended to provide **You** with a prompt and practical service with any complaint that **You** may have, and does not affect **Your** legal rights.

Additional Information

COMPENSATION SCHEME

Ageas Insurance Limited are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the following website: www.fscs.org.uk.

DATA PROTECTION ACT 1998

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 information, in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.

USEFUL TIPS AND INFORMATION

This does not form part of your policy wording.

BEFORE YOU LEAVE

- Read through your travel insurance policy to make sure you understand what you are covered for and what restrictions there might be.
- Obtain a European Health Insurance Card (EHIC, formerly an E111) on-line at www.ehic.org.uk or by calling 0300 330 1350.
- If you are on prescribed medication, make sure you have sufficient for your trip and take a prescription from the medical practitioner to show they are genuinely prescribed.
- Make sure your Passports are up to date and won't expire before you return or within a reasonable period afterwards. Also make sure you have valid visas where required.
- You should not pack valuables, money, important documents, and photographic equipment in your checked in luggage. Always carry such items in your hand luggage.
- Arrange for someone to look after your home and remove any mail from the post box. If possible ask them to turn lights on and off and draw curtains at appropriate times. If that is not possible, invest in a timer switch to turn lights and radios on and off. Do not leave hidden keys, make sure garden furniture, tools and ladders are locked away, and make sure you securely lock all doors and windows.

WHILST AWAY

- Limit the amount of cash you carry. Credit cards and travellers cheques are far safer.
- Keep all receipts for medical treatment and other expenses.
- Check that water is safe to drink. If you are not sure, drink bottled water and avoid ice in drinks. Avoid uncooked food unless you can peel and prepare it yourself.
- The sun is often stronger than you think. Make sure you use a high factor sun screen and drink plenty of liquids.
- If you have anything stolen or if you lose anything, inform the local Police or appropriate authority within 24 hours and obtain a written report from them.
- If luggage is lost or delayed in transit, obtain a report from the airline or carrier.
- If you extend your stay abroad inform us at least five days in advance of the policy expiry date and request an extension. Policies cannot be extended once they have expired.

TELEPHONES

When calling the United Kingdom from a telephone abroad:

- Dial the International Access code for the country you are in
- Dial the UK country code which is 44
- Dial the UK area code dropping the leading 0
- Dial the rest of the number as usual.

Using a mobile phone can be expensive abroad but is very useful in emergencies.

- Insure your phone via your mobile service provider.
- Check your phone will work in the countries you are travelling.
- Make sure that you have international roaming turned on.

Remember you will probably pay to receive calls as well as send them while abroad.



TRAVEL INSURANCE INFORMATION

YOUR TRAVEL INSURANCE POLICY NUMBER:

Write your
policy number
here:

Basic: Standard:
Light: Premier:

If any personal belongings are stolen you should obtain a written police report within 24 hours of the incident.

Claims must be notified within 31 days after the end of the trip.

Master Policy:
CSP15MPTX769

Claims: Direct Group Travel Services
Tel: 0844 412 4296
Fax: 0844 412 4138

Policy Sales:
Travel Insurance Direct
Tel: 0800 652 9944;
email info@tia-insurance.com

travelinsurance direct

from Travel Insurance Agencies Limited



**EMERGENCY
MEDICAL
ASSISTANCE**

**MEDICAL
EMERGENCY
& Hospitalisation**

If you are admitted into hospital **Our Medical Assistance Company MUST** be contacted as soon as possible

Telephone:
0044 (0)113 318 8114

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