guard.me® International Insurance

Multirisk + Cancellation Cover

1 SECTION

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2 SECTION

BENEFIT TABLE

Cover	Limit
Cancellation	
Cancellation, maximum	£/€ 7,500
Curtailment	
Curtailment, maximum	£/€ 7,500
Delayed Departure	
Travel Delay, maximum	£/€ 80
- per 12 hrs	£/€ 20
Missed Departure	
Missed Departure, maximum	£/€ 7,500
Baggage Delay	
Baggage Delay, maximum after 12 hrs	£/€ 100
Baggage, Personal money and Travel Documents	
Baggage, maximum	£/€ 2,000
- Single Article Limit	£/€ 250
- Valuables Limit	£/€ 250
Personal Money, maximum	£/€ 250
Travel Documents, maximum	£/€ 250
Emergency Medical and Repatriation Expenses	
Emergency Medical and Repatriation Expenses, maximum	£/€ 10,000,000
Infants born following Complications of pregnancy	£/€ 75,000
Emergency Dental Expenses, maximum	£/€ 150
Funeral Expenses, maximum	£/€ 5,000
Hospital Benefit	
Hospital Benefit, maximum	£/€ 100
- per 24 hrs	£/€ 20
Personal Accident	
Personal Accident, maximum	£/€ 115,000
Travel Accident	
Travel Accident, maximum	£/€ 25,000
Personal Liability	
Personal Liability, maximum	£/€ 2,000,000

3 SECTION

YOUR TRAVEL INSURANCE BENEFITS

INTRODUCTION

This document is not a contract of insurance but summarises the benefits provided to **you** when attending an **Academic course**. The provision of those benefits is enabled by an insurance policy held by and issued to the **Policyholder** by Inter Partner Assistance.

Only it has direct rights against the insurer under the policy. This agreement does not give **you** direct rights under the Policy of Insurance but enables **you** to receive benefits. Strict compliance with the terms and conditions of this agreement is required if **you** are to receive its benefit.

ELIGIBILITY

The benefits summarised in this document are dependent upon **you** being on a valid **trip** at the time of any incident giving rise to a claim. The **Policyholder** will give **you** notice if there are any material changes to these terms and conditions or if the Policy supporting the benefits available under this agreement is cancelled or expires without renewal on equivalent terms.

This is **your** benefit guide and agreement with **us**. It contains details of benefits, conditions and exclusions, and is the basis on which all claims **you** make will be settled.

INSURER

This policy is underwritten by Inter Partner Assistance SA (IPA) which is fully owned by the AXA Partners Group. Inter Partner Assistance is a Belgian firm authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority. Details about the extent of its regulation by the Financial Conduct Authority are available from us on request. Inter Partner Assistance SA firm's registered number is 202664. You can check this on the Financial Services Register by visiting the website www.fca.org.uk/register

IMPORTANT HEALTH REQUIREMENTS

You must comply with the following conditions in order to have full cover under this policy. If **you** do not comply **we** may refuse to deal with **your** claim or reduce the amount of any claim payment.

These benefits will not cover **you** if **you**:

- are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
- are travelling with the intention of obtaining medical treatment or consultation abroad;

In addition, **you** will not be covered for benefits under MEDICAL EXPENSES, or for CURTAILMENT due to a medical reason, if **you**:

- have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations where the underlying cause has not been established);

IMPORTANT

No claim arising directly or indirectly from a **pre-existing medical condition** affecting **you** will be covered.

INDIRECTLY RELATED CONDITIONS

1. At the time of taking out this policy **you** will not be covered for any claim arising directly or indirectly from:

- any **medical condition you** have, or have had, for which **you** are waiting to receive, or have received treatment (including surgery, tests or investigations) within the last 12 months.
- any **medical condition** for which **you** have received a terminal prognosis;
- any **medical condition you** are aware of but for which **you** have not had a diagnosis;
- any **medical condition** for which **you** are on a waiting list;
- any **medical condition** for which **you** know **you** need surgery or treatment;
- any **medical condition** for which **you** are awaiting the results from any tests or investigations;
- any **medical condition** affecting **you**, that **you** are aware of, that could reasonably be expected to result in a claim on this policy.
- any **medical condition** affecting a third party, that **you** are aware of, that could reasonably be expected to result in a claim on this policy. For **your** information, examples include but are not limited to;
  - A third party who has received a terminal prognosis;
  - A third party who is receiving or waiting for hospital investigation or treatment for an undiagnosed condition
  - or a set of symptoms;
  - A third party who is receiving inpatient treatment;
  - A third party who has an existing **medical condition** or illness, that has presented new or a change to symptoms.

2. At any time **you** will not be covered for any claim arising directly or indirectly from:
   - any **medical condition you** have in respect of which a **medical practitioner** has advised **you** not to travel or would have done so had **you** sought his/her advice
   - any surgery, treatment or investigations for which **you** intend to travel outside of **your home** area to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures)
   - any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**
   - **your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider

IMPORTANT INFORMATION

1. Claims arising from any **pre-existing medical conditions** are not covered.
2. Claims arising when **you** are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought their advice) are not covered.
3. Claims arising when **you** are travelling with the intention of obtaining medical treatment or consultation abroad are not covered.
4. Claims arising when **you** have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations or consultations, or awaiting results of investigations, where the underlying cause has not been established) are not covered.
5. In case of any **medical emergency you** or the treating facility should contact **us** on +44 (0) 203 887 3662 as soon as possible. **You** would also need to contact **us** to report any loss, **theft** or damage.
6. If **you** need to **curtail your trip you** must contact **us** on +44 (0) 203 887 3662.
7. This policy will be governed by the laws of England and Wales.
8. **We** will only pay up to the single article limit for any **baggage** or **valuables**.
9. The duration of any **leisure trip** may not exceed 21 consecutive days. Please note if **your leisure trip** is longer than the maximum duration, benefits will not apply to any part of that **leisure trip**.

AGE LIMITATIONS

Cover is not available to any person aged 70 years and over at the commencement of the **Period of cover**.

CONTRACT LANGUAGE

This document is a translation from the original English text. In the event of any discrepancies or disputes, the original English wording will apply.

IMPORTANT LIMITATIONS UNDER CANCELLATION AND CURTAILMENT

This policy will not cover any claims under CANCELLATION and CURTAILMENT arising from any **pre-existing medical condition** known to **you** prior to purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or any person with whom **you** have arranged to stay, if:

1. a terminal diagnosis had been given by a **medical practitioner**; or
2. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;
3. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) any **close relative** had required surgery, inpatient treatment or hospital consultations.

EMERGENCY ASSISTANCE

Contact **us** on Telephone: +44 (0) 203 887 3662.

If **you** suffer any serious illness or accident which may lead to **your** admission to hospital before any plans are made for repatriation or if **you** need to **curtail your trip you** must contact **us**. **We** are open 24/7 for advice and will be able to assist in arranging repatriation and settling medical expenses directly with the treating facility. Any treatment in a private facility is not covered unless pre-authorised by **us**. If it is not possible to contact **us** before any treatment happens (for any immediate emergency treatment) please call **us** as soon as possible. For any outpatient treatment (where **you** are not admitted into hospital) or minor illness or injury (excluding fractures) **you** should pay for the treatment and claim it back from **us**.

MEDICAL ASSISTANCE ABROAD

We will arrange transport **home** if this is considered **medically necessary**, or when **you** have news of a serious illness, injury or death of a **close relative** at **home**.

PAYMENT FOR MEDICAL TREATMENT ABROAD

If **you** are admitted to a hospital/clinic while outside **your country of residence**, **we** will arrange for medical expenses covered by the policy to be paid direct to the hospital/clinic. **We** will also arrange transport **home** when this is considered **medically necessary**, or when **you** have news of serious illness, injury, or death of a **close relative** at **home**. Please contact **us** on +44 (0) 203 887 3662 as soon as possible. For simple out-patient treatment, **you** should pay the hospital/clinic **yourself** and claim back medical expenses from **us**. Please be careful not to sign anything confirming **you** will pay for excessive treatment or charges. If in doubt regarding any requests, please call **us** for guidance.

DEFINITIONS

Any word or expression which relates to a definition will have the same meaning throughout the benefit schedule and will be highlighted in bold.

ACADEMIC COURSE	any accredited educational course run by the **Policyholder** which runs for no more than one academic year or in any case a maximum of twelve consecutive months.
ADVERSE WEATHER CONDITIONS	rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.
BAGGAGE	clothing, personal effects, luggage and other articles which belong to **you** (excluding **valuables**, ski equipment, golf equipment, **personal money** and documents of any kind) and are worn, used or carried by **you** during any **trip**.
BENEFIT TABLE	the table listing the benefit amounts on page 2.
BODILY INJURY	an identifiable physical injury caused by a sudden, violent, external, unexpected specific event. Injury as a result of **your** unavoidable exposure to the elements shall be deemed to be a **bodily injury**.
CLOSE RELATIVE	mother, father, sister, brother, spouse, or fiancé/fiancée or common law partner (any couple, in a common law relationship living permanently at the same address) daughter, son, including adopted daughter or son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepparent, stepchild, stepsister, stepbrother, foster child, legal guardian, legal ward.
COMPLICATIONS OF PREGNANCY	the following unforeseen **complications of pregnancy** as certified by a **medical practitioner**: toxaemia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post-partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; **medically necessary** emergency Caesarean sections/ **medically necessary** termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.
COUNTRY OF RESIDENCE	the country in which **you** legally reside. **You** must have a residential address that **you** can refer to within that country.
CURTAILMENT/ CURTAIL	cutting short **your trip** by returning **home** due to an emergency authorised by **us**.
EEA	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Republic of Ireland, Italy, Latvia, Liechtenstein, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK
EUROPE	Albania, Andorra, Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Mediterranean Islands (including Majorca, Menorca, Ibiza, Corsica, Sardinia, Sicily, Malta, Gozo, Crete, Rhodes and other Greek Islands, Northern and Southern Cyprus), Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation (West of Urals), San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey, Ukraine, **United Kingdom**, Vatican City.
HOME	**your** normal place of residence in **your country of residence**.
HOMEWARD JOURNEY	travelling to **your home** address in the **country of residence** from **your trip** destination.
LEISURE TRIP	a journey solely for holiday or leisure purposes, which begins and ends within the **period of cover**, from the **United Kingdom** or **Europe** and which includes a flight or pre-booked overnight accommodation up to a maximum of 21 days per **trip**.
LOSS OF LIMB	loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

LOSS OF SIGHT	total and irrecoverable **loss of sight** in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)
MANUAL WORK	any work above ground level; work using cutting tools, power tools and machinery; work involving hands-on involvement with the installation, assembly, maintenance or repair of electrical, mechanical or hydraulic plant; undertaking work of a plumber, electrician, lighting or sound technician, carpenter, painter/decorator or builder, or manual labour of any kind, with the exception of bar and restaurant work, wait staff, chalet, maid, au pair and child care, and occasional light **manual work** at ground level including retail work and fruit picking.
MEDICAL CONDITION(S)	any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip**.
MEDICAL EMERGENCY	a **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **country of residence** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.
MEDICALLY NECESSARY	reasonable and essential medical services and supplies, ordered by a **medical practitioner** exercising prudent clinical judgement, needed to diagnose or treat an illness, injury, **medical condition**, disease or its symptoms, and that meet generally accepted standards of medical practice.
MEDICAL PRACTITIONER	a legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you**, any travelling companion, or any person with whom **you** have arranged to stay.
OUTWARD JOURNEY	travelling from **your home** or business address in the **country of residence** to **your trip** destination including international flights, sea crossings or rail journeys which are booked prior to **you** leaving **your country of residence** which is directly related to the outbound journey.
PAIR OR SET	items forming part of a set or which are normally used together.
PERIOD OF COVER	the period to which the insurance applies, which cannot exceed one academic year or in any case a maximum of twelve consecutive months. This is between and inclusive of the dates shown as Cover start date and Cover end date on the Policy Schedule starting at 00.01 hours on the Cover start date and ending at midnight on the Cover end date.
PERSONAL MONEY	bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, hotel vouchers, all held for private purposes.
POLICYHOLDER	the firm, company or organisation providing **Academic Courses**, named as the **Policyholder** on the Policy Schedule, not being an **Covered Person**.
PRE-EXISTING MEDICAL CONDITION(S)	A **medical condition** that, during the 12 months prior to the period of insurance/effective date, has: • caused signs or symptoms; or • required medical advice, consultation, or investigation (whether a diagnosis was established or not); or • required any form of treatment provided by a **medical practitioner**. For the purpose of this definition, the following does not constitute medical treatment: a. regular use of prescribed medication, provided that no change in medication, dosage, or usage has been prescribed by a **medical practitioner**; b. check-ups or follow-ups when the **medical practitioner** observes no adverse change in the stability of any previously noted condition, or any change in symptoms.
PUBLIC TRANSPORT	any transport by road, rail, sea or air with a licensed carrier operating a regular and/or charter passenger service on which **you** are booked to travel.
SPORTS AND ACTIVITIES	the activities listed under SPORTS AND ACTIVITIES on page 9.
STRIKE OR INDUSTRIAL ACTION	any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.
TERRORISM	an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or governments, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

THEFT	any **theft** committed by violence, threat of violence, mugging, assault or through break in by a third party (a person who is not a relative, **close relative** or travel companion)
TRIP	any **trip** booked within the Policy Period by a **Covered person** for the purpose of attending an **Academic course** with the **Policyholder** in the **United Kingdom** or **Europe**, including **Leisure trip**s which begin and end within the **period of cover** up to a maximum of 21 days per **trip**. **PLEASE NOTE:** Any **trips** to a country which a government agency in **your country of residence**, or the World Health Organisation, has advised against travel are not covered. In addition, **trips** to any destination that falls under point 15 of General Exclusions are not covered.
UNATTENDED	when **you** are not in full view of and not in a position to prevent unauthorised interference with **your** property or vehicle.
UNDER THE INFLUENCE	Your actions while they are impaired or adversely influenced by medication, drugs, alcohol or intoxicants; any medical claims related to the use or misuse of drugs or alcohol.
UNITED KINGDOM	England, Scotland, Wales and Northern Ireland (excluding the Scilly Isles, the Channel Islands and the Isle of Man).
VALUABLES	jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, photographic- audio- video- computer- television-games (including but not limited to CDs, DVDs, memory devices and headphones), telescopes, binoculars, laptops, tablets and notebooks, E-readers, MP3/4 players.
WE/US/OUR	the insurer, Inter Partner Assistance SA.
YOU/YOUR/COVERED PERSON(S)	any person not ordinarily resident in the country in which the **academic course** takes place, named in a Declaration by the **Policyholder**, who is eligible for cover.

GENERAL CONDITIONS

You must comply with the following conditions to have the full protection of this policy. If **you** do not comply **we** may at **our** option refuse to deal with **your** claim, or reduce the amount of any claim payment.

1. The maximum age limit for all benefits is 69 years inclusive.
2. **You** must take all reasonable care and precautions to prevent a claim happening. **You** must act as if **you** are not covered and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident and to recover missing property.
3. If **you** need to **curtail your trip you** must contact **us** on +44 (0) 203 887 3662. **We** are open 24/7 for advice and assistance with **your** return **home**. **We** will also arrange transport **home** if **you** have news of serious illness, deterioration or death of a **close relative** at **home**.
4. **You** must tell **us** as soon as possible in the event of an emergency or if **you** are hospitalised (any outpatient treatment, minor illness or injury (excluding fractures) costs must be paid for by **you** and reclaimed).
5. **We** ask that **you** notify **us** within 28 days of **you** becoming aware that **you** need to make a claim and that **you** return **your** completed claim form and any additional information to **us** as soon as possible.
6. **You** must report all incidents to the local police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.
7. **You** must not abandon any property for **us** to deal with and keep any damaged items as **we** may need to see them.
8. **You** must provide all necessary documentation requested by **us** on page 21 at **your** expense. **We** may also request more documentation than what is listed to substantiate **your** claim. If **you** do not provide this any claim may be refused.
9. **You** or **your** legal representatives must send **us** at **your** own expense all information, evidence, medical certificates, original invoices, receipts, reports, assistance that may be needed including details of other insurance policies that may cover the claim. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
10. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
11. **You** must tell **us** and provide full details in writing immediately if someone is holding **you** responsible for damage to their property or **bodily injury** to them. **You** must immediately send **us** any writ or summons, letter of claim or other document relating to **your** claim.
12. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense as often as may be reasonably necessary prior to paying a claim, In the event of **your** death **we** may also request and will pay for a post-mortem examination.
13. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
14. **We** have the right, if **we** choose, in **your** name but at **our** expense to:

- take over the settlement of any claim;
- take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
- take any action to get back any lost property or property believed to be lost.

15. If **you** or anyone acting for **you** in any respect, attempts to gain funds, information or other assets by deception or any other illegal means, including deliberate misrepresentation or omission of facts in order to misrepresent the true situation, this policy shall become void. **We** may inform the police and **you** must repay to **us** any amount already received under the policy.
16. If **we** pay any expense which is not covered, **you** must pay this back within one month of **our** asking.
17. **We** will make every effort to apply the full range of services in all circumstances as shown in the policy. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
18. **You** must claim against **your** private health insurer first for any expenses.

GENERAL EXCLUSIONS

These exclusions apply throughout **your** policy. **We** will not pay for claims arising directly or indirectly from:

1. Any **pre-existing medical conditions**.
2. Under all sections, any claim not arising from the circumstances listed in WHAT IS COVERED
3. Claims where **you** have not provided the necessary documentation requested by **us** on page 21 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
4. **Your** engagement in or practice of: **manual work**, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised two or three wheeled vehicles unless an applicable current driving licence is held allowing the use of such vehicles in **your country of residence** and **your trip** destination and a crash helmet is worn (see SPORTS AND ACTIVITIES) professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions, track-driving, or any tests for speed or endurance.
5. **Your** participation in or practice of any other sport or activity unless shown as covered in SPORTS AND ACTIVITIES.
6. **Sports and activities** are only covered on an incidental, non-competitive and non-professional basis. Under no circumstances will any claims arising from any activities not listed be covered regardless of whether undertaken as part of an organised excursion or event.
7. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
8. Self-exposure to needless peril (except in an attempt to save human life).
9. Any claim resulting from **your** involvement in a fight except in self-defence.
10. **Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
11. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
12. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
13. Operational duties of a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department.
14. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
15. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
16. **You** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
17. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
18. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim under this policy.
19. Costs of telephone calls or faxes, internet charges unless they are documented as costs to contact **us**.
20. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
21. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or

usurped power but this exclusion shall not apply to losses under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, HOSPITAL BENEFIT, and PERSONAL ACCIDENT unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.

22. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

23. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

SPORTS AND ACTIVITIES

You are covered under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, and HOSPITAL BENEFIT for the following activities. **Sports and activities** are excluded if **your** participation in them is the sole or main reason for **your trip**.

Any sport or activity marked with * is excluded under PERSONAL LIABILITY and PERSONAL ACCIDENT.

- *Abseiling
- *Archery
- Badminton
- Baseball
- Basketball
- Bowling
- Camel Riding
- *Canoeing (up to grade/class 3)
- *Clay pigeon shooting
- Cricket
- *Cross country skiing
- *Elephant Riding
- *Fell running
- *Fencing
- Fishing
- Football
- *Glacier Skiing
- *Go- Karting
- Golf
- Hockey
- *Horse Riding
- *Horse Trekking
- *Hot air ballooning
- Ice Skating (on recognised ice rinks)
- *Jet Biking
- *Jet Skiing
- Kitesurfing
- Monoskiing
- *Mountain bicycling on tarmac
- *Mountain bicycling off tarmac
- Netball
- Orienteering
- *Paintball
- Pony Trekking
- Racquetball
- Road Cycling
- Roller skating
- Rounders
- Running
- Sailing (within 20 Nautical Miles of the coastline)
- *Sailing (outside 20 Nautical Miles of the coastline)
- Scuba Diving † (see note below)
- *Ski touring
- *Skidoo/snowmobiling
- Skiing (on piste or off piste with a guide)
- *Snowblading
- Snowboarding (on piste or off piste with a guide)
- Snowshoeing
- Squash
- Surfing
- Table Tennis
- Tennis
- *Tobogganing
- Trampolining
- Trekking (up to 4000 metres without use of climbing equipment)
- Volleyball
- *War games
- Water polo
- Water Skiing
- Wind Surfing
- Yachting (within 20 Nautical Miles of the coastline)
- *Yachting (outside 20 Nautical Miles of the coastline)
- Zorbing

† Scuba diving – scuba diving to the following depths, when **you** hold the following qualifications, and are diving under the direction of an accredited dive marshal, instructor or guide and within the guidelines of the relevant diving or training agency or organisation:

- PADI Open Water – 18 metres
- PADI Advanced Open Water – 30 metres
- BSAC Ocean Diver – 20 metres
- BSAC Sports Diver – 35 metres
- BSAC Dive Leader – 50 metres

We must agree with any equivalent qualification. If **you** do not hold a qualification, **we** will only cover **you** to dive to a depth of 18 metres.

CANCELLATION

WHAT IS COVERED

Up to £/€ 7,500 per **trip** for all **covered persons** for irrecoverable unused travel, tuition and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **covered persons**, including any reasonable additional travel expenses incurred if cancellation of the **trip** is necessary and unavoidable as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.

b. Compulsory quarantine, jury service attendance or being called as a witness at a Court of Law (other than in an advisory or professional capacity) of **you** or **your** travelling companion(s).

c. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where **you** are the owner, manager or principal of the business) caused by a third party that is not related to **you**.

d. **Your** redundancy where **you** are in permanent employment, and have passed **your** probationary period, with **your** employer.

e. Abandonment - If **your outward journey** on scheduled **public transport** is delayed at the final departure point for more than 24 hours from the scheduled time of departure due to **strike or industrial action**; or **adverse weather conditions**; or mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel.

f. Exam or course failure, where the failure prevents **you** from attending the **academic course**.

g. The non-issuance of a travel visa, excluding an immigration or employment visa required for **your trip**, provided **you** were eligible to make such an application, for reasons beyond **your** control other than due to late application or subsequent attempt for a visa that had already been refused in the past.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

IMPORTANT LIMITATIONS UNDER CANCELLATION

This policy will not cover any claims arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to **you** purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or staying during **your trip** if:

a. a terminal diagnosis had been given by a **medical practitioner**; or

b. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;

c. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any **pre-existing medical conditions**.
2. Exam failure due to non-attendance, whether deliberate or otherwise.
3. Any claim arising from **complications of pregnancy** which first arise before booking or paying for the **trip**, whichever is later
4. Any claim relating to IVF treatment
5. Claims where **you** have not provided the necessary documentation requested by **us** on page 21 at **your** expense. **We** may also ask for more documentation than what is listed to substantiate **your** claim.
6. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
7. Any costs for cancellation of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to cancel and prevented **you** from travelling or return to **your country of residence** due to **bodily injury** or illness.
8. Claims for travelling companions if they are not **covered persons**.
9. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point

schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.

10. Any costs or charges for which the **public transport** provider will compensate **you**.
11. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
12. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
13. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
14. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
15. Any cancellation caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
16. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport.
17. The cost of recoverable airport charges, ATOL fees, levies and taxes.
18. Claims where **you** delay or fail to notify the travel agent, tour operator or provider of transport/ accommodation, at the time it is found necessary to cancel the **trip**. **Our** liability shall be restricted to the cancellation charges that would have applied had failure or delay not occurred.
19. Claims for abandonment where **you** have not obtained confirmation from the carriers (or their handling agents) of the length and reason for the delay.
20. Any claim resulting from a change of plans due to **your** financial circumstances except if **you** are made redundant whilst in permanent employment with the same employer for 2 years or more
21. Claims where documented evidence that authorised leave is cancelled for unforeseen operational reasons is not provided.
22. Any rebooking costs that exceed the cost of **your** originally booked **trip**.
23. Abandonment after the first leg of a **trip**.
24. Any claim resulting from the delay or change to **your** booked **trip** because of Government action or restrictive regulations.
25. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a **medical practitioner**, being addicted to, abusing or being **under the influence** of drugs, or alcohol.
26. Self-exposure to needless peril (except in an attempt to save human life).
27. Any claim resulting from **your** involvement in a fight except in self-defence.
28. **Your** own unlawful action or any criminal proceedings against **you** or any loss or damage deliberately carried out or caused by **you**.
29. Any other loss, damage or additional expense following on from the event for which **you** are claiming. Examples of such loss, damage or additional expenses would be the cost incurred in preparing a claim, loss of earnings, loss or costs incurred arising from the interruption of **your** business, inconvenience, distress, or loss of enjoyment.
30. Any claim where **you** are entitled to indemnity under any other insurance, including any amounts recoverable from any other source, except in respect of any excess beyond the amount which would have been covered under such other insurance, or any amount recoverable from any other source, had these benefits not been effected.
31. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
32. Any circumstances **you** are aware of that could reasonably be expected to give rise to a claim under this policy.
33. A condition for which **you** are not taking the recommended treatment or prescribed medication as directed by a **medical practitioner**.
34. **Your** travel to a country or specific area or event to which a government agency in the **country of residence** or the World Health Organisation has advised the public not to travel, or which are officially under embargo by the United Nations.
35. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, **terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power but this exclusion shall not apply to losses under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, HOSPITAL BENEFIT, and PERSONAL ACCIDENT unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
36. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.

37. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

CURTAILMENT

WHAT IS COVERED

YOU MUST ALWAYS CONTACT US BEFORE CURTAILING YOUR TRIP

Telephone Number +44 (0) 203 887 3662

Up to the amount shown in the **Benefit Table** per **trip** for irrecoverable unused travel, tuition and accommodation costs and any pre-paid excursions, tours or activities at **your trip** destination which **you** have paid or will have to pay for **covered persons** together with any reasonable additional travel expenses incurred if the **trip** is curtailed before completion as a result of any of the following changes in circumstances, which are beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip** or began **your trip**, whichever is the later:

a. Unforeseen illness, injury, complication of pregnancy or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**.

b. The emergency services requesting **you** to remain at or subsequently return **home** due to serious damage to **your home** or business (where **you** are the owner, manager or principal of the business) caused by a third party that is not related to **you**.

c. If **You** or any travelling companion or person **you** are staying with on **your trip**, are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons, provided that such cancellation could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip** (whichever is the later).

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

PLEASE NOTE: Reimbursement will be calculated strictly from the date **you** return to **your home** in **your country of residence**.

IMPORTANT LIMITATIONS UNDER CURTAILMENT

This policy will not cover any claims arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to **you** purchasing the policy or prior to booking any **trip** (whichever is the later), affecting any **close relative**, any person with whom **you** are travelling, or staying during **your trip** if:

a. a terminal diagnosis had been given by a **medical practitioner**; or

b. they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic;

c. during the 90 days immediately prior to **you** purchasing the policy or prior to booking any **trip** (whichever is later) they had required surgery, inpatient treatment or hospital consultations.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any **pre-existing medical conditions**.
2. Any claim where **you** do not get **our** pre-authorisation before returning to **your country of residence**. **We** will confirm the necessity to return **home** before **curtailment** due to **bodily injury** or illness.
3. Any costs for transportation and/ or accommodation not arranged by **us** or incurred without **our** prior approval.
4. Any claim arising from **complications of pregnancy** which first arise before departing on **your trip**.
5. Any claim relating to IVF treatment.
6. Claims where **you** have not provided the necessary documentation requested by **us**.
7. Any claim arising directly or indirectly from circumstances known to **you** prior to the date **you** purchased the policy or the time of booking or commencing any **trip** (whichever is later) which could reasonably have been expected to give rise to a claim.
8. Any costs for **curtailment** of the **trip** due to **bodily injury** or illness where **you** do not provide a medical certificate from the **medical practitioner** treating the injured/ill person, stating that it was necessary for **you** to return to **your country of residence** due to **bodily injury** or illness.
9. Claims for travelling companions if they are not **covered persons**.
10. Any costs paid for using any airline mileage reward scheme, for example Avios (formerly air miles), or any card bonus point schemes, any Timeshare, Holiday Property Bond or other holiday point's scheme and/or any associated maintenance fees.

11. Any costs or charges for which the **public transport** provider will compensate **you**.
12. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
13. **Strike or industrial action** or air traffic control delay existing or publicly declared by the date these benefits became effective or **you** booked **your trip** (whichever is the earlier).
14. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Aviation Authority, a Port Authority or any similar body in any country.
15. Any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** (apart from excursions) including error, insolvency, omission or default.
16. Any **curtailment** caused by work commitment or amendment of **your** holiday entitlement by **your** employer unless **you** or any travelling companion or person **you** are staying with on **your trip** are a member of the Armed Forces, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your**/their authorised leave cancelled for operational reasons.
17. Any claim resulting from **your** inability to travel due to failure to hold, obtain or produce a valid passport.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

DELAYED DEPARTURE

WHAT IS COVERED

If **you** have arrived at the terminal and have checked in or attempted to check in during **your outward journey** or **homeward journey** and the departure of **your** pre-booked scheduled **public transport** is delayed at the final departure point for more than 12 hours from the scheduled departure time due to:

1. **strike or industrial action**; or
2. **adverse weather conditions**; or
3. mechanical breakdown of or a technical fault occurring in the scheduled **public transport** on which **you** are booked to travel;

we will pay **you**:

a. £20 for the first full 12 hours that **your** departure is delayed, and

b. £20 for each additional full 12 hour period of delay.

The maximum **we** will pay **you** per **trip** is £280;

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Any costs or charges for which any carrier or provider must, has or will reimburse **you** and all amounts paid in compensation by the carrier.
2. Claims where **you** have not checked in or attempted to check in according to the itinerary supplied to **you**. **You** must also arrive at the departure point before the advised departure time.
3. Claims where **you** have not complied with the terms of contract of the travel agent, tour operator or provider of transport.
4. Claims where **you** have not obtained confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
5. **Strike or industrial action** or air traffic control delay which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchased the policy.
6. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
7. Any claim where **you** have not been delayed for more than 12 hours of the scheduled departure time.
8. Any claims for delayed departure under this section if **you** have claimed under MISSED DEPARTURE or CURTAILMENT.
9. Privately chartered flights.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

MISSED DEPARTURE

WHAT IS COVERED

If **you** arrive at the airport, port or rail terminal too late to commence **your** international **trip** as a result of:

a. the failure of other scheduled **public transport**; or

b. an accident to or breakdown of the vehicle in which **you** are travelling or a major event causing serious delay on the roads

on which **you** are travelling;

we will reimburse **you** up to the amount shown in the **Benefit table** per **trip** for all **covered persons** travelling together, for additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination or connecting flights outside the **country of residence**.

PLEASE NOTE: Claims are strictly calculated from the time of **your** scheduled departure to the time of **your** actual departure.

Please refer to MAKING A CLAIM for the documents **you** would need to provide.

WHAT IS NOT COVERED

1. Claims where **you** have not allowed sufficient time (i.e. a reasonable period of time as allowed on a recognised itinerary/ route map for the journey based on the method of transport to arrive in time for check-in) for the scheduled **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. Claims where **you** have not provided a written report from the carrier confirming the length and reason for the delay.
3. Costs in excess of the original provider's alternative arrangements for expenses incurred where **you** take alternative transportation.
4. All amounts paid in compensation by the carrier.
5. Claims where **you** have not retained and provided original receipts for costs above £/€5.
6. Breakdown of any vehicle in which **you** are travelling if the vehicle is owned by **you** and has not been serviced properly and maintained in accordance with the manufacturer's instructions.
7. Claims where **you** have not obtained a written report from the police or emergency service, or a repairers report and/or receipt within 7 days of **you** returning **home** if the vehicle **you** are travelling in breaks down or is involved in an accident.
8. Withdrawal from service (temporary or otherwise) of **public transport** on the recommendation of the Aviation Authority or a Port Authority or any similar body in any country.
9. Any claims under this section if **you** have claimed under CURTAILMENT or under DELAYED DEPARTURE.
10. Any expenses when reasonable alternative travel arrangements have been made available by the **public transport** operator within 12 hours of the actual departure time or actual connecting flight time.
11. Privately chartered flights.
12. **Strike or industrial action** which had commenced or for which the start date had been announced before **you** made **your** travel arrangements for **your trip**, and/or **you** purchasing the policy.
13. Denied boarding due to **your** drug or alcohol abuse or **your** inability to provide a valid passport, visa or other documentation required by the **public transport** operator.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BAGGAGE DELAY

WHAT IS COVERED

Up to the amount shown in the **Benefit Table** in total for all **covered persons** travelling together, for the emergency replacement of clothing, medication and toiletries if the checked in **baggage** is temporarily lost in transit during the **outward journey** and not returned to **you** within 12 hours of **your** arrival, provided written confirmation is obtained from the airline, confirming the number of hours the **baggage** was delayed.

If the loss is permanent the amount will be deducted from the final amount to be paid under BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS.

IMPORTANT CLAIM CONDITIONS

1. **You** must obtain written confirmation from the carrier, confirming the number of hours the **baggage** was delayed. **You** must:
   - obtain a Property Irregularity Report from the airline or their handling agents
   - give written notice of the claim within the time limitations of the carrier and retain a copy.
   - retain all travel tickets and tags to submit with a claim.
2. All amounts are only for actual receipted expenses in excess of any compensation paid by the carrier.
3. The amounts shown in the **Benefit table** are the total for each delay irrespective of the number of beneficiaries travelling together.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Claims which do not relate to **your outward journey** on a **trip** outside of **your country of residence**.
2. Claims due to delay, confiscation or detention by customs or other authority.
3. Claims arising from **baggage** shipped as freight or under a bill of lading.
4. Any costs or charges for which any carrier or provider must, has or will compensate **you**.
5. Reimbursement for items purchased after **your baggage** was returned.
6. Reimbursement where itemised receipts are not provided.
7. Claims where **you** do not obtain written confirmation from the carrier (or their handling agents), confirming the number of hours the **baggage** was delayed and when the **baggage** was returned to **you**.
8. Any purchases made outside of 4 days of the actual arrival at the destination.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

BAGGAGE, PERSONAL MONEY AND TRAVEL DOCUMENTS

WHAT IS COVERED

BAGGAGE

Up to the amount shown in the **Benefit table** per **trip** for all **covered persons** travelling together, for the accidental loss of, **theft** of or damage to **baggage** and **valuables**.

The amount payable will be the value at the time of purchase less a deduction for wear and tear based on the age of the property as shown in the table below, (or if the item can be repaired economically **we** will pay the cost of repair only).

The maximum **we** will pay for any one article, **pair or set** of articles is equal to the Single Item Limit shown in the **Benefit table**.

The maximum **we** will pay for all **valuables** in total is equal to the **valuables** limit shown in the **Benefit table**.

PERSONAL MONEY

Up to the amounts shown in the **Benefit table** per **trip** for all **covered persons** travelling together for the accidental loss of, **theft** of or damage to **personal money**.

We will pay up to the amounts shown in the **Benefit table** under cash limit for bank notes and coins.

TRAVEL DOCUMENTS

Up to the amount shown in the **Benefit table** for reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **your** lost or stolen travel documents as well as the pro-rata cost of the lost or stolen document.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIM CONDITIONS

1. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority or hotel **you** must report to them, in writing, details of the incident. **You** must obtain an official report from the local police within 24 hours.
2. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
   - obtain a Property Irregularity Report from the airline at the airport when the incident occurs.
   - give written notice of the claim to the airline within the time limitations of the carriage or the handling agents and please retain a copy.
   - retain all travel tickets and tags to submit with a claim.
3. **You** must provide an original receipt or proof of ownership for items to help to substantiate **your** claim.
4. Any amounts paid under BAGGAGE DELAY will be deducted from the final amount to be paid under this section.

WHAT IS NOT COVERED

1. Claims which are not supported by the proof of ownership or insurance valuation (obtained prior to the loss) of the item(s) lost, stolen or damaged.
2. Incidents of loss or **theft** of **baggage** or **valuables** which are not reported to the local police within 24 hours of discovery and a written report is not obtained; A Holiday Representatives Report is not sufficient.
3. Items damaged whilst **you** are on a **trip** when **you** do not obtain a damage/repair statement from an appropriate agent within 7 days of **your** return to **your country of residence**.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Cheques, traveller's cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, if **you** have not followed

the issuer's instructions.

6. Claims relating to currency when **you** do not produce evidence of the withdrawal.
7. Unset precious stones, contact or corneal lenses, non-prescription spectacles or sunglasses without a receipt, hearing aids, dental or medical fittings, cosmetics, perfumes, tobacco, vaporisers or E-cigarettes, drones, alcohol, antiques, musical instruments, deeds, manuscripts, securities, perishable goods, surfboards/sailboards, bicycles, marine equipment or craft or any related equipment or fittings of any kind and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).Damage to china, glass (other than glass in watch faces, prescription spectacles and sunglasses, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, **theft**, or accident to the transportation vehicle or vessel in which they are being carried.
8. Loss or damage due to breakage of sports equipment or damage to sports clothing whilst in use.
9. Any amounts already paid under BAGGAGE DELAY.
10. All items used in connection with **your** business, trade, profession or occupation.
11. Damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moths, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown or liquid damage.
12. Depreciation in value, variations in exchange rates or loss due to error or omission by **you** or a third party.
13. Claims arising from loss or **theft** from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
14. **Valuables** or **personal money** or passport left **unattended** at any time (including in the custody of carriers) unless deposited in a hotel safe or locked safety deposit box. If items are stolen from a hotel safe or safety deposit box, any claims where **you** have not reported the incident to the hotel in writing and obtained an official report from the appropriate local authority.
15. **Valuables** or **personal money** or passport left **unattended** in a vehicle at any time unless all items are kept out of sight in a locked glove or boot compartment and the vehicle shows signs of forced entry.
16. Claims arising from damage caused by leakage of powder or liquid carried within **baggage**.
17. Claims arising from **baggage** shipped as freight

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

EMERGENCY MEDICAL EXPENSES

This is not private medical insurance

If **you** become unexpectedly ill, injured or have a complication of pregnancy and **you** require in-patient treatment, repatriation or it is likely that the costs will exceed £/€ 500 then **you** must contact **us** on +44 (0) 203 887 3662.

We may:

- move **you** from one hospital to another; and/or
- return **you** to **your home** in the **country of residence**; or move **you** to the most suitable hospital in the **country of residence**;

at any time, if **we** and the treating **medical practitioner** believe that it is **medically necessary** and safe to do so.
If **our** Chief Medical Officer advises a date when it is feasible and practical to repatriate **you**, but **you** choose not to be repatriated, **our** liability to pay any further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.

WHAT IS COVERED

Up to the amount shown in the **Benefit table** for costs incurred outside **your country of residence** for:

a. Reasonable and necessary expenses which arise as a result of a **medical emergency** involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.

b. Reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event.

c. Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or artificial teeth solely to relieve distress in eating.

d. With **our** prior authorisation, additional travelling costs to repatriate **you** to **your home** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary. Repatriation expenses will be in the identical class of travel utilised on the **outward journey** unless **we** agree otherwise.

e. With **our** prior authorisation, and if deemed **medically necessary** by **our** Chief Medical Officer:
   - all necessary and reasonable accommodation (room only) and travel expenses incurred if it is **medically necessary** for **you** to stay beyond **your** scheduled return date, and including travel costs, back to **your country of residence** if **you**

cannot use **your** original ticket.
- all necessary and reasonable accommodation (room only) and travel expenses incurred by any one other person if required on medical advice to accompany **you** or escort a child **home** to **your country of residence**.
- up to £/€ 5,000 for travel expenses, and £/€ 1,500 for accommodation and meals for a maximum period of 10 days, for up to two people to travel to **you** if **you** have no family members within 500 km while **you** are hospitalised outside **your country of residence** and the hospitalisation is expected to last a minimum of 7 days, or in the event of **your** death.
- all necessary and reasonable accommodation (room only) and travel expenses for a friend or **close relative** to travel from the **country of residence** to escort **covered persons** under the age of 18 to **your home** in the **country of residence** if **you** are physically unable to take care of them and are travelling alone. If **you** cannot nominate a person **we** will then select a competent person. If the original pre-booked return ticket(s) for the child cannot be used, **we** will pay for economy one way travel to return the child to the **home**. **We** will not pay for travel and/or accommodation that has not been arranged through **us** or incurred without **our** prior approval.

f. If **you** die abroad:
- cremation or burial charges in the country in which **you** die; or
- transportation charges for returning **your** body or ashes back to **your country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical condition**.
2. Any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
3. Claims where **you** unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this policy. If **you** choose alternative medical repatriation services **you** must notify **us** in writing in advance and it will be at **your** own risk and own cost.
4. Any costs **you** incur outside the **country of residence** after the date **our** Chief Medical Officer tells **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place).
5. Any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury.
6. Any expenses which are not usual, reasonable or customary to treat **your bodily injury** or illness.
7. Any treatment or diagnostic testing that was pre-planned or pre-known by **you**.
8. Any form of treatment or surgery which in the opinion of **our** Chief Medical Officer can be reasonably delayed until **your** return to the **country of residence**.
9. Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside the **country of residence** unless stolen or damaged.
10. Additional costs arising from single or private room accommodation.
11. Treatment or services provided by a private clinic or hospital, health spa, convalescent or nursing **home** or any rehabilitation centre unless agreed by **us**.
12. Treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this policy.
13. Any expenses incurred after **you** have returned to **your country of residence** unless previously agreed to by **us**.
14. Expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication.
15. The cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event of medical repatriation unless **we** agree otherwise.
16. The cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals and not for the immediate relief of pain.
17. Costs of telephone calls, other than calls to **us** notifying **us** of the problem, for which **you** are able to provide a receipt or other evidence to show the cost of the call and the number telephoned.
18. Air-sea rescue costs.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

HOSPITAL BENEFIT

WHAT IS COVERED

If **we** accept a claim under EMERGENCY MEDICAL AND REPATRIATION EXPENSES, **we** will also pay **you** up to the amount shown in the **Benefit table** for incidental expenses for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **country of residence**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

WHAT IS NOT COVERED

1. Any additional period of hospitalisation relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury** or **medical condition** which necessitated **your** admittance into hospital.
2. Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, if **you** suffer a **bodily injury** ca**us**ed by an accident during a **trip**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- Permanent Total Disablement

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for permanent total disablement.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under permanent total disablement, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any claim when **you** are not travelling on **public transport**
3. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
4. Payment under permanent total disablement one year before the date **you** sustain **bodily injury**.
5. Normal and habitual travel between **your home** and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

TRAVEL ACCIDENT

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, if **you** suffer a **bodily injury** caused by an accident whilst travelling on **public transport**, which within 12 months directly results in **your**

- Death; or
- **Loss of sight**; or
- **Loss of limb**; or
- Permanent Total Disablement

If **you** suffer from **loss of limb** or **loss of sight**, the following amounts may be paid, but in any case will not exceed 100% of the benefit amount for permanent total disablement.

Loss of:	Benefit Amount
Both hands	100% of the Permanent Total Disablement Benefit
Both feet	
Entire sight in both eyes	
One hand and one foot	
One hand or foot and the entire sight of one eye	
One hand	50% of the Permanent Total Disablement Benefit
One foot	
The entire sight of one eye	

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **Our medical practitioner** may examine **you** as often as may be reasonably necessary prior to paying a claim.
2. The benefit is not payable under permanent total disablement, until one year after the date **you** sustain **bodily injury**.
3. **We** will not pay more than one benefit for the same **bodily injury**.

WHAT IS NOT COVERED

1. Any claim arising directly or indirectly from any **pre-existing medical conditions**.
2. Any claim when **you** are not travelling on **public transport**
3. Any disability or death that is caused by a worsening of physical health (e.g. a stroke or a heart attack) and not as a direct result of a **bodily injury**.
4. Payment under permanent total disablement one year before the date **you** sustain **bodily injury**.
5. Normal and habitual travel between **your** place of study and place of employment or second residence will not be considered as a covered **trip**.

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

PERSONAL LIABILITY

WHAT IS COVERED

Up to the amount shown in the **Benefit table**, against any amount **you** become legally liable to pay as compensation for any claim or series of claims arising from any event occurring during a **trip** outside of the **country of residence** in respect of accidental:

1. **Bodily injury**, death, illness or disease to any person who is not in **your** employment or who is not a relative, **close relative** or member of **your** household.
2. Loss of or damage to property that does not belong to and is neither in the charge of or under the control of **you**, a relative, **close relative**, anyone in **your** employment or any member of **your** household other than any temporary holiday accommodation occupied (but not owned) by **you**.

Please refer to MAKING A CLAIM for the documents **you** would need to provide

IMPORTANT CLAIMS CONDITIONS

1. **You** must give **us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** written consent.
3. **We** will be entitled if **we** so desire to take over and conduct in **your** name the defence of any claims for indemnity or

damages or otherwise against any third party. **We** shall have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** shall give **us** all necessary information and assistance which **we** may require.

4. In the event of **your** death, **your** legal representative(s) will have the protection of the **Benefit table** provided that such representative(s) comply (ies) with the terms and conditions outlined in this document.

WHAT IS NOT COVERED

Compensation or legal costs arising from:

a. Liability which has been assumed by **you** which would not apply had **you** not agreed to take on the liability.

b. Pursuit of any business, trade, paid or unpaid voluntary work, profession or occupation or the supply of goods or services.

c. Ownership, possession or use of firearms, vehicles, aircraft or watercraft (other than surfboards or manually propelled rowboats, punts, canoes).

d. The known or intentional transmission of any communicable disease or virus.

e. Ownership or occupation of land or buildings (other than occupation only of any temporary holiday accommodation where **we** will not pay for the first £/€ 250 of each and every claim arising from the same incident).

f. **Your** criminal, malicious or deliberate acts.

g. Punitive or exemplary damages

Please refer to GENERAL CONDITIONS and GENERAL EXCLUSIONS.

5 SECTION

GETTING IN CONTACT

MAKING A CLAIM

In the event of an emergency **you** should call **us** on +44 (0) 203 887 3662.

For all other claims please call **our** claims helpline on +44 (0) 203 887 3662 (Monday - Friday 09:00 – 17:00) to obtain a claim form. **You** will need to give:

- **your** name
- **your** policy number
- brief details of **your** claim.

We ask that **you** notify **us** within 28 days (unless otherwise stated) of **you** becoming aware of needing to make a claim and return the completed claim forms with any additional requested documentation as soon as possible.

Please keep a copy of all documents sent to **us**. To help **us** agree a quick and fair settlement of a claim, it may sometimes be necessary for **us** to appoint a claims handling agent.

You will need to obtain some information about **your** claim while **you** are away. **We** may ask for more documentation than what is listed below to substantiate **your** claim. If **you** do not provide the necessary documentation **your** claim could be ref**us**ed. Below is a list of the documents required to assist **us** to deal with **your** claim as quickly as possible.

FOR ALL CLAIMS

- **Your** original booking invoice(s) and travel documents showing the dates of travel and booking date.
- Original receipts and accounts for all out-of-pocket expenses **you** have to pay
- Original bills or invoices **you** are asked to pay.
- Details of any other insurance that may also cover the incident.
- Any documentation **you** have to substantiate **your** claim
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with. Or any claims due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with and a copy of their death certificate.
- Original receipts or proof of ownership for stolen, lost or damaged item(s)

CANCELLATION

- Original cancellation invoice(s) detailing all cancellation charges incurred and any refunds given.
- To submit a claim for abandonment after 24 hours delay **you** must obtain a written report from the carrier confirming the length and reason for the delay.
- If **your** claim relates to other covered circumstances **we** will detail what documents **you** would need to provide in the claim forms.

CURTAILMENT

- Original receipt or booking invoice for new flight
- Original booking invoice for any unused pre-paid excursions confirming date and amount paid.
- For all claims relating to illness or injury a medical certificate will need to be completed by the treating **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip**. If **you** are curtailing due to a death **we** will require a medical certificate from the **medical practitioner** treating **you**, a **close relative**, or any person with whom **you** are travelling or staying with during the **trip** and a copy of their death certificate.

MISSED DEPARTURE

- Proof of reason for missed departure:
  - Failure of **public transport** – letter confirming length and reason of delay.
  - Breakdown – report from the breakdown company showing date and what was wrong with vehicle.
  - Motorway Problem – Highways agency printout of that date or written confirmation from the police showing location, duration and reason for delay.
- Evidence of additional travel/accommodation expenses incurred as a result of missed departure.

DELAYED DEPARTURE

- Written confirmation from carrier (or their handling agents) confirming length and reason for delay.
- Original receipts for purchases of refreshments and meals, or additional accommodation if necessary.

BAGGAGE DELAY

- Property Irregularity Report (PIR) from the carrier or their handling agents.
- Letter from airline confirming reason and length of delay and when item(s) were returned to **you**.
- Original itemised receipts for any emergency purchases made.

BAGGAGE/ PERSONAL MONEY/ PASSPORT

- If lost or stolen a police report confirming **you** reported the incident to the police within 24 hours of noticing the item(s) missing.

- If lost or damaged by the carrier please obtain a PIR (Property Irregularity Report) and letter from the airline confirming the item(s) lost. Please also keep all luggage tags where possible.
- If **personal money** was lost or stolen a police report confirming what happened and what was lost, and any bank statements/ bereau de change receipt as proof of ownership.
- A damage report and repair estimate for damaged item(s)
- Keep any damaged items beyond repair as **we** may need to inspect them.

PASSPORT

- Police report or embassy report confirming **you** reported to the local authorities within 24 hours of noticing the passport missing.
- Original receipts for any additional accommodation or travel expenses incurred.

MEDICAL EXPENSES

- In case of any **medical emergency you** must contact **us** on +44 (0) 203 887 3662 as soon as possible.
- For outpatient treatment (excluding fractures) **you** should pay for the treatment. Please keep all original receipts and obtain a medical report from the hospital confirming the illness or injury, any treatment and admission and discharge dates if applicable.
- A discharge medical report from the **medical practitioner** confirming the treatment and medical expenses.
- If there are any outstanding expenses please send a copy of the outstanding bill. Please also mark on it that it remains outstanding.
- If **you** incur any additional expenses after **our** prior authorisation please provide these receipts.

HOSPITAL BENEFIT

- Original receipts for any incidental expenses incurred.
- Medical report confirming the dates of admission and discharge.

PERSONAL ACCIDENT & TRAVEL ACCIDENT

- Detailed explanation of the circumstances surrounding the incident, including photographs and video evidence (if this applies)
- A medical certificate from the **medical practitioner** to confirm the extent of the injury and treatment given including hospital admission/discharge.
- A death certificate (where applicable),
- Full details of any witnesses, providing written statements where possible.

PERSONAL LIABILITY

- Detailed explanation of the circumstances surrounding the incident, including any photographs and video evidence (where applicable).
- Every writ, summons, or other correspondence received from a third party.
- Full details of any witnesses, providing written statements where possible.

COMPLAINTS PROCEDURE

We make every effort to provide **you** with the highest standards of service. If on any occasion **our** service falls below the standard **you** would expect **us** to meet, the procedure below explains what **you** should do.

You can contact the Complaints Team, who will arrange an investigation on **your** behalf, on +44 (0) 203 887 3662.

If, after **our** investigation is complete, it is impossible to reach an agreement, **you** may have the right to make an appeal to the Ombudsman Service in **your country of residence**.

Details of the available Ombudsman service can be found at: https://ec.europa.eu/consumers/odr/main/

These procedures do not affect **your** right to take legal action.

USE OF YOUR PERSONAL DATA

Details of **you**, **your** insurance cover under this policy and claims will be held by **us** (acting as Data Controller) for underwriting, policy administration, claims handling, providing travel assistance, complaints handling, sanctions checking and fraud prevention, subject to the provisions of applicable data protection law and in accordance with the assurances contained in **our** website privacy notice (see below).

We collect and process these details as necessary for performance of **our** contract of insurance with **you** or complying with **our** legal obligations, or otherwise in **our** legitimate interests in managing **our** business and providing **our** products and services.

These activities may include:

a. use of sensitive information about the health or vulnerability of **you** or others involved in **your** assistance guarantees, in order to provide the services described in this policy, By using **our** services, **you** consent to **us** using such information for these purposes,

b. disclosure of information about **you** and **your** insurance cover to companies within the AXA group of companies, to **our** service providers and agents in order to administer and service **your** insurance cover, to provide **you** with travel

assistance, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;

c. monitoring and/or recording of **your** telephone calls in relation to cover for the purposes of record-keeping, training and quality control;

d. technical studies to analyze claims and premiums, adapt pricing, support subscription process and consolidate financial reporting (incl. regulatory); detailed analyses on claims/missions/calls to better monitor providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;

e. obtaining and storing any relevant and appropriate supporting evidence for **your** claim, for the purpose of providing services under this policy and validating **your** claim; and

f. sending **you** feedback requests or surveys relating to **our** services, and other customer care communications.

We will separately seek **your** consent before using or disclosing **your** personal data to another party for the purpose of contacting **you** about other products or services (direct marketing). **You** may withdraw **your** consent to marketing at any time, or opt-out of feedback requests, by contacting the Data Protection Officer (see contact details below).

We carry out these activities within the UK, in and outside the European Economic Area, in relation to which processing the data protection laws and or agreements **we** have entered into with the receiving parties provide a similar level of protection of personal data

By purchasing this policy and using **our** services, **you** acknowledge that **we** may use **your** personal data, and consent to **our** use of sensitive information, both as described above. If **you** provide **us** with details of other individuals, **you** agree to inform them of **our** use of their data as described here and in **our** website privacy notice (see below).

You are entitled on request to a copy of the information **we** hold about **you**, and **you** have other rights in relation to how **we** use **your** data (as set out in **our** website privacy notice – see below). Please let **us** know if **you** think any information **we** hold about **you** is inaccurate, so that **we** can correct it.

If **you** want to know what information is held about **you** by AXA Travel Insurance Limited, or have other requests or concerns relating to **our** use of **your** data, please write to **us** at:

Data Protection Officer
AXA Travel Insurance Limited
106-108 Station Road
Redhill
RH1 1PR

Email: dataprotectionenquiries@axa-assistance.co.uk

Our full privacy notice is available at:
www.axa-assistance.com/en.privacypolicy
Alternatively, a hard copy is available from **us** on request.

CANCELLATION OF BENEFITS

You may cancel this policy by contacting the **Policyholder** at the address or number shown on **your** travel insurance certificate. Any premium already paid will be refunded to **you** providing **you** have not travelled and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

If **you** choose to cancel and a claim has been made or the **trip** has commenced, **you** will not be entitled to any premium refund.

This policy is underwritten by Inter Partner Assistance SA (IPA) which is fully owned by the AXA Partners Group. Inter Partner Assistance is a Belgian firm authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority.