

Single Trip and Annual Multi Trip

Schedule of Cover

Section		Maximum Limit	Excess
A	Cancellation and Curtailment	Up to £2,500	£75
B	Natural Catastrophe	Up to £1,000	£50
C	Medical Expenses and Emergency Repatriation	Up to £10,000,000	£75
D	Hospital Benefit	£25 per day up to £1,000	NIL
E	Emergency Replacement of Prescribed Medication	£500	£50
F	Baggage & Personal Effects Delayed Baggage Loss of Travel Documents Mobility Equipment	Up to £2,000 Single item limit - £350 Valuables limit - £400 Up to £250 Up to £500 Up to £2,000	£50
G	Money & Cash	Up to £500 £500 cash limit £50 U18	£50
H	Travel Delay	£25 per 12 hours up to £100	NIL
I	Holiday Abandonment	Up to £2,500 after 24 hour delay	£50
J	Missed Departure	Up to £1,000	£50
K	Personal Accident Permanent Total Disablement Loss of limb(s)/eye(s) Death U18/>65 years	 £20,000 £20,000 £15,000 £2,500	 NIL NIL NIL NIL
L	Personal Liability	Up to £2,000,000	£150 property damage
M	Legal Expenses	Up to £25,000	NIL
Wintersports coverage – subject to the payment of an additional premium			
N1	Ski Equipment	£1,000 owned £500 hired	£50
N2	Ski Hire	£50 per day up to £500	NIL
N3	Ski Pack	£50 per day up to £500	NIL
N4	Piste Closure	£50 per day up to £500	NIL
N5	Avalanche Closure	£500	NIL
Golf coverage – subject to the payment of an additional premium			
O1	Golf Equipment	£1,000	£50
O2	Golf Equipment Hire	£40 per day up to £200	NIL
O3	Green Fees	£300	NIL

INTRODUCTION

This is **Your** travel insurance policy. It contains details of cover, conditions and exclusions relating to each **Insured Person** and is the basis on which all claims will be settled. It is validated by the issue of the validation certificate which must be attached to the policy.

In return for having accepted **Your** premium **We** will in the event of **Bodily Injury**, death, illness, disease, loss, theft, damage or other events happening within the **Period of Insurance** provide insurance in accordance with the operative sections of **Your** policy as referred to in **Your** validation certificate.

The validation certificate and any endorsements are all part of the policy.

The information **You** have supplied forms part of the contract of insurance with **Us**. **Your** policy is evidence of that contract.

Residency

This policy is only available to **You** if **You** are permanently resident in the **United Kingdom**, Channel Islands or Isle of Man and are registered with a **Medical Practitioner** in the **United Kingdom**, Channel Islands or Isle of Man.

The Law applicable to this contract

You and **We** are free to choose the laws applicable to the policy. As **We** are based in England, **We** propose to apply the laws of England and Wales and by purchasing this policy **You** have agreed to this.

Helplines

Please carry this policy and the Emergency Assistance helpline telephone number with **You** in case of an emergency.

Policy Information or Advice

If **You** would like more information or if **You** feel the insurance may not meet **Your** needs, telephone the customer helpline on the number shown on **Your** validation certificate.

Financial Services Compensation Scheme (FSCS)

Ageas Insurance Limited is 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 circumstances of the claim. Most insurance contracts are covered for 90% of the claim. You can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk

Period of Cover

This document only constitutes as valid evidence of insurance when it is issued in conjunction with a validation certificate issued between **01/03/2013 - 28/02/2014** and for holidays or journeys commencing up to **28/02/2015**.

Territorial Limits

Area 1 The **United Kingdom**

Area 2 The Continent of Europe west of the Ural Mountains and/or with a Mediterranean coastline excluding Algeria, Cyprus, Greece, Israel, Lebanon, Libya, Malta, Spain and Turkey

Area 2A The Continent of Europe west of the Ural Mountains and/or with a Mediterranean coastline including Cyprus, Greece, Malta, Spain and Turkey but excluding Algeria, Israel, Lebanon and Libya

Area 3 Australia and New Zealand

Area 4 Worldwide excluding The United States of America, Canada, the Caribbean, China, Hong Kong, Mexico and Singapore

Area 5 Worldwide including The United States of America, Canada, the Caribbean, China, Hong Kong, Mexico and Singapore

Arranged by

Benefits under this policy are arranged by UK General Insurance Ltd on behalf of the Insurer, Ageas Insurance Limited. UK General Insurance Ltd and Ageas Insurance Limited are authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

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DEFINITIONS

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

Baggage

- means luggage, clothing, personal effects, excluding **Golf Equipment** and **Ski Equipment**, **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**.

Bodily Injury

- means an identifiable physical injury sustained by **You** caused by sudden, unexpected, external violent and visible means. Injury as a result of **Your** unavoidable exposure to the elements shall be deemed to have been caused by **Bodily Injury**.

Cancellation Period

- means the 14 days following receipt of the policy documents at new business or the 14 days from the renewal date.

Close Business Associate

- means any person whose absence from business for one or more complete days at the same time as **Your** absence prevents the proper continuation of that business.

Close Relative

- means mother, father, sister, brother, wife, husband, partner/civil partner (who have cohabited for at least 6 months), son, daughter (including fostered/adopted), grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step-child, step-brother, step-sister or legal guardian.

Consequential Loss

- means any other loss, damage or additional expenses following on from the event for which you are claiming. Examples of such loss, damage or additional expense would include the cost of replacing locks after losing keys, costs incurred in preparing a claim, or loss of earnings following bodily injury or illness.

Country of Residence

- means **Your** permanent place of residence within the **United Kingdom**, Channel Islands or Isle of Man.

Curtailment/Curtail

- means early return **Home** or by attending a hospital abroad for in excess of 48 hours as an in-patient.

Excess

- where applicable the **Excess** is the first amount of each claim, per section, for each separate incident payable for each **Insured Person**.

Golf Equipment

- means golf clubs, golf balls, golf bag, golf shoes and non motorised golf trolley.

Home

- means **Your** normal place of residence in the **United Kingdom**, Channel Islands or Isle of Man.

Incidental Basis

- means by happening on a casual or occasional basis.

Medical Condition

- means any disease, illness or injury.

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.

Mobility Equipment

- means wheelchairs, walking frames and sticks, medical aids, supplies and equipment all designed to provide mobility and care for the disabled belonging to **You**(or for which **You** are legally responsible).

Permanent Total Disablement

- means disablement which, from the moment of accident, entirely prevents you from attending to any business or occupation whatsoever of any kind and which lasts 24 calendar months and, at the expiry of that period is, in the opinion of our medical advisors, beyond expectation of improvement.

Period of Insurance

- means if annual multi **Trip** cover is selected: the period for which **We** have accepted the premium as stated in the validation certificate. During this period any **Trip** not exceeding 17 days is covered. Under these policies section A - Cancellation cover commences on the start date of the policy stated on the validation certificate or the time of booking any **Trip** (whichever is the later) and terminates on commencement of any **Trip**.

- means if single **Trip** cover is selected: the period of the **Trip** and terminating upon its completion, but not in any case exceeding the period shown on the validation certificate. Under these policies section A - Cancellation cover shall be operative from the time **You** pay the premium and evidence of insurance is issued and will cease upon departure of **Your Trip** or in the event of a cancellation claim on **Your** policy all remaining cover will cease for the planned **Trip**.

For all policy types; All other sections of the policy, whichever cover is selected, the insurance commences when **You** leave **Your Home** to commence the **Trip** and terminates at the time of **Your** return to **Your Home** on completion of the **Trip**.

The **Period of Insurance** is automatically extended for the period of the delay in the event that **Your** return **Home** is unavoidably delayed due to an event insured by this policy.

Personal Money

- means bank notes, currency notes and coins in current use, travellers' and other cheques and travel tickets.

Pre-existing Medical Condition

- i) Any heart or circulatory condition (including problems with blood flow such as strokes, high blood pressure and high cholesterol) that has occurred at any time prior to the commencement of the cover under this Policy.
- ii) Any **Medical Condition** **You** have, or have had, for which any prescribed medication or treatment has been received or attendance at a medical practitioner's surgery has been required during the 2 years prior to the commencement of cover under this Policy.

iii) Any stress, anxiety, depression or psychiatric condition such as eating disorders, drug or alcohol abuse or mental instability for which **You** have ever been treated or diagnosed.

iv) Any **Medical Condition** **You** have, or have had, which has required attendance at a hospital or clinic as an outpatient or inpatient during the 2 years prior to the commencement of cover under this Policy.

v) Any **Medical Condition** for which **You** are on a waiting list for treatment or investigation.

vi) Any **Medical Condition** for which **You** have received a terminal prognosis.

Public Transport

- means any publicly licensed aircraft, sea vessel, train or coach on which **You** are booked to travel.

Schedule of Benefits

- means the details of cover as outlined on page 1 of this document.

Single Item

- means any one article pair or set of articles (including golf clubs) or collection which is used or worn together, except when the additional **Golf Equipment** section is purchased and shown in the validation certificate then the **Single Item** limit applies to each individual golf club and not the set as a whole.

Ski Equipment

- means skis (including bindings), ski boots, ski poles, snowboards (including bindings) and snowboard boots.

Terrorism

- means 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.

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

- means any holiday, business or pleasure **Trip** or journey made by **You** within the area of travel shown in the validation certificate which begins and ends in **Your Country of Residence** during the **Period of Insurance**.

If annual multi **Trip** cover is selected any such **Trip** over 17 days is not insured and any **Trip** solely within **Your Country of Residence** is only covered where **You** have pre-booked at least two nights accommodation in a hotel, motel, holiday camp, bed and breakfast, holiday cottage or similar accommodation rented for a fee which is at least 50 miles from **Your Home** address. Each **Trip** under annual multi **Trip** cover is deemed to be a separate insurance, each being subject to the terms, definitions, exclusions and conditions contained in this policy.

Unattended

- means when **You** are not in full view of and not in a position to prevent unauthorised interference with **Your** property or vehicle.

United Kingdom

- means England, Scotland, Wales, Northern Ireland.

Valuables

- means jewellery, gold, silver, precious metal or precious or semi precious stone articles, watches, furs, leather goods, cameras, camcorders, photographic, audio, video, (including CD's, DVD's, tapes, films, cassettes, cartridges and headphones), computer games and associated equipment, telescopes and binoculars, portable DVD players, ipods and MP3 players.

We/Us/Our

- means UK General Insurance Ltd on behalf of Ageas Insurance Limited.

Winter Sports

- means guided cross country skiing (Nordic skiing), mono skiing, off piste skiing or snowboarding only when accompanied by a locally qualified guide, skiing, snowboarding, snow mobiling and snow sledging.

You/Your/Insured Person(s)

- means each person travelling on a **Trip** whose name appears in the validation certificate.

IMPORTANT CONDITIONS RELATING TO HEALTH

This insurance is specifically intended for customers who have pre-existing medical conditions and/or disabilities. For the product to operate properly, it is essential that **you** provide a full and accurate declaration to Insurers regarding **your** state of health and that of others on the policy at the point of purchase and keep Insurers updated of any changes in health between buying the policy and departing on the insured **trip**.

To tell us about your medical condition please call on 0844 887 1495.

You must comply with the following conditions to have the full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

It is a condition of this policy that **You** will not be covered under sections

A - Cancellation or **Curtailment** charges

B - Emergency medical and other expenses

C - Hospital benefit for any claims arising directly or indirectly from the following:

- a) If at the time of taking out this policy **You** have a **Pre-existing Medical Condition** unless **You** have told **Us** and **We** have agreed to cover **You**.
- b) Any medical condition whatsoever for
 - i. which **You** have not had a diagnosis; or
 - ii. which a **Close Relative** or a **Travelling Companion** have received a terminal prognosis; or
 - iii. which a **Close Relative** or a **Travelling Companion** are on a waiting list for or have knowledge of the need for out or in-patient treatment or investigation at a hospital, clinic or nursing home; or
 - iv. Any circumstances **You** are aware of that could reasonably be expected to give rise to a claim on this policy.
- b. **You** will also not be covered if at any time **You** are aware of:
 - i) Any medical condition whatsoever **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.
 - ii) Any medical condition whatsoever for which **You** are travelling with the intention of obtaining medical treatment or advice
 - iii) Any medical condition whatsoever for which **You** are not taking the recommended treatment or prescribed medication as directed by a **Medical Practitioner**.

Definition of a Pre-existing Medical Condition

- i) Any heart or circulatory condition (including problems with blood flow such as strokes, high blood pressure and high cholesterol) that has occurred at any time prior to the commencement of the cover under this Policy.
- ii) Any **Medical Condition** **You** have, or have had, for which any prescribed medication or treatment has been received or attendance at a medical practitioner's surgery has been required during the 2 years prior to the commencement of cover under this Policy.
- iii) Any stress, anxiety, depression or psychiatric condition such as eating disorders, drug or alcohol abuse or mental instability for which **You** have ever been treated or diagnosed.
- iv) Any **Medical Condition** **You** have, or have had, which has required attendance at a hospital or clinic as an outpatient or inpatient during the 2 years prior to the commencement of cover under this Policy.
- v) Any **Medical Condition** for which **You** are on a waiting list for treatment or investigation.
- vi) Any medical condition for which **You** have received a terminal prognosis.

You should also refer to the general exclusions on page 6.

GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

You must comply with the following conditions to have the full protection of **Your** policy.

If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment.

1. Dual Insurance

If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **We** will not pay more than **Our** proportional share (not applicable to Section K - Personal Accident).

2. Reasonable precautions

You must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safeguard **Your** property from loss or damage and to recover property lost or stolen.

3. Statutory cancellation rights

You may cancel this policy within 14 days of receipt of the policy documents (new business) or for annual policies the renewal date (the **Cancellation Period**) by writing to **Us** at the address shown on **Your** validation certificate during the **Cancellation Period**. 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.

Cancellation outside the statutory period

You may cancel this policy at any time after the **Cancellation Period** by writing to **Us** at the address shown on **Your** validation certificate. If **You** cancel after the **Cancellation Period** no premium refund will be made.

We reserve the right to cancel the policy by providing 21 days notice by registered post to **Your** last known address. No refund of premium will be made.

Non payment of premiums

We reserve the right to cancel this policy immediately in the event of non payment of the premium.

4. Maximum age limit

In respect of single **Trip** cover, cover is only available for Insured Persons who are up to and including age 85 years at the time the validation certificate is issued.

In respect of annual multi **Trip** cover, cover is only available for Insured Persons who are up to and including age 85 years at the time the validation certificate is issued or the date that policy cover commences, whichever is later.

In respect of both policies, the maximum age limit for wintersports cover is 64 years at the time the validation certificate is issued.

CLAIMS CONDITIONS

You must comply with the following conditions to have the full protection of **Your** policy. If **You** do not comply **We** may at **Our** option cancel the policy or refuse to deal with **Your** claim or reduce the amount of any claim payment

1. Claims

You must notify **Us** preferably by phone at the address given below, depending on the type of claim:

All Claims:

Claims Settlement Agencies
308-314 London Road
Hadleigh, Benfleet, Essex. SS7 2DD
Tel: 0844 826 2644
Email: info@csal.co.uk

The notification must be made within 31 days or as soon as possible thereafter following any **Bodily Injury**, illness, disease, incident, event, redundancy or the discovery of any loss, theft or damage which may give rise to a claim under this policy.

When contacting the claims department, please quote state your insurance is provided by UK General Insurance Ltd and quote scheme ref: 03881D and have the following information to hand:

- Name of **Your** policy and where it was purchased
- Policy number
- Resort and country visited
- Value of claim
- Brief circumstances
- Travel dates
- Incident date

Failure to have the above information to hand may result in **Your** claim being delayed.

You must also inform **Us** if **You** are aware of any writ, summons or impending prosecution. Every communication relating to a claim must be sent to **Us** without delay.

You or anyone acting on **Your** behalf must not negotiate admit or repudiate any claim without **Our** written consent.

You or **Your** legal representatives must supply at **Your** own expense all information, evidence, details of household insurance and medical certificates as required by **Us**. **We** reserve the right to require **You** to undergo an independent medical examination at **Our** expense. **We** may also request and will pay for a post-mortem examination.

You must retain any property which is damaged, and, if requested, send it to **Us** at **Your** own expense. If **We** pay a claim for the full value of the property and it is subsequently recovered or there is any salvage then it will become **Our** property. **We** may refuse to reimburse **You** for any expenses for which **You** cannot provide receipts or bills.

2. Subrogation

We are entitled to take over any rights in the defence or settlement of any claim and to take proceedings in **Your** name for **Our** benefit against any other party.

3. Fraud

You must not act in a fraudulent manner.

If **You** or anyone acting for **You**:

- a. Make a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect or

- b. Make a statement in support of a claim knowing the statement to be false in any respect or
- c. Submit a document in support of a claim knowing the document to be forged or false in any respect or
- d. Make a claim in respect of any loss or damage caused by **Your** wilful act or with **Your** connivance.

Then

- a. **We** shall not pay the claim.
- b. **We** shall not pay any other claim which has been or will be made under the policy.
- c. **We** may at **Our** option declare the policy void.
- d. **We** shall be entitled to recover from **You** the amount of any claim already paid under the policy.
- e. **We** shall not make any return of premium.
- f. **We** may inform the police of the circumstances.

4. Disclosure of Information

In the unfortunate event that **You** need to make a claim then **We** will need to disclose information to any other party involved in the claim.

This may include:

1. Third parties involved with the claim, their insurer, solicitor or representative.
2. Medical teams, the police or other investigators.
3. **Our** claims handlers or other agents involved in dealing with **Your** claim.

HAZARDOUS ACTIVITIES

For details of **Winter Sports** covered upon payment of the appropriate additional premium please refer to the **Winter Sports** definition on page 3. **Winter Sports** which cannot be covered can be found in general exclusion on page 6.

HAZARDOUS ACTIVITIES COVER NO ADDITIONAL CHARGE

You are covered under Section K - Personal accident and section C - Emergency medical and other expenses for the following activities automatically, provided that the activity is on an **Incidental** and non-professional/non-competitive basis only.

CATEGORY A

- covered at standard premium

Amateur Athletics,
Archaeological Digging,
Archery,
Badminton, Baseball, Basketball,
Bungee Jump (up to 3 jumps maximum),
Cave Tubing or River Tubing,
Cricket,
Cycling/Cycle Touring
Golf,
Husky Sledge Driving,
Jogging,
Marathons,
Mountain Biking (excluding downhill racing & extreme terrain),
Netball,
Orienteering,
Parasailing,
Parascending (over water),
Rambling,
Refereeing (amateur basis),
Roller Blading (Inline Skating / Skate boarding),
Running (Sprint / Long Distance),
Safari (no firearms),
Sand Boarding,
Scuba Diving (max depth 30 metres, qualified) under or 14 days,
Swimming,
Tennis,
Trekking (under 2,000m altitude),
Sleigh Rides (part of Christmas Experience Trip to Northern Europe),
Snorkelling,
Squash,
Surfing,
Triathlons,
Volleyball,
Wake Boarding,
Water Polo,
Water Skiing,
White/Black Water Rafting (Grades 1 to 4)

CATEGORY B

- covered at standard premium but excluding Personal Accident and Personal Liability Cover

Abseiling,
Boxing Training (no contact),
Camel/Elephant Riding / Trekking,
Canoeing (Grade 1 to 4),
Canopy walking or Tree-top walking,
Clay Pidgeon Shooting,
Conservation / Charity Work (Educational/Environment) - hand tools only,
Dune and Wadi Bashing,
Go Karting (recreational use),
Hockey,
Dragon Boating,
Falconry,
Football,
Horse riding (no Polo, Hunting Jumping),
Hot Air Ballooning,
Jet Boating,
Jet Skiing,
Kayaking(Grade 1-4),
Kite Surfing (over water),
Motorcycling (under 150cc - no racing),
Rowing,
Target Rifle Shooting,
Mud Buggy,
Paint Balling (wearing eye protection),
Passenger (in small/light aircraft or helicopter),
Windsurfing and Yachting (racing or crewing) - inside territorial waters,
Zip Lining

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE POLICY

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

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), hostile acts of sovereign or Government entities civil war, rebellion, **Terrorism**, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or martial law of confiscation by order of any government or public authority but this exclusion shall not apply to losses under section C - Medical Expenses and Emergency Repatriation, section D - Hospital benefit and section K - 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**.
2. 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.
3. Loss, destruction or damage directly occasioned by pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
4. Failure, fear of failure or the inability of any equipment or any computer programme to recognise, interpret correctly or process any date as its true calendar date or to continue to function correctly beyond the date other than for loss, damage, expenses or consequential loss not otherwise excluded which itself results from the operation of an insured cause.
5. **Your** pursuit of **Winter Sports** unless the appropriate additional premium has been paid and sections N1, N2, N3, N4 and N5 are shown as operative in **Your** validation certificate. However, even if **Winter Sports** cover is included **You** are still not covered for the following activities: Off piste skiing unless accompanied by a locally qualified guide, skiing against local authoritative warning or advice, ski stunting, free-style skiing, ice hockey, bobbing, tobogganing, heliskiing, ski acrobatics, ski flying, ski jumping, ski mountaineering, ski racing, snow scooting, snow biking, snowcat skiing, snow carting or the use of bob sleighs, luges or skeletons.
6. **Your** engagement in or practice of: manual work in connection with a profession, business or trade, flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft, the use of motorised vehicles unless an applicable current **United Kingdom**, Channel Islands or Isle of Man driving licence is held permitting the use of such vehicles in **Your Country of Residence** and the country visited and a crash helmet is worn, professional entertaining, professional sports, racing (other than on foot), motor rallies and motor competitions.
7. **Your** participation in or practice of any other sport or activity unless shown as covered without charge in the list on page 5.
8. The tour operator, airline, or any other company, firm, or person either becoming insolvent or being unable to or unwilling to to fulfil any part of their obligation .
9. **Your** wilfully, self-inflicted injury or illness, suicide or attempted suicide, sexually transmitted diseases, solvent abuse, alcohol abuse, the use of drugs (other than drugs taken in accordance with treatment prescribed and directed by a Medical Practitioner, but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life).
10. **Your** own unlawful action or any criminal proceedings against **You**.
11. Consequential loss of any kind (for example the replacement of locks following loss of keys).
12. Operational duties of a member of the Armed Forces other than claims arising from authorised leave being cancelled due to operational reasons, as provided for under sub section 4 of Section A - Cancellation or **Curtailment** charges.
13. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public not to travel.
14. Loss of enjoyment.
15. Any claims arising from routine treatment or care which could reasonably be expected to arise during **Your** period of insurance.
16. **You** travelling against any health requirements stipulated by the carrier, their handling agents or any other public transport provider.

24 HOUR EMERGENCY ASSISTANCE SERVICE

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

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

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

Inpatient treatment, anywhere in the world **You** must contact:

Global Response
Tel: +44 (0) 113 318 0177
Fax: +44 (0) 113 318 0178

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

Healthwatch S.A.
Tel: +44 (0) 113 318 0124
Fax: +44 (0) 113 318 0125
Email: newcase@healthwatch.gr

Outpatient treatment, in North America and The **United Kingdom**, Channel Islands or Isle of Man **You** must contact:

Global Response
Tel: +44 (0) 113 318 0177
Fax: +44 (0) 113 318 0178

Global Response or **Healthwatch S.A.** may be able to guarantee costs on **Your** behalf. When contacting **Global Response** or **Healthwatch S.A.** please state that **Your** insurance is provided by UK General Insurance Ltd and quote the appropriate scheme name and reference number:

Scheme Name: Medisafe Insurance
Reference number: 03881D

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.

In-patient Treatment Abroad

If **You** go into hospital **You** must contact **Global Response** immediately. If **You** do not, this could mean that **We** will not provide cover or **We** will reduce the amount **We** pay for medical expenses.

Outpatient Treatment Abroad

If **You** require outpatient treatment please contact the appropriate Emergency Assistance provider as detailed above. If the Emergency Assistance is being provided by Healthwatch SA, they will ensure the treating doctor or Clinic is aware of the following instructions.

OUTPATIENT INSTRUCTIONS TO DOCTORS/CLINICS

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

You must include **Your** bank 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

Email: newcase@healthwatch.gr

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

If **You** have to return to the **United Kingdom**, Channel Islands or Isle of Man under section C (Medical Expenses and Emergency Repatriation) the relevant Emergency Assistance provider must authorise this. If they do not, this could mean that **We** will not provide cover or **We** may reduce the amount **We** pay for **Your** return **Home**. **We** reserve the right to repatriate **You** should **Our** medical advisors consider **You** fit to travel.

NB. FAILURE TO CONTACT THE 24 HOUR MEDICAL EMERGENCY SERVICE MAY RESULT IN A CLAIM BEING INVALID.

SECTION A - CANCELLATION AND CURTAILMENT

What is covered

We will pay **You** up to the amount shown in the **Schedule of Benefits** for any irrecoverable unused travel and accommodation costs (including excursions up to £250) and other pre-paid charges which **You** have paid or are contracted to pay together with any reasonable additional travel expenses incurred if:

- a) Cancellation of the **Trip** is necessary and unavoidable or

b) the **Trip** is Curtailed before completion

as a result of any of the following events occurring:

1. The death, **Bodily Injury** or illness of:
 - a. **You**
 - b. **Your Travelling Companion**
 - c. any person with whom **You** have arranged to reside temporarily
 - d. **Your Close Relative**
 - e. a **Close Business Associate**.
2. Jury service attendance or being called as a witness at a Court of Law of **You** or **Your Travelling Companion**.
3. Redundancy (which qualifies for payment under current United Kingdom redundancy payment legislation and at the time of booking the **Trip** there was no reason to believe anyone would be made redundant) of **You** or **Your Travelling Companion**.
4. **You** or any person with whom **You** are travelling or have arranged to travel with 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 or **Curtailement** could not reasonably have been expected at the time this insurance is purchased by **You**.
5. The Police requesting **You** to remain at or return to **Your Home** due to serious damage to **Your Home** caused by fire, aircraft, explosion, storm, flood, subsidence, malicious persons or theft.

Special conditions relating to claims

1. It is a condition of the policy that **You** contact the Emergency Assistance Service prior to any **Curtailement** of **Your Trip**.
2. **You** must obtain a medical certificate from a Medical Practitioner and prior approval of the Emergency Assistance Service to confirm the necessity to return **Home** prior to **Curtailement** of the **Trip** due to death, **Bodily Injury** or illness.
3. If **You** fail to notify the travel agent, tour, operator or provider of transport/accommodation immediately it is found necessary to cancel the **Trip** **Our** liability shall be restricted to the cancellation charges that would have applied had failure not occurred.
4. If **You** cancel the **Trip** due to **Bodily Injury** or illness **You** must provide a medical certificate from a **Medical Practitioner** stating that this necessarily and reasonably prevented **You** from travelling.

What is not covered

1. The **Excess** as shown on the **Schedule of Benefits**.
2. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to **Your** health shown on page 4.
3. Any costs or expenses if you do not have a pre-paid return ticket **Home** purchased prior to the start of the trip.
4. The cost of Airport Departure Duty where separately identified.
5. Any claims arising directly or indirectly from:
 - a. Redundancy caused by or resulting from misconduct leading to dismissal or from resignation or voluntary redundancy or where a warning or notification of redundancy was given prior to the date this insurance is purchased by **You** or the time of booking any **Trip** (whichever is the earlier).
 - b. Circumstances known to **You** prior to the date this insurance is purchased by **You** or the time of booking any **Trip** (whichever is the earlier) which could reasonably have been expected to give rise to cancellation or **Curtailement** of the **Trip**.
6. Travel tickets paid for using any airline mileage reward scheme, for example Air Miles.
7. **Your** failure to obtain the required passport or visa.
8. Anything mentioned in the general exclusions on page 6.

SECTION B – NATURAL CATASTROPHE

What is covered

We will pay **You** up to the amounts shown in the **Schedule of Benefits** in the event that the tour company is unable to assist and **You** are forced to move from the pre-booked accommodation during the period of **Your** trip as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **Trip** or, if the **Trip** cannot be continued for **Your** return **Home**.

Special conditions relating to claims

1. **You** must obtain a report from local or national authority stating that it was not acceptable for **You** to remain in **Your** pre booked accommodation.

What is not covered

1. Claims where the tour company is responsible or where costs are recoverable from **Your** tour operator.
2. Costs if **You** decide to move, if it is considered safe to remain.
3. Anything mentioned in the general exclusions on page 6.

SECTION C – MEDICAL EXPENSES AND EMERGENCY REPATRIATION

What is covered

We will pay **You** up to the amount shown in the Schedule of Benefits for the following expenses which are necessarily incurred as a result of **You** suffering **Bodily Injury** or illness and/or compulsory quarantine:

1. Emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside **Your Country of Residence**:
2. Emergency dental treatment for the immediate relief of pain (to natural teeth only) up to a limit of £200 incurred outside **Your Country of Residence**:
3. In the event of **Your** death outside **Your Country of Residence** the reasonable additional cost of funeral expenses abroad up to a maximum of £1,500 plus the reasonable cost of conveying **Your** ashes to **Your Home**, or the additional costs of returning **Your** body to **Your Home**.
4. Reasonable additional transport (economy class) or accommodation expenses incurred, up to the standard of **Your** original booking, if it is medically necessary for **You** to stay beyond **Your** scheduled return date. This includes, with the prior authorisation of the Emergency Assistance Service, reasonable additional transport or accommodation expenses for a friend, **Close Relative** or **Travelling Companion** to remain with **You** or travel to **You** from the **United Kingdom**, Channel Islands or Isle of Man or escort **You** and additional travel expenses to return **You** to **Your Home** if **You** are unable to use the return ticket.
5. With the prior authorisation of the Emergency Assistance Service, the additional costs incurred in the use of air transport or other suitable means, including qualified attendants, to repatriate **You** to **Your Home** if it is medically necessary. Repatriation expenses will be in respect only of the identical class of travel utilised on the outward journey unless the Emergency Assistance Service agree otherwise.

Special conditions relating to claims

1. **You** must give notice as soon as possible to the Emergency Assistance Service or **Us** of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient or before any arrangements are made for **Your** repatriation.
2. In the event of **Your Bodily Injury** or illness **We** reserve the right to relocate **You** from one hospital to another and arrange for **Your** repatriation **Home** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance or the Emergency Assistance Service **You** can be moved safely and/or travel safely **Home** to continue treatment.

What is not covered

1. The **Excess** as shown on **Your** validation certificate. NB. This product has a variable medical excess dependent upon the premium you have paid. Please check that you understand the level of this excess and how it may affect you in the event of a claim.
2. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to **Your** health shown on page 4.
3. Any costs or expenses if you do not have a pre-paid return ticket **Home** purchased prior to the start of the trip.
4. Any claims arising directly or indirectly in respect of:
 - a) The costs of telephone calls other than calls to the Emergency Assistance Service notifying them 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.
 - b) The cost of treatment or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.
 - c) Any expenses which are not usual, reasonable or customary to treat **Your Bodily Injury** or illness.
 - d) Any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and the Emergency Assistance Service can be delayed until **Your** return **Home**.
 - e) Expenses incurred in obtaining or replacing medication, which at the time of departure is known to be required or to be continued outside **Your Country of Residence**.
 - f) Additional costs arising from single or private room accommodation.
 - g) Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Emergency Assistance Service.
 - h) Any expenses incurred after **You** have returned **Home**.
 - i) Expenses incurred as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
 - j) **Your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
5. Anything mentioned in the general exclusions on page 6.

SECTION D – HOSPITAL BENEFIT

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for every complete 24 hours **You** have to stay in hospital as an in-patient outside **Your Country of Residence**:

We will pay the amount as shown in the **Schedule of Benefits** in addition to any amount payable under section C - Medical Expenses and Emergency Repatriation.

Special conditions relating to claims

You must give notice as soon as possible to the Emergency Assistance Service or **Us** of any **Bodily Injury** or illness which necessitates **Your** admittance to hospital as an in-patient.

What is not covered

1. Any claims arising directly or indirectly from:
 - a) Any additional period of hospitalisation relating to treatment

or surgery, including exploratory tests, which are not directly related to the **Bodily Injury** or illness which necessitated **Your** admittance into hospital.

- b) Hospitalisation relating to any form of treatment or surgery which in the opinion of the **Medical Practitioner** in attendance and the Emergency Assistance Service can be delayed reasonably until **Your** return **Home**.
 - c) Any additional period of hospitalisation relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
 - d) Hospitalisation as a result of a tropical disease where **You** have not had the recommended inoculations and/or taken the recommended medication.
 - e) Any additional period of hospitalisation following **Your** decision not to be repatriated after the date when in the opinion of the Emergency Assistance Service it is safe to do so.
2. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to **Your** health shown on page 4.
 3. Anything mentioned in the general exclusions on page 6.

SECTION E – EMERGENCY REPLACEMENT OF PRESCRIBED MEDICATION

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for the emergency replacement of prescribed medication in the event of accidental loss or theft of medication which **You** took with **You** on **Your** trip outside **Your Country of Residence**:

Special conditions relating to claims

- 1) **You** must have complied with the Important conditions relating to **Your** health shown on page 3 and, where relevant, purchased additional cover for the medical condition, the prescription costs for which **You** are claiming.

What is not covered

- 1) The **Excess** as shown in the **Schedule of Benefits**.
- 2) The cost of replacing prescribed medication that **You** forgot to take with **You** on **Your** trip.
- 3) Loss, theft of or damage to prescribed medication left in luggage whilst in the custody of carriers.
- 4) Anything mentioned in the general exclusions on page 6.

SECTION F – BAGGAGE AND PERSONAL EFFECTS

What is covered

1. **We** will pay **You** up to the amount as shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to **Baggage** or **Mobility Equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Baggage** or **Mobility Equipment**).

The maximum **We** will pay for the following items is:

- a. For any **Single Item** (not applicable to **Mobility Equipment**) as shown in the **Schedule of Benefits**. The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to loss) is not supplied is £50, subject to a maximum of £300 for all such items.

- b. the total for all **Valuables** is as shown in the **Schedule of Benefits**.
2. **We** will also pay **You** up to the amounts as shown in the **Schedule of Benefits** for:
- a. the emergency replacement of clothing, medication and toiletries if the **Baggage** or **Mobility Equipment** is temporarily lost in transit during the outward journey and not returned to **You** within 24 hours, provided written confirmation is obtained and sent to **Us** from the carrier, confirming the number of hours the **Baggage** or **Mobility Equipment** was delayed. If the loss is permanent the amount paid will be deducted from the final amount to be paid under this section.
 - b. reasonable additional travel and accommodation expenses incurred necessarily abroad to obtain a replacement of **Your** lost or stolen passport or travel documents.

Special conditions relating to claims

1. **You** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Baggage** or **Mobility Equipment**.
2. If **Baggage** or **Mobility Equipment** 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 loss, theft or damage and obtain written confirmation. If **Baggage** or **Mobility Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
3. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Loss, theft of or damage to **Valuables** or **Your** passport left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to **Baggage** or **Mobility Equipment** contained in an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and there is evidence of forced entry which is confirmed by a police report.
4. Claims arising from **Baggage** or **Mobility 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 safe keeping of the property at anytime except as shown under point 3. b. above. Including theft or damage occurring on a beach or in or around a swimming pool.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, computer equipment of any kind, mobile telephones, personal digital assistants, TV sets, documents of any kind, bonds, securities, perishable goods, bicycles, **Ski Equipment**, prams, buggies, wheelchairs, motor vehicles, satellite navigation systems, marine equipment, diving equipment, watercraft, surfboards and sports equipment and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).

7. Loss or damage due to cracking, scratching, breakage of or damage to china, glass (other than glass in watch faces, cameras, binoculars or telescopes), porcelain or other brittle or fragile articles unless caused by fire, theft, or accident to the aircraft, sea vessel, train or vehicle 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. Loss, theft of or damage to business goods, samples, tools of trade, motor accessories and other items used in connection with **Your** business, trade, profession or occupation.
10. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
11. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Baggage**.
12. Claims arising from loss or theft from **Your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
13. Claims arising for **Personal Money**.
14. Anything mentioned in the general exclusions on page 6.

SECTION G – MONEY AND CASH

What is covered

We will pay **You** up to the amounts shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to **Personal Money**.

The maximum **We** will pay for the following items is:

- a) For cash (bank notes, currency notes and coins) is as shown in the **Schedule of Benefits**.
- b) If **You** are under the age of 18, for cash (bank notes currency notes and coins) is as shown in the Schedule of Benefits.
- c) For all other **Personal Money** is as shown in the Schedule of Benefits.

Special conditions relating to claims

1. **You** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Personal Money**. A holiday representative report is not sufficient.
2. Receipts for items lost, stolen or damaged including foreign currency exchange receipts showing the amount must be retained as these will be required to substantiate **Your** claim.
3. If **Personal Money** is lost, stolen or damaged while deposited in a hotel safe or safety deposit box **You** must report to the hotel, in writing, details of the loss, theft or damage and obtain written confirmation.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Loss, theft of or damage to **Personal Money** left **Unattended** at any time (including in a vehicle or in the custody of carriers) unless deposited in a hotel safe or safety deposit box.
3. Loss, theft of or damage to travellers' cheques if **You** have not complied with the issuers' conditions or where the issuer provides a replacement service.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.
5. Loss or damage due to depreciation in value, variations in exchange rates or shortages due to error or omission.
6. Anything mentioned in the general exclusions on page 6.

SECTION H – TRAVEL DELAY

What is covered

If departure of the scheduled **Public Transport** on which **You** are booked to travel is delayed at the final departure point from or to **Your Country of Residence** for at least 12 hours from the scheduled time of departure 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

We will pay **You**:

1. up to the amount shown in the **Schedule of Benefits** for the first full 12 consecutive hours delay, followed by the subsequent amount shown in the **Schedule of Benefits** for each full 12 hours delay thereafter up to a maximum as shown in the **Schedule of Benefits**.

You may claim under only one of the following sections: Section H - Travel delay, Section I - Holiday abandonment or Section J - Missed departure for the same event.

Special conditions relating to claims

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

What is not covered

1. Claims arising directly or indirectly from:
 - a) Strike or industrial action or air traffic control delay existing or publicly declared by the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.
 - b) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
2. Anything mentioned in the general exclusions on page 6.

SECTION I – HOLIDAY ABANDONMENT

What is covered

If departure of the scheduled **Public Transport** on which **You** are booked to travel is delayed at the final departure point from or to **Your Country of Residence** for at least 24 hours from the scheduled time of departure 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

We will pay **You**:

1. Up to the amount as shown in the **Schedule of Benefits** for any irrecoverable unused travel and accommodation costs and other pre-paid charges which **You** have paid or are contracted to pay if after a minimum 24 hours has elapsed, **You** choose to cancel **Your Trip**.

You may claim under only one of the following sections: section H - Travel delay, section I - Holiday abandonment or section J - Missed departure for the same event.

Special conditions relating to claims

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain confirmation from the carriers (or their handling agents) in writing of the number of hours of delay and the reason for the delay.
3. **You** must comply with the terms of contract of the travel agent, tour operator or provider of transport.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Claims arising directly or indirectly from:
 - a. Strike or industrial action or air traffic control delay existing or publicly declared by the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.
 - b. Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
3. Anything mentioned in the general exclusions on page 6.

SECTION J – MISSED DEPARTURE

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **Your** overseas destination or returning to **Your Country of Residence** if **You** fail to arrive at the international departure point in time to board the scheduled **Public Transport** on which **You** are booked to travel on the initial international journey of the **Trip** as a result of:

1. the failure of scheduled **Public Transport** or
2. an accident to or breakdown of the vehicle in which **You** are travelling or
3. an accident or breakdown occurring ahead of **You** on a motorway or dual carriage way which causes an unexpected delay to the vehicle in which **You** are travelling or
4. strike, industrial action or adverse weather conditions.

You may claim under only one of the following sections: section H - Travel delay, section I - Holiday abandonment or section J - Missed departure for the same event.

Special conditions relating to claims

1. In the event of a claim arising from any delay occurring on a motorway or dual carriage way **You** must obtain written confirmation from the Police or emergency breakdown services of the location, reason for and duration of the delay.
2. **You** must allow sufficient time for the scheduled **Public Transport** or other transport to arrive on schedule and to deliver **You** to the departure point.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Claims arising directly or indirectly from:
 - a) Strike or industrial action or air traffic control delay existing or publicly declared by the date this insurance is purchased by **You** or the date **Your Trip** was booked whichever is the later.
 - b) An accident to or breakdown of the vehicle in which **You** are travelling for which a professional repairers report is not provided.
 - c) 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 manufacturers instructions.

- d) **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.
 - e) Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of the Civil Aviation Authority or a Port Authority or any similar body in any country.
3. Additional expenses where the scheduled **Public Transport** operator has offered reasonable alternative travel arrangements.
 4. Anything mentioned in the general exclusions on page 6.

SECTION K – PERSONAL ACCIDENT

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.

What is covered

We will pay one of the benefits as shown in the **Schedule of Benefits** 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**.

Special conditions relating to claims

1. **Our Medical Practitioner** may examine **You** as often as they deem necessary in the event of a claim.

Provisions

1. Benefit is not payable to **You**:

- a) Under more than one of the items shown in 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 gainful employment or gainful occupation.

What is not covered

1. Claims arising directly or indirectly as a result of **Your** failure to comply with the Important conditions relating to **Your** health shown on page 4.
2. Any claim of permanent total disablement if at the date of the accident **You** are over the statutory age of retirement and not in full time paid employment.
3. Any claim arising directly or indirectly from the contracting of any disease or illness.
4. Any claim arising directly or indirectly from the injection or ingestion of any substance.
5. Any claim arising from any event, which exacerbates a previously existing bodily injury.
6. Anything mentioned in the general exclusions on page 6.

SECTION L – PERSONAL LIABILITY

What is covered

We will pay **You** up to the amount shown in the **Schedule of Benefits** (inclusive of legal costs and expenses) against any amount **You** become legally liable to pay as compensation for any claim or series of claims arising from any one event or source of original cause 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 **Close Relative**, **Travelling Companion**, 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**, **Your Travelling Companion**, a **Close Relative**, anyone in **Your** employment or any member of **Your** household other than any temporary holiday accommodation occupied (but not owned) by **You**.

Special conditions relating to claims

1. **You** must give **Us** written notice as soon as possible of any incident, which may give rise to a claim.
2. **You** must forward every letter, writ, summons and process to **Us** as soon as **You** receive it.
3. **You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **Our** written consent.
4. **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.
5. In the event of **Your** death, **Your** legal representative(s) will have the protection of this cover provided that such representative(s) comply(ies) with the terms and conditions outlined in this policy.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Compensation or legal costs arising directly or indirectly from:
 - a) Liability which has been assumed by **You** under agreement unless the liability would have attached in the absence of such agreement.
 - b) Pursuit of any business, trade, profession or occupation or the supply of goods or services.
 - c) Any liability, injury, loss or damage arising directly or indirectly from or due to ownership, possession or use of any motorised or mechanical vehicles including any attached trailers or caravans, any aircraft (whatsoever), any watercraft or vessel (other than manually propelled watercraft or vessel) or any other form or motorised leisure equipment.
 - d) The 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 **Excess** as detailed in the **Schedule of Benefits** for each and every claim arising from the same incident).
 - f) Ownership, possession, or use of any firearms or weapons of any kind.
 - g) Any wilful or criminal act or assault.
3. Anything mentioned in the general exclusions on page 6.

SECTION M – LEGAL EXPENSES

What is covered

We will pay **You** up to the amount shown in the **Schedule of Benefits** for legal costs to pursue a civil action for compensation if someone else causes **You Bodily Injury**, illness or death. Where there are two or more **Insured Person(s)** insured by this policy, then the maximum amount payable by **Us** shall not exceed double the amount shown in the **Schedule of Benefits**.

Special conditions relating to claims

1. **We** shall have complete control over the legal case through agents **We** nominate, by appointing agents of **Our** choice on **Your** behalf with the expertise to pursue **Your** claim.

2. **You** must follow **Our** agent's advice and provide any information and assistance required within a reasonable timescale.
3. **You** must advise **Us** of any offers of settlement made by the negligent third party and **You** must not accept any such offer without **Our** consent.
4. **We** will decide the point at which **Your** legal case cannot usefully be pursued further. After that no further claims can be made against **Us**.
5. **We** may include a claim for **Our** legal costs and other related expenses.
6. **We** may, at **Our** own expense, take proceedings in **Your** name to recover compensation from any third party in respect of any indemnity paid under this policy.
7. **You** must give such assistance as **We** shall reasonably require and any amount recovered shall belong to **Us**.
8. If **You** or **Your** appointed agents receive any compensation, **You** must repay **Us** any legal costs which **We** have paid up to the amount of the compensation.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Any claim where in **Our** opinion there is insufficient prospect of success in obtaining reasonable compensation.
3. Legal costs and expenses incurred in pursuit of any claim against a travel agent, tour operator, carrier, **Us**, or any of **our** agents, the Emergency Assistance Provider, Ashbourne Insurance Services Ltd, Claims Settlement Agencies Limited, Healix Insurance Services, your selling agent, someone **You** were travelling with, a person related to **You**, or another **Insured Person**.
4. Legal costs and expenses incurred prior to **Our** written acceptance of the case.
5. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
6. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
7. Legal costs and expenses incurred in any claim which is capable of being pursued under a Conditional Fee Agreement.
8. Legal costs and expenses incurred if an action is brought in more than one country.
9. Any claim where in **Our** opinion the estimated amount of compensation payment is less than £1,000 for each Insured Person.
10. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
11. Costs of any Appeal.
12. Claims occurring within the **Your Country of Residence**.
13. Claims by **You** other than in **Your** private capacity.
14. Any claim for legal costs where **You** are pursuing legal action relating directly or indirectly to medical negligence or alleged medical negligence.
15. Anything mentioned in the general exclusions on page 6.

SECTION N1 - SKI EQUIPMENT

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for the accidental loss of, theft of or damage to **Your** own **Ski Equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Ski Equipment**).

The maximum **We** will pay for the following items is:

- a) For any **Single Item** as shown in the **Schedule of Benefits**. The maximum payment for any **Single Item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to loss) is not supplied is £50 subject to a maximum of £300 for all such items.
- b) for owned **Ski Equipment** as shown in the Schedule of Benefits.
- c) for hired **Ski Equipment** as shown In the Schedule of Benefits.

Our liability for **Ski Equipment** hired by **You** shall be further limited to **Your** liability for such loss or damage.

Special conditions relating to claims

1. **You** must report to the local Police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Ski Equipment**.
2. For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate local retailer.
3. If **Ski Equipment** 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 loss, theft or damage and obtain written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) **You** must retain all travel tickets and tags for submission if a claim is to be made under this policy.
4. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

Our liability for **Ski Equipment** owned by the **Insured Person** shall be further limited as follows:

Age of Item

Up to 1 year old - 90% of purchase price
 Up to 2 years old - 70% of purchase price
 Up to 3 years old - 50% of purchase price
 Up to 4 years old - 30% of purchase price
 Up to 5 years old - 20% of purchase price
 Over 5 years old - Nil payment

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Loss, theft of or damage to **Ski Equipment** contained in or stolen from an **Unattended** vehicle:
 - a. overnight between 9 p.m and 8 a.m (local time) or
 - b. at any time between 8 a.m and 9 p.m (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot or lockable ski rack, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
3. 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 at anytime except as shown under 2.b. above.

SECTIONS N1, N2, N3, N4 AND N5 - WINTER SPORTS

(only operative if indicated in the validation certificate)

Cover in respect of sections **N1, N2, N3, N4 and N5** only operates:

Under single **Trip** policies if the appropriate **Winter Sports** extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

Under annual multi **Trip** policies for a period not exceeding 17 days in total in each period of Insurance, if the appropriate **Winter Sports** extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

4. Claims arising from loss or theft from **Your** accommodation unless there is evidence of forced entry which is confirmed by a police report.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Ski Equipment**.
8. Claims arising from loss or theft or damage of **Ski Equipment** carried on vehicle roof rack unless secured by a lockable ski rack.
9. Anything mentioned in the general exclusions on page 6.

SECTION N2 - SKI EQUIPMENT HIRE

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** 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 for at least 12 hours of **Your Ski Equipment**.

Special conditions relating to claims

1. **You** must report to the local police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of **Your Ski Equipment**.
2. For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate retailer.
3. If **Ski Equipment** 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 loss, theft or damage and obtain written confirmation. If **Ski Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
 - a. obtain a Property Irregularity Report from the airline.
 - b. give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c. retain all travel tickets and tags for submission if a claim is to be made under this policy.
4. Receipts for items lost, stolen or damaged must be retained as these will be required to substantiate **Your** claim.

What is not covered

Loss, theft of or damage to **Ski Equipment** contained in or stolen from an **Unattended** vehicle:

- a. overnight between 9 p.m. and 8 a.m. (local time) or
- b. at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment for those vehicles with a boot, or for those vehicles without a separate boot or lockable ski rack, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
2. 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 at anytime except as shown under 1.b. above.
3. Claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged.
4. Loss or damage due to delay, confiscation or detention by customs or other authority.

5. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
6. Claims arising from loss or theft or damage of **Ski Equipment** carried on vehicle roof rack unless secured by a lockable ski rack.
7. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Ski Equipment**.

Anything mentioned in the general exclusions on page 6.

SECTION N3 - SKI PACK

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits**

- a) for the unused portion of **Your** ski pack (ski school fees, lift passes and hired **Ski Equipment**) following **Your** Bodily Injury or illness.
- b) the unused portion of **Your** lift pass if lost.

Special conditions relating to claims

1. **You** must provide written confirmation from a Medical Practitioner that such **Bodily Injury** or illness prevented **You** from using **Your** ski pack.
2. **You** must report to an appropriate authority within 24 hours of discovery and obtain a written report of the loss or theft of **Your** ski pass.

What is not covered

Anything mentioned in the general exclusions on page 6.

SECTION N4 - PISTE CLOSURE

What is covered

We will pay **You** the amount shown in the **Schedule of Benefits** for every complete 24 hour period, up to the maximum shown in the **Schedule of Benefits** for the cost of transport to an alternative site if lack of snow conditions results in the closure of skiing facilities (excluding cross country skiing) in **Your** resort and it is not possible to ski.

The cover only applies:

- a) To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
- b) To Trips taken outside the **United Kingdom**, Channel Islands and Isle of Man during the published ski season for **Your** resort. If no alternative sites are available **We** will pay **You** compensation as shown in the **Schedule of Benefits**.

Special conditions relating to claims

1. **You** must obtain written confirmation from the resort management of the number of days skiing facilities were closed in **Your** resort and the reason for the closure as well as receipts for travel and ski packs.

What is not covered

1. Any benefit offered by the resort.
2. If closure was applicable before arrival in **Your** destination.
3. If **Your** resort is not 1000m above sea level.
4. Anything mentioned in the general exclusions on page 6.

SECTION N5 - AVALANCHE CLOSURE

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for the cost of transport organised by the tour operator to an alternative site if an avalanche results in the closure of skiing facilities (excluding cross-country skiing) in **Your** resort and it is not possible to ski.

The cover only applies:

1. To the resort which **You** have pre-booked for a period exceeding 12 hours and for so long as such conditions prevail at the resort, but not exceeding the pre-booked period of **Your Trip** and
2. To Trips taken outside the **United Kingdom**, Channel Islands or Isle of Man during the published ski season for **Your** resort.

You may only claim under one of the following sections;
Section N4 - Piste Closure or Section N5 - Avalanche Closure.

Special conditions relating to claims

1. **You** must check in according to the itinerary supplied to **You**.
2. **You** must obtain written confirmation from the resort management of the avalanche, its effect on skiing facilities and confirmation of the closure and the dates applicable.

What is not covered

1. Anything mentioned in the general exclusions on page 6.

SECTION 01, 02 AND 03 - GOLF COVER

(only operative if indicated in the validation certificate and appropriate additional premium paid)

Cover in respect of sections 01, 02 and 03 only operates:

Under single trip policies and annual multi trip policies if the golf cover extension has been chosen and the appropriate additional premium has been paid and is shown on the validation certificate.

SECTION 01 - GOLF EQUIPMENT

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for loss, theft, or damage to **Your** own **Golf Equipment**. The amount payable will be the original purchase prices less a deduction for wear tear and depreciation, or **We** may at **Our** option replace, reinstate or repair the lost or damaged **Golf Equipment**.

The maximum **We** will pay for the following items is:

- a) For any **Single Item** as shown in the **Schedule of Benefits**. The maximum payment for any **Single Item** for which an original receipt or proof of purchase is not supplied is £50, subject to a maximum of £200 for all such items.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss or theft of all **Golf Equipment**.
2. If **Your Golf Equipment** 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 loss, theft or damage and obtain written confirmation. If **Golf Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:
 - a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.

Our liability for **Golf Equipment** owned by the **Insured Person** shall be further limited as follows:

Age of Item

Up to 1 year old - 90% of purchase price
Up to 2 years old - 70% of purchase price
Up to 3 years old - 50% of purchase price
Up to 4 years old - 30% of purchase price
Up to 5 years old - 20% of purchase price
Over 5 years old - Nil Payment

You may claim under only one of the following sections:
section F - **Baggage** or section O1 - **Golf Equipment** for the same event.

What is not covered

1. The **Excess** as shown in the **Schedule of Benefits**.
2. Loss, theft of or damage to **Golf Equipment** contained in or stolen from an **Unattended** vehicle:
 - a) overnight between 9 p.m. and 8 a.m. (local time) or
 - b) at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a police report.
3. Claims arising for **Golf 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 at anytime except as shown under 2. b) above.
4. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Golf Equipment**.
5. Loss or damage due to delay, confiscation or detention by customs or other authority.
6. Claims arising from loss or theft from your accommodation unless there is evidence of forced entry which is confirmed by a police report.
7. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
8. Claims arising for loss, theft or damage of **Golf Equipment** carried on a vehicle roof rack.
9. Anything mentioned in the general exclusions on page 6.

SECTION 02 - GOLF EQUIPMENT HIRE

What is covered

We will pay **You** up to the amount as shown in the **Schedule of Benefits** for each 24 hour period, for the cost of necessary hire of **Golf Equipment** following:

- a) Accidental loss, theft or damage to of **Your Golf Equipment**; or
- b) temporary loss in transit during the outward journey for at least 24 hours of **Your Golf Equipment**.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or attempted theft of all **Golf Equipment**.
2. For items damaged whilst on **Your Trip** **You** must obtain an official report from an appropriate retailer.
3. If **Your Golf Equipment** is temporarily lost **You** must obtain written confirmation from the carrier as to the exact nature and length of delay or temporary loss.
4. If **Your Golf Equipment** 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 loss, theft or damage and obtain written confirmation. If **Your** **Golf Equipment** is lost, stolen or damaged whilst in the care of an airline **You** must:

- a) obtain a Property Irregularity Report from the airline.
 - b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
 - c) retain all travel tickets and tags for submission if a claim is to be made under this policy.
5. **You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help **You** to substantiate **Your** claim.

What is not covered

1. Loss, theft of or damage to **Golf Equipment** contained in or stolen from an **Unattended** vehicle:
 - a. overnight between 9 p.m. and 8 a.m. (local time) or
 - b. at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle confirmed by a police report.
2. Claims arising for **Golf 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 at anytime except as shown under 1. b) above.
3. Loss or damage due to delay, confiscation or detention by customs or other authority.
4. Loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
5. Claims arising from damage caused by leakage of powder or liquid carried within personal effects or **Golf Equipment**.
6. Claims arising for loss, theft or damage of **Golf Equipment** carried on a vehicle roof rack.
7. Anything mentioned in the general exclusions on page 6.

SECTION 03 - GREEN FEES

What is covered

We will pay **You** up to the amount shown in the **Schedule of Benefits**, for the proportionate value of any non refundable, pre-paid green fees, **Golf Equipment** hire or tuition fee necessarily unused due to the following:

- a) **Bodily Injury** or illness of an **Insured Person**; or
- b) loss or theft of documentation which prevents the participation in the pre-paid golfing activity.

Special conditions relating to claims

1. **You** must report to the police within 24 hours of discovery and obtain a written report of the loss, theft or theft or attempted theft of golfing documentation.
2. **You** must obtain a medical certificate from the treating doctor substantiating **Your Medical Condition** and confirming **Your** inability to play golf.

What is not covered

1. Anything mentioned in the general exclusions on page 6.

COMPLAINTS PROCEDURE

Making yourself heard

If **You** have cause for complaint, it is important that **You** know that **We** are committed to providing **You** with an exceptional level of service and customer care.

We realise that things can go wrong and there may be occasions when **You** feel that **We** have not provided the service **You** expected. When this happens, **We** want to hear about it so that **We** can try to put things right.

Who to contact?

The most important factors in getting **Your** complaint dealt with as quickly and efficiently as possible are:

- to be sure **You** are talking to the right person, and;
- that **You** are giving them the right information.

When You contact Us:

- Please give **Us Your** name and contact telephone number.
- Please quote **Your** policy and/or claim number and the type of policy **You** hold.
- Please explain clearly and concisely the reason for **Your** complaint.
- So **We** begin by establishing **Your** first point of contact:

Complaints regarding:

SALE OF THE POLICY

Please contact Medisafe on 0844 887 1495.

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

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

CLAIMS

Please contact Claims Settlement Agencies on 0844 826 2644.

In all correspondence please state that **Your** insurance is provided by UK General Insurance Group Limited and quote scheme reference Medisafe 03881D.

If **Your** complaint about **Your** claim cannot be resolved by the end of the next working day, Claims Settlement Agencies will pass it to:

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

If **We** have given **You Our** final response and **You** are still dissatisfied **You** may refer **Your** case to the Financial Ombudsman Service (Ombudsman). The FOS is an independent body that arbitrate on complaints about general insurance products. It will only consider complaints after **We** have provided **You** with written confirmation that **Our** internal complaints procedure has been exhausted.

The Ombudsman can be contacted at: Insurance Division, Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR.
Telephone: 0845 080 1800, or fax: 020 7964 1001.

Please note that **You** have six months from the date of **Our** final response in which to refer **Your** complaint to the Ombudsman.

Your statutory rights are not affected if **You** choose to follow any of the complaints procedures above. For further information about **Your** statutory rights contact **Your** local authority Trading Standards Service or Citizens Advice Bureau.

Our promise to You:

- Acknowledge written complaints promptly.
- Investigate quickly and thoroughly.
- Keep **You** informed of progress.
- Do everything possible to resolve **Your** complaint.
- Learn from **Our** mistakes.
- Use information from complaints to continuously improve **Our** service.

To help **Us** improve **Our** service **We** may record or monitor telephone calls.

DATA PROTECTION ACT 1998

Please note that any information provided to **Us** will be processed by **Us** and our agents in compliance with the provision of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information, in confidence, for process to other companies acting on their instructions including those located outside the European Economic Area.