



# Travel Insurance Policy Wording

Single and Annual Multi Trip

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### Schedule of Benefits and Excesses

Section		Economy Maximum Limit Per Person	Excess* Per Person	Premier Maximum Limit Per Person	Excess*^ Per Person	PremierPlus Maximum Limit Per Person	Excess*^ Per Person
<b>A</b>	<b>Cancellation or curtailment charges</b>	£1,000	£150 (£20 loss of deposit)	£2,000	£125 (£20 loss of deposit)	£4,000	£99 (£20 loss of deposit)
<b>B</b>	<b>Emergency medical expenses &amp; repatriation</b>	£5,000,000	£150	£8,000,000	£125	£10,000,000	£99
	Emergency dental treatment	£200	Nil	£200	Nil	£200	Nil
	Additional accommodation and travelling costs	£500	£150	£1,000	£125	£2,000	£99
	Emergency Funeral expenses	£1,500	£150	£1,500	£125	£2,500	£99
<b>C</b>	<b>Hospital benefit</b>	No Cover	N/A	£25 per complete 24 hours of inpatient treatment up to £500	Nil	£50 per complete 24 hours of inpatient treatment up to £1,000	Nil
<b>D</b>	<b>Personal accident</b>						
	Permanent Total Disablement						
	Aged up to & including age 64 years	£5,000	£150	£15,000	Nil	£20,000	Nil
	Aged 65 years & over	No Cover	N/A	No Cover	N/A	No Cover	N/A
	Loss of one or more limbs, or total and irrecoverable loss of sight in one or both eyes						
	Aged up to & including age 64 years	£5,000	£150	£15,000	Nil	£20,000	Nil
	Aged 65 years & over	No Cover	N/A	No Cover	N/A	No Cover	N/A
	Death benefit						
<b>E1</b>	<b>Baggage</b>	£500	£150	£1,000	£125	£2,000	£99
	Single article, pair or set limit	£150	£150	£200	£125	£300	£99
	Total for all valuables (limited to £75 if insured person is aged 16 years or under)	£200	£150	£300	£125	£300	£99
	Tobacco, alcohol and fragrances limit	£50	£150	£75	£125	£100	£50
<b>E2</b>	<b>Delayed baggage</b>	£50 after a 12 hour delay	Nil	£100 after a 12 hour delay	Nil	£200 after a 12 hour delay	Nil
<b>F1</b>	<b>Personal money</b>	£150	£150	£175	£125	£500	£99
	Cash Limit	£150	£150	£175	£125	£500	£99
	Cash Limit age 17 years or under	£100	£150	£125	Nil	£250	£99
<b>F2</b>	<b>Emergency replacement passport &amp; travel documents</b>	No Cover	N/A	£175	£125	£300	£99
<b>G1</b>	<b>Travel delay after 12 hours delay</b>	£10 per 12 hours up to £100	Nil	£20 per 12 hours up to £200	Nil	£40 per 12 hours up to £400	Nil
<b>G2</b>	<b>Abandonment of your trip after 24 hours delay</b>	£1,000	£150	£2,000	£125	£4,000	£99
<b>H</b>	<b>Missed departure on your outward journey</b>	£250	£150	£500	£125	£1,000	£99
<b>I</b>	<b>Missed connection on your outward or return journey</b>	No Cover	N/A	No Cover	N/A	£500	£99
<b>J</b>	<b>Scheduled airline failure</b>	No Cover	N/A	£1,000	£125	£5,000	£99
<b>K</b>	<b>End supplier failure</b>	No Cover	N/A	No Cover	N/A	£5,000	£99
<b>L</b>	<b>Attraction, event &amp; excursion tickets</b>	No Cover	N/A	No Cover	N/A	£500	£99
<b>M</b>	<b>Hijack</b>	No Cover	N/A	£50 per 24 hours up to £250	Nil	£150 per 24 hours up to £1,500	Nil
<b>N</b>	<b>Legal expenses</b>	£5,000 (£10,000 policy maximum)	£150	£10,000 (£20,000 policy maximum)	£125	£20,000 (£40,000 policy maximum)	£99
<b>O</b>	<b>Personal liability</b>	£1,000,000	£150	£2,000,000	£125	£4,000,000	£99

\* The **excess** is deducted from each claim, per section, for each separate incident payable for each **insured person**.

^ The **excesses** shown in the Schedule of Benefits are the standard **excesses** that apply to each section of the policy. If **you** have chosen the option to increase/decrease these **excesses** in return for a discount/additional premium, the **excess** **you** have selected will be shown in **your policy schedule**. If **you** have paid the additional premium for **excess** waiver, this will be shown on **your policy schedule** and the **excess** will be reduced to Nil in the event of a claim. The **excess** waiver option only applies to Sections A to T inclusive. **You** cannot waive the **excess** under Section U.

Schedule of Benefits and Excesses							
Section		Economy Maximum Limit Per Person	Excess* Per Person	Premier Maximum Limit Per Person	Excess** Per Person	PremierPlus Maximum Limit Per Person	Excess** Per Person
Optional Winter Sports cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid.							
P1	<b>Ski equipment</b>						
	Owned	No Cover	N/A	£500	£125	£750	£99
	Hired	No Cover	N/A	£250	£125	£500	£99
	Single article, pair or set limit	No Cover	N/A	£250	£125	£250	£99
P2	<b>Ski equipment hire</b>	No Cover	N/A	£25 per 24 hours up to £250	Nil	£50 per 24 hours up to £500	Nil
P3	<b>Ski pack</b>	No Cover	N/A	£50 per 24 hours up to £500	Nil	£75 per 24 hours up to £750	Nil
P4	<b>Lost lift pass</b>	No Cover	N/A	£150	Nil	£225	Nil
P5	<b>Piste closure</b>	No Cover	N/A	£30 per 24 hours up to £300	Nil	£50 per 24 hours up to £500	Nil
P6	<b>Delay due to avalanche or landslide</b>	No Cover	N/A	£300	£125	£500	£99
Optional Golf cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid.							
Q1	<b>Golf equipment</b>						
	Owned	No Cover	N/A	£500	£125	£1,000	£99
	Hired	No Cover	N/A	£250	£125	£350	£99
	Single article, pair or set limit	No Cover	N/A	£250	£125	£250	£99
Q2	<b>Loss of green fees</b>	No Cover	N/A	£50 per 24 hours up to £100	Nil	£50 per 24 hours up to £250	Nil
Q3	<b>Hole in one</b>	No Cover	N/A	£75	Nil	£150	Nil
Optional Cruise cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid.							
R1	<b>Missed port departure</b>	No Cover	N/A	£100 per port up to £1,000	£125	£150 per port up to £1,500	£99
R2	<b>Cabin confinement</b>	No Cover	N/A	£100 per 24 hours up to £500	Nil	£150 per 24 hours up to £750	Nil
R3	<b>Cruise itinerary change</b>	No Cover	N/A	£150 per change up to £600	Nil	£200 per change up to £800	Nil
R4	<b>Unused cruise excursions</b>	No Cover	N/A	£500	£125	£750	£99
R5	<b>Cruise interruption</b>	No Cover	N/A	£1,000	£125	£1,500	£99
Optional Multi-Destination Trip – Travel Disruption cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid.							
S1	<b>Travel delay during travel to your next destination after 12 hours delay</b>	No Cover	N/A	£20 per 12 hours up to £200  Overall trip limit of £300	Nil	£40 per 12 hours up to £400  Overall trip limit of £600	£50
S2	<b>Missed departure during travel to your next destination</b>	No Cover	N/A	£500  Overall trip limit of £750	£125	£1,000  Overall trip limit of £1,500	£99
Optional Waiting list cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid.							
T	<b>Cancellation or curtailment charges</b>	No Cover	N/A	£2,000	£125 (£20 loss of deposit)	£4,000	£99 (£20 loss of deposit)

**Optional Gadget cover - Your policy schedule will show if you selected this option and the appropriate additional premium has been paid**

		Gadget cover - Standard		Gadget cover - Superior	
		Limit Per Person	Excess Per Person	Limit Per Person	Excess Per Person
<b>U</b>	<b>Gadget cover</b>	£1,000	£100	£2,000	£75
	Single article limit	£600		£1,000	
	Unauthorised calls / data	£50	Nil	£100	Nil
	Accessories (following a gadget claim)	£75	Nil	£150	Nil
	Maximum number of gadgets Insured (under the age of 36 months old at the start of the insurance)	2		6	

\* The **excess** is deducted from each claim, per section, for each separate incident payable for each **insured person**.

^ The **excesses** shown in the Schedule of Benefits are the standard **excesses** that apply to each section of the policy. If **you** have chosen the option to increase/decrease these **excesses** in return for a discount/additional premium, the **excess you** have selected will be shown in **your policy schedule**. If **you** have paid the additional premium for **excess** waiver, this will be shown on **your policy schedule** and the **excess** will be reduced to Nil in the event of a claim. The **excess** waiver option only applies to Sections A to T inclusive. **You** cannot waive the **excess** under Section U.

## GENERAL INFORMATION ABOUT THIS INSURANCE

This policy wording along with **your policy schedule** and any appropriate endorsements forms the basis of **your** contract of insurance with **us**. Together, these documents detail and explain what **you** are covered for and what **you** are not covered for.

Different levels of cover apply depending on whether **you** have bought an Economy, Premier or PremierPlus policy, and additional sections of cover will apply if **you** have paid the required premium for policy upgrades.

Please read this policy wording to make sure that the cover meets **your** needs and please check the details outlined within **your policy schedule** and any applicable endorsements to make sure that the information shown is correct. If anything is incorrect, please notify TravelTime immediately.

In return for having accepted **your** premium **we** will in the event of **bodily injury**, death, illness, disease, loss, theft, damage, legal liability or other specified events happening within the period of insurance provide insurance in accordance with the operative sections of **your** policy as referred to in **your policy schedule**.

## INSURER

### Sections A to T inclusive

The insurance is underwritten by Chaucer Insurance Company DAC. Chaucer Insurance Company DAC is registered in Ireland (company no. 587682) with its registered office at 38 & 39 Baggot Street Lower, Dublin 2, D02 T938, and is authorised and regulated by the Central Bank of Ireland.

### Section U only

The Insurer for Section U of this insurance is Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Details of the extent of their regulation by the Financial Conduct Authority are available on request.

**You** can check this information on the Financial Services Register by visiting the Website <https://register.fca.org.uk/> or by phoning 0800 111 6768 or 0300 500 8082.

## SOLD AND ADMINISTERED BY

This policy is sold and administered by TravelTime Travel Insurance.

TravelTime Travel Insurance is a trading style of Explorer Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority (FCA 583108). Regulated in England and Wales No: 7496730. Registered Office: Millhouse, 32-38 East Street, Rochford, SS4 1DB.

## POLICY INFORMATION OR ADVICE

If **you** would like more information or if **you** feel the insurance may not meet **your** needs, **you** must contact TravelTime Travel Insurance by email: [travelttime@travelttimeinsurance.co.uk](mailto:travelttime@travelttimeinsurance.co.uk) or telephone: **0345 548 2122**.

## ELIGIBILITY

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

- **You** are permanently resident in the **United Kingdom** and have **your** main **home** in the **United Kingdom**;
- **You** are registered with a **doctor** in the **United Kingdom**;
- **You** have a **UK** National Insurance number (where aged sixteen (16) years of age or older);
- **You** are in **United Kingdom** at the time of purchasing this policy. Any **trip** that has begun when **you** purchase this policy will not be covered;
- **You** are not travelling against medical advice or where **you** would have been if **you** had sought medical advice before beginning **your** **trip**;
- **You** are not travelling with the intention of receiving medical treatment;

- **Your trip** starts and ends in the **United Kingdom** (single trip or annual multi-trip cover only).

## AGE ELIGIBILITY – ANNUAL MULTI TRIP

The person buying this insurance must be 18 years of age or over at the date of purchase.

This policy is not available to anyone aged 70 or over at the time the **policy schedule** is issued if annual multi trip cover is selected. If **you** are aged 17 or under at the time the **policy schedule** is issued, **you** may travel independently provided **you** are accompanied by a responsible adult.

If **you** reach any of the ages mentioned above during the period of insurance, cover will continue until the next renewal date but not after that.

## AGE ELIGIBILITY – SINGLE TRIP

The person buying this insurance must be 18 years of age or over at the date of purchase.

If single trip cover is selected, this policy is not available to anyone aged 76 or over at the time the **policy schedule** is issued.

## CRUISES

There is no cover provided for **crises** unless **you** have paid the appropriate additional premium and cover is shown on **your policy schedule**. In any event, there is no cover for cargo or container ship travel.

Please note that Cruise cover is not available under the Economy Cover.

## SINGLE TRIP - TRIP DURATION

This gives **you** cover to travel on one **trip** made by **you** within the geographical areas as shown on **your policy schedule**.

## ANNUAL MULTI TRIP - TRIP DURATION

**You** are covered to travel as many times as **you** like within the period of insurance shown on **your policy schedule**, provided no single **trip** lasts longer than the following maximum **trip** durations:

**Economy Cover** – Thirty-one (31) days

**Premier Cover** – Forty-five (45) days (if aged 65 years or under at the time of purchase of the policy). Thirty-one (31) days (if aged 66 years or over at the time of purchase of the policy).

If **you** are aged 65 years or under at the time of purchase of the policy and **you** have chosen the option to reduce the maximum **trip** duration to thirty-one (31) days in return for a discount, the maximum **trip** duration **you** have selected will be shown in **your policy schedule**.

**PremierPlus Cover** - Forty-five (45) days (if aged 65 years or under at the time of purchase of the policy). Thirty-one (31) days (if aged 66 years or over at the time of purchase of the policy).

If **you** are aged 65 years or under at the time of purchase of the policy and **you** have chosen the option:

- a) to reduce the maximum **trip** duration to thirty-one (31) days in return for a discount, or
- b) to increase the maximum **trip** duration to sixty (60) days and have paid the additional premium

the maximum **trip** duration **you** have selected will be shown in **your policy schedule**.

If any **trip** exceeds the maximum **trip** duration shown on **your policy schedule**, then there is absolutely no cover under this policy for that **trip** (not even for the first thirty-one (31), forty-five (45) or sixty (60) days of **trip**), unless **you** have contacted **us** and **we** have agreed in writing to provide cover.

If **you** have purchased a **winter sports** annual multi trip policy, cover is provided for up to seventeen (17) days in total for **winter sports** within the period of insurance. Winter Sports cover is not available under Economy Cover.



## GEOGRAPHICAL AREAS

**You** will not be covered if **you** travel outside the area **you** have selected, as shown in **your policy schedule**.

**UK:** **United Kingdom** being England, Wales, Scotland, Northern Ireland and the Isle of Man.

**Euro 1:** All countries listed in **UK** above together with Albania, Andorra, Armenia, Austria, Azores, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, Channel Islands, Corsica, Croatia, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Gibraltar, Hungary, Iceland, Ireland, Isle of Man, Italy, Kosovo, Lapland, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Moldova, Monaco, Montenegro, Morocco, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Sardinia, Serbia, Sicily, Slovakia, Slovenia, Sweden, Tunisia, Ukraine and Vatican City.

**Euro 2:** All countries listed in **UK** and Euro 1 above together with Spain, Balearic Islands and Canary Islands.

**Euro 3:** All countries listed in **UK**, Euro 1 and Euro 2 above together with Algeria, Azerbaijan, Crete, Cyprus, Egypt, Greece, Malta, Switzerland and Turkey.

**AU/NZ:** Australia & New Zealand only.

**WW1:** All countries listed in **UK**, Euro 1, Euro 2 & Euro 3 with all countries worldwide excluding USA, Canada, Mexico and Caribbean Islands.

**WW2:** All countries listed in **UK**, Euro 1, Euro 2 & Euro 3 with all countries worldwide including USA, Canada, Mexico and Caribbean Islands.

Stopovers in a country within a higher area are insured provided they do not exceed forty-eight (48) hours.

**Please note:** this policy does not cover **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 against all travel or all but essential travel.

There is no cover for any **trips** in, to or through Afghanistan, Liberia or Sudan.

## POLICY EXCESS

Under most sections of the policy, claims will be subject to an **excess**. This means that **you** will be responsible for paying the first part of each and every claim per incident claimed for, under each section by each **insured person**, unless **you** have paid the additional premium to waive the **excess** and this is shown on **your policy schedule**.

**Please note:** If **you** have purchased the **excess** waiver option and this is shown on **your policy schedule**, this only applies to Sections A to T inclusive. **You** cannot waive the **excess** under Section U.

## PERIOD OF COVER

On single trip policies cover for cancellation starts at the time **you** book the **trip** or pay the insurance premium, whichever is later. Cover for cancellation ends as soon as **you** start **your trip**.

On annual multi trip policies cover starts on the chosen start date and cancellation cover is not in force until that date, subsequent **trips** start from the date of booking.

Cover under all other sections starts when **you** leave **your home** (but not earlier than twenty-four (24) hours before the booked departure time) or from the first day of the period of insurance as shown on **your policy schedule**, whichever is the later.

Cover ends when **you** return to **your home** (but not later than twenty-four (24) hours after **your** return to the **United Kingdom**) or for single trip policies at the end of the period of insurance as shown on **your policy schedule**, whichever is earlier.

Any **trip** that had already begun when **you** purchased this insurance will not be covered.

Each **trip** must begin and end in the **United Kingdom**. There is no cover under this policy for one-way **trips**.

Cover is only provided in the **United Kingdom** if **you** stay in accommodation that **you** have paid for in advance of the date **you** depart on **your trip** or if **you** have paid for **public transport** or air fares in advance of the date of departure to enable **you** to reach **your** destination in the **United Kingdom**. All **trips** within the **United Kingdom** must be for at least one night away from **home**.

All cover ceases if **you** have to return to the **United Kingdom** under Section A - Curtailment charges or Section B - Emergency medical expenses & repatriation, cover cannot be provided to resume **your trip** or on a single trip policy for further **trips**.

## WAITING LIST COVER

This is an optional cover that is available under the Premier and PremierPlus Cover and is subject to an additional premium. Please note that 'waiting list' cover is not available under the Economy Cover.

It provides additional cancellation and curtailment cover if **you** are on a waiting list for treatment or investigation for a diagnosed **medical condition**.

This means that if:

- it becomes medically necessary to attend an appointment for treatment or investigation that conflicts with **your** planned **trip**, or
- you** are now unable to travel on **your** planned **trip**, because of a deterioration in the **medical condition** for which **you** are awaiting treatment or investigation

**we** would provide cover for the cancellation or **curtailment** costs up to the amount shown in the schedule of benefits.

This section of cover does not apply to undiagnosed conditions.

**Please Note:** **You** will need to ensure **you** purchase cover for everyone on the policy who may need to cancel if **you** were called for treatment, not just the person who is awaiting treatment.

## TRIP EXTENSIONS IF YOU DECIDE YOU WISH TO EXTEND YOUR TRIP WHILST OVERSEAS

If, once **you** have left the **United Kingdom** and before the end of the period of insurance, **you** decide **you** want to extend **your** policy, please contact TravelTime Travel Insurance on 0345 548 2122 or by emailing [travelttime@travelttimeinsurance.co.uk](mailto:travelttime@travelttimeinsurance.co.uk). Extensions can usually only be considered if there has been no change in **your** health (or that of a **close relative** or **close business associate**) and no claim has been made or is intended to be made and no incident likely to give rise to a claim has occurred.

However, should there have been a change in **your** health or **you** are aware that a claim has been made or will need to be made under the original policy then **we** may still be able to consider the extension provided full details are disclosed to TravelTime Travel Insurance for consideration.

## TRIP EXTENSIONS IF YOU ARE UNABLE TO RETURN HOME FROM YOUR TRIP AS PLANNED

If, due to unexpected circumstances beyond **your** control, for example, due to illness or injury or unavoidable delays affecting **your** return flight or **public transport**, **your trip** cannot be completed within the period of insurance outlined in **your policy schedule**, cover will be extended for **you** at no extra cost for up to thirty (30) days. This also applies to one person travelling with **you** who is authorised to stay with **you** by the Medical Emergency Assistance Company if the extension is due to medical reasons. All requests for more than thirty (30) days must be authorised by the Medical Emergency Assistance Company. Please see Medical and other emergencies on page 19 for details of how to contact the Medical Emergency Assistance Company.



## THE LAW THAT APPLIES TO THIS POLICY

This policy will be governed by English Law and **you, insured persons** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless agreed to the contrary by **you** and **us** before the commencement date.

The Terms and Conditions of this policy will only be available in English and all communication relating to this policy will be in English.

## FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

**You** may be entitled to compensation from the FSCS (depending on the type of insurance and the circumstances of the claim) if **we** are unable to meet **our** financial obligations under this policy. A claim under this type of insurance is covered for 90% of the claim without any upper limit.

Further information about the compensation scheme is available from: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU

Tel: 020 7741 4100 or 0800 678 1100 Website: [www.fscs.org.uk](http://www.fscs.org.uk).

## HOW WE USE PERSONAL INFORMATION

**We** will use the information from **your** policy for the purpose of providing **you** with insurance services and additional products and services. **We** fully accept **our** responsibility to promote the privacy of customers and the confidentiality and security of information entrusted to **us**.

The information provided by **you** or on **your** behalf of when the policy was taken out, together with other information, will be used by **us, our** Group companies and **our** service providers and agents. It will be used for administration, customer service and claims.

It may also be used for the purpose of fraud prevention including passing details to other insurers and regulatory bodies. **You** have provided information in connection with the purchase and performance of this insurance policy and **you** have consented to the processing of the personal data, including sensitive personal data and **you** have consented to the transfer of this information abroad.

Unless **you** have informed **us** otherwise, **we** or **our** service providers and agents may contact **you** by mail or telephone to let **you** know about any goods, services or promotions that may be of interest to **you** and/or share **your** information with organisations that are **our** business partners. Under the UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679, **you** have certain rights regarding access to **your** information. **You** have the right to see a copy of the personal information held about **you**, if **you** believe that any of the information **we** are holding is incorrect or incomplete, please let **us** know as soon as possible. Any information which is found to be incorrect will be corrected promptly.

**We** may monitor and/or record communication with **us** either directly or by reputable organisations selected by **us**, to ensure consistent servicing levels and account operation.

**We** will keep information about **you** only for as long as is appropriate.

In certain circumstances, **we** may need **your** consent to process certain categories of information about **you** (including sensitive details such as information about **your** health). Where **we** need **your** consent, **we** will ask **you** for it separately. **You** do not have to give **your** consent and **you** may withdraw **your** consent at any time. However, if **you** do not give **your** consent, or **you** withdraw **your** consent, this may affect **our** ability to provide the insurance cover from which **you** benefit and may prevent **us** from providing cover for **you** or handling **your** claims.

### Want more details?

For more information about how **we** use **your** personal information please see **our** full privacy notice(s), which is/are available online on **our** website [www.chaucerplc.com/privacy-cookie-policy/](http://www.chaucerplc.com/privacy-cookie-policy/) or in other formats on request. If **you** require details of TravelTime Travel Insurance's privacy policy, this can be found online <https://www.traveltimeinsurance.co.uk/privacy-policy>.

UK Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

## TRAVEL DELAYS - EC REGULATIONS

This policy is not designed to cover costs which are met under the EC Regulation No. 261/2004. Under this Regulation if **you** have a confirmed reservation on a flight, and that flight is delayed by between two (2) and four (4) hours (length of time depends on the length of **your** flight) the airline must offer **you** meals, refreshments and hotel accommodation. If the delay is more than five (5) hours, the airline must offer to refund **your** ticket.

The Regulations should apply to all flights, whether budget, chartered or scheduled, originating in the EU, or flying into the EU using an EU carrier.

If **your** flight is delayed or cancelled, **you** must in the first instance approach **your** airline and clarify with them what costs they will pay under the Regulation.

If **you** would like to know more about **your** rights under this Regulation, additional useful information can be found on the Civil Aviation Authority website ([www.caa.co.uk](http://www.caa.co.uk)).

## CANCELLATIONS AND REFUNDS

### Your right to cancel the policy within fourteen (14) days of purchase

If this cover is not suitable for **you** and **you** want to cancel **your** policy, the **policyholder** must contact **us** by phoning **0345 548 2122**, or emailing [traveltime@traveltimeinsurance.co.uk](mailto:traveltime@traveltimeinsurance.co.uk) or by writing to TravelTime Travel Insurance, Suite 9, Chalkwell Lawns, 648-656 London Road, Westcliff on Sea, SS0 9HR within fourteen (14) days of buying **your** policy or the date **you** receive **your** policy documents.

In line with the conditions below **we** will refund the premium the **policyholder** has paid within thirty (30) days of the date **you** contact TravelTime Travel Insurance to ask to cancel the policy.

**We** will not refund the premium if **you** have travelled or made a claim before **you** asked to cancel the policy within the fourteen (14)-day period.

### Your right to cancel the policy outside the fourteen (14)-day cooling-off period

If **you** decide this cover is no longer suitable for **you** and **you** want to cancel **your** policy after the fourteen (14) day cooling-off period, the **policyholder** must contact **us** by phoning **0345 548 2122**, or emailing [traveltime@traveltimeinsurance.co.uk](mailto:traveltime@traveltimeinsurance.co.uk) or by writing to TravelTime Travel Insurance, Suite 9, Chalkwell Lawns, 648-656 London Road, Westcliff on Sea, SS0 9HR.

In line with the terms outlined below **we** will refund a proportion of the premium the **policyholder** has paid within thirty (30) days of the date **you** contact TravelTime Travel Insurance to ask to cancel the policy.

If **you** have not travelled or made a claim before **you** asked to cancel the policy, the **policyholder** will be entitled to a refund of the premium paid, subject to deduction of 30% of the premium paid to represent the period during which **you** have been on risk for cancellation cover

### Our right to cancel the policy

**We** have the right to cancel this policy by giving at least thirty (30) days' notice in writing to the **policyholder** at their last known address where **we** have serious grounds for doing so, including any failure by **you** to comply with the General Conditions on pages 10 and 11 of this policy which is incapable of remedy or which **you** fail to remedy within fourteen (14) days of receiving a notice from **us** requiring **you** to remedy the breach. A proportionate refund of the premium paid will be made to the **policyholder** from the date **we** cancel the policy.

## DEFINITIONS

These definitions apply throughout **your** policy wording. Where **we** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the policy. **We** have listed the definitions alphabetically.

**Adverse weather conditions** – means rain, wind, fog, thunder or lightning storm, flood, snow, sleet, hail, hurricane, cyclone, tornado or tropical storm, which is not caused by or has not originated from a geological or catastrophic event such as but not limited to an earthquake, volcano or tsunami.

**Baggage** – means luggage, clothing, personal effects, **valuables** and other articles (but excluding **golf, equipment, ski equipment, personal money** and documents of any kind) 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 caused by sudden, unexpected, external and visible means including injury as a result of unavoidable exposure to the elements.

#### **Change in health**

Any deterioration or change in **your** health between the date the policy was purchased and the date of travel, this includes, new medication, change in regular medication, deterioration of a previously stable condition, referral to a specialist, investigation of an undiagnosed condition or awaiting treatment/consultation.

**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, civil partner, daughter, adopted daughter, son, adopted son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, domestic partner or fiancé/fiancée.

**Complications of pregnancy** – means toxæmia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole (molar pregnancy), post-partum haemorrhage, retained placenta membrane, placental abruption, hyperemesis gravidarum, placenta praevia, still births, miscarriage, medically necessary emergency Caesarean section, medically necessary termination and any premature births more than 8 weeks (or 16 weeks in the case of a known multiple pregnancy) prior to the expected delivery date.

**Cruise** – means a **trip** involving a sea voyage of more than five days total duration, where transportation and accommodation is primarily on an ocean going passenger carrying liner, ship or river cruiser.

In any event there is no cover for **your** travel by container or cargo ship.

**Curtailed /Curtailed** – means either:

- abandoning or cutting short the **trip** by direct early return to **your home area**, in which case claims will be calculated from the day **you** returned to **your home area** and based on the number of complete days of **your trip** **you** have not used, or
- by attending a hospital outside **your home area** as an in-patient or being confined to **your** accommodation abroad due to compulsory quarantine or on the orders of a treating **doctor**, in either case for a period in excess of forty-eight (48) hours. Claims will be calculated from the day the ill/injured person was admitted to hospital or confined to **your** accommodation and based on the number of complete days for which **you** were hospitalised, quarantined or confined to **your** accommodation. Cover only applies to ill/injured persons.

**Cyber event** – means an unauthorised or malicious act or series of related unauthorised or malicious acts or the threat or hoax thereof involving access to, processing of, use of or operation of any **information technology system** or any electronic data by any person or group(s) of persons.

#### **Doctor**

A registered medical practitioner who is not **you** or related to **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practice medicine.

**Excess** – means the first amount of each claim, per section, for each separate incident payable for each **insured person**.

**Existing medical condition(s)** – means any serious or ongoing or recurring **medical condition** which has been previously diagnosed or been investigated or treated in any way, at any time prior to travel, even if this condition is currently considered to be stable and under control.

**Family cover** – means up to two adults and any number of their children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parents or legal guardian insured on the same policy travelling on any **trip** to the same destination.

The children are only insured when travelling with one or both of the insured adults, (or accompanied by another responsible adult) but under annual multi trip cover either adult is also insured to travel on their own.

**Golf equipment** – means golf clubs, golf balls, golf bag, non-motorised golf trolley and golf shoes.

**Hijack** – means the unlawful seizure or wrongful exercise of control of the **public transport** in which **you** are travelling as a passenger.

**Information technology system** – means any computer, hardware, software, information technology and communications system or electronic device, including any associated input, output or data storage device, networking equipment or back up facility.

**Home** – means **your** normal place of residence in the **United Kingdom**.

**Home area** – An insured person's usual place of residence within the **United Kingdom**.

**Insured person** – See definition of **You/Your/Yourself/Insured person**.

**Loss of Limb** – means loss by permanent severance of an entire hand or foot or the total and permanent loss of use of an entire hand or foot.

**Loss of sight** – means total and irrecoverable **loss of sight**, which shall be considered as having occurred:

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

**Manual work** – means physical work or work involving the use or operation of mechanical or non-mechanical machinery or equipment.

**Medical condition** – means any disease, illness or injury.

**Package** – means the pre-arranged combination of at least two of the following components when sold or offered for sale at an inclusive price and when the service covers a period of more than twenty-four (24) hours or includes overnight accommodation:

- transport
- accommodation
- other tourist services not ancillary to transport or accommodation (such as car hire or airport parking) and accounting for a significant proportion of the package as more fully described under The Package Travel, Package Holidays and Package Tour Regulations 1992.

**Permanent total disablement** – means Irrecoverable disablement arising from accidental **bodily injury** which permanently and totally incapacitates the **insured person** for a continuous period of twelve (12) months from carrying out at least two (2) of the following activities of daily living:

- Transfer and Mobility – the ability to move from one room to an adjoining room or from one side of a room to another or to get in and out of a bed or chair,
- Dressing – putting on and taking off all necessary items of clothing,
- Toileting – getting to and from the toilet, transferring on and off the toilet and associated personal hygiene,
- Eating – all tasks of getting food into the body once it has been prepared,

and at the expiry of that period being beyond hope of improvement sufficient to carry out at least three (3) of the previously described activities of daily living ever again.

**Personal money** - means bank notes, currency notes and coins in current use, travellers' and other cheques, postal or money orders, pre-paid coupons or vouchers, travel tickets, phonecards, money cards and credit/debit or pre-pay charge cards all held for personal use and which are non-refundable.

**Piste** - means a recognised and marked ski run within the resort boundaries.

**Policy schedule** - means the document showing details of the cover and which should be read with this policy wording.

**Public transport** - means any publicly licensed aircraft, sea vessel, train, coach or bus on which **you** are booked or had planned to travel.

**Secure baggage area** - means any of the following, as and where appropriate:

- a) The locked dashboard, boot or luggage compartment of a motor vehicle
- b) The locked luggage compartment of a hatchback vehicle fitted with a lid closing off the luggage area, or of an estate car with a fitted and engaged tray or roller blind cover behind the rear seats
- c) The fixed storage units of a locked motorised or towed caravan
- d) A locked luggage box, locked to a roof rack, which is itself, locked to the vehicle roof.

**Single parent cover** - means one adult and any number of his or her children, step children or foster children aged under 18 (or aged under 22 if in full time education), accompanying the parent insured on the same policy, travelling on any **trip** to the same destination. The children are only insured when travelling with the insured adult, (or accompanied by another responsible adult) but under annual multi trip cover the adult is also insured to travel on their own.

**Ski equipment** - means skis (including bindings), ski boots, ski poles and snowboards.

**Sports equipment** - means specialist equipment belonging to **you** used specifically for a particular sport of leisure pursuit.

The following are not included in the definition:

- **ski equipment**
- **golf equipment**

**Terrorism** - means an act, including but not limited to the use or planned use of force or violence and/or the threat of any person or group of persons, whether they are acting alone or on behalf of, or in connection with, any organisation, or government, committed for political, religious, ideological or similar purposes, including the intention to influence any government and/or the public, or to put any section of the public in fear).

**Trip** - means any holiday or pleasure **trip** or journey, within the geographical areas shown in the **policy schedule** that begins and ends in **your home area** during the period of insurance, excluding one-way **trips**.

**Unattended** - means when **you** do not have full view of **your** property or where **you** are not in a position to prevent the unauthorised taking of **your** property, unless it is left in a locked room or a locked safety deposit facility. Property left in a motor vehicle is considered to be **unattended** even when the motor vehicle is locked and the property is out of view in an enclosed storage compartment, boot or luggage space.

**United Kingdom/UK** - means England, Wales, Scotland, Northern Ireland and the Isle of Man.

**Utilisation of Nuclear, Chemical or Biological weapons of mass destruction**

The use of any explosive nuclear weapon or device; or the emission, discharge, dispersal, release or escape of: fissile material emitting a level of radioactivity, or any pathogenic (disease producing) micro-organism(s) and/ or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins), or any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

**Usual, reasonable and customary** - means the most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. **We** will determine what **usual, reasonable and customary** charges are, and in doing so may consider one or more of the following factors:

- a) the level of skill, extent of training, and experience required to perform the procedure or service;
- b) the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services;
- c) the severity or nature of the illness or **bodily injury** being treated;
- d) the amount charged for the same or comparable services, medicines or supplies in the locality;
- e) the amount charged for the same or comparable services, medicines or supplies in other parts of the country;
- f) the cost to the medical provider of providing the service, medicine or supply;
- g) such other factors as **we**, in the reasonable exercise of discretion, determine are appropriate.

**Valuables** - means jewellery, gold, silver, precious metal or precious or semiprecious stone articles, watches, furs, sunglasses, spectacles, telescopes, binoculars, cameras, camcorders, portable satellite navigation systems, photographic, audio, video, computer, television and telecommunications equipment (including mobile phones, smart phones and ancillary items, tablets, laptops, computer equipment, games and associated equipment, MP3/4 players, iPods, CD's, DVD's, tapes, films, cassettes, cartridges and headphones).

**War**

Military action, either between nations or resulting from civil war or revolution

**We/Us/Our** - means

- For Sections A to T inclusive - means Chaucer Insurance Company DAC.
- For Section U only - means Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited.

**You/Your/Yourself/Insured person** - means each person travelling on a **trip** whose name appears in the **policy schedule**.

## GENERAL CONDITIONS APPLICABLE TO THE WHOLE POLICY

The following conditions apply to all sections of this insurance.

1. **You** must tell **us** if **you** know about anything that may affect **our** decision to accept **your** insurance (for example, if **you** are planning to take part in a dangerous activity while **you** are on holiday).
2. **You** must comply with the 'Important conditions relating to health' on pages 12 and 13.
3. **You** must take all reasonable steps to avoid or reduce any loss, which may mean that **you** have to make a claim under this insurance. (For example, if **you** receive hospital treatment in a European Union country, **you** should produce **your** European Health Insurance Card (EHIC), if **you** have one).
4. **You** must give Claims Settlement Agencies all the documents they need to deal with any claim. **You** will be responsible for the costs involved in doing this. For example, in the event of a cancellation claim **you** will need to supply proof that **you** were unable to travel, such as a medical certificate completed by **your doctor**.
5. **You** must help **us** get back any money that **we** have paid from anyone or from other insurers (including the Department for Work and Pensions) by giving **us** all the details **we** need and by filling in any forms.
6. Any fraud, deliberate mis-statement or hiding of information in connection with the application for this policy or when making a claim will make this policy invalid for the **insured person** who has committed the fraud, deliberate mis-statement or hidden information. In this event, any benefit due to the **insured person** who has committed the fraud, deliberate mis-statement or hiding of information under this policy will be forfeited and any benefit that has previously been paid to them in connection with the fraud, deliberate mis-statement or hiding of information must be repaid to **us** in full. **We** will also under such circumstances not refund any



premium paid on behalf of the **insured person** who has committed the fraud, deliberate mis-statement or hiding of information.

7. The **insured person** must give **us** permission to obtain any medical reports or records needed from any **doctor** who has treated the **insured person**; otherwise **we** may not pay any claim.
8. **We** may ask the **insured person** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and the **insured person's** reasonable travelling expenses to attend (and any person required to travel with them), if these expenses are agreed by **us** in advance. If the **insured person** fails to attend without reasonable cause, **we** may reject the claim.
9. If an **insured person** dies, **we** have the right to ask for a post mortem examination at **our** expense.
10. **You** must pay **us** back any amounts that **we** have paid to **you** which are not covered by the insurance. This could include any overpayments and payments that **you** are not entitled to, for example, if **your** claim for lost luggage has been paid but **your** suitcase is subsequently returned to **you** by the airline.
11. After a claim has been settled, any damaged items that you have sent into Claims Settlement Agencies will become **our** property.
12. This policy may not be assigned or transferred unless agreed by **us** in writing.
13. **We** will not pay any interest on any amount payable under this policy.
14. **We** will deal with claims under Section D - Personal Accident in respect of accidental death as follows:
  - a) If an **insured person** is eighteen (18) years of age or over any sums payable will be made to the executor or personal representative of the deceased **insured person's** estate.
  - b) If an **insured person** is seventeen (17) years of age or under any sums payable will be made to a parent of the deceased **insured person**.
15. **We** may also contact third parties who have or who were to provide services to the **insured person** (for example, an airline, travel company or hotel) to verify the information provided.
16. Only the **policyholder**, an **insured person** or their **parent** if they are seventeen (17) years of age or under or their executor or personal representative in the event of the **death** of an **insured person** or **us** may enforce the terms of this policy.
17. All claims must be notified as soon as is reasonably practical after the event that causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in **you** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.
18. Several Liability Notice. The subscribing (re)insurers' obligations under contracts of (re)insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing (re)insurers are not responsible for the subscription of any co-subscribing (re)insurer who for any reason does not satisfy all or part of its obligations.

## GENERAL EXCLUSIONS APPLICABLE TO THE WHOLE POLICY

General exclusions apply to all sections of this policy. In addition to these general exclusions, please also refer to 'What is not covered' under each policy section and 'Important conditions relating to health' on pages 12 and 13, as these set out further exclusions which apply to certain sections.

**We** will not cover the following.

1. **You** are not covered under this policy if **you** are travelling with the purpose of receiving medical treatment abroad.
2. Any claims arising as a result of an **existing medical condition** of a **close relative** or friend living abroad whom **you** had planned to stay with, or any known or recognised complication of or caused by the **existing medical condition**.
3. Any claim relating to an incident which **you** were aware of at the time **you** purchased this insurance and which could reasonably be expected to lead to a claim.
4. Any claim arising from **you** acting in a way which goes against the advice of a **doctor**, or **you** travelling against the advice of a **doctor** or where **you** would have been if **you** had sought their advice before beginning **your trip**;

5. Any claim if **you** are on any official government or police database of suspected or actual terrorists, members of terrorist organisations, drug traffickers or illegal suppliers of nuclear, chemical or biological weapons.
6. Any claim arising out of **war**, hostilities or warlike operations (whether **war** be declared or not), civil war, invasion, revolution or any similar event.
7. Any claim arising from **terrorism** but this exclusion shall not apply to losses under Section B – Emergency medical expenses & repatriation, Section C - Hospital benefit and Section D - Personal accident.
8. Any claim arising from civil riots, blockades, strikes or industrial action of any type (except for strikes or industrial action which were not existing or publicly announced by the date **you** purchased this insurance or at the time of booking any trip).
9. Loss or damage to any property, or any loss, expense or liability arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel or the radioactive toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of it, or being exposed to the **utilisation of nuclear, chemical or biological weapons of mass destruction**.
10. Any claim if **you** already have a more specific insurance covering this (for example, if an item **you** are claiming for under Section E1 – Baggage, is a specified item on **your** household contents insurance policy).
11. Any claim arising as a result of **your** use of a two-wheeled motor vehicle unless:
  - a) as a passenger **you** wear a crash helmet and it is reasonable for **you** to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the accident occurs; or
  - b) as a rider **you** wear a crash helmet, you hold an appropriate **UK** licence that permits you to drive the capacity of the two-wheeled motor vehicle, and **you** comply with the licencing laws of the country in which the accident occurs.

There is no cover for off-roading.

12. Any claims arising from **your** use of a quad bike.
13. Any claims arising from any form of motor racing, racing formally or informally against another motorist, use of a vehicle on a race track, rallying, speed trials, hill climbs or timed event of any kind.
14. Any claim involving **you** taking part in any sport or activity unless the **policyholder** has paid the necessary premium (if applicable) to extend **your** policy to provide cover for this and it is shown on **your policy schedule**. Please see the sports and activities section on pages 15 to 17 of this policy wording for further details.
15. Any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses which are not listed under the headings 'What is covered' in Sections A to T, for example, loss of earnings if **you** cannot work after **you** have been injured or the cost of replacement locks if **your** keys are stolen).
16. Any claim arising from a scheduled airline becoming insolvent or being unable or unwilling to fulfil any part of their obligation to **you**, unless **you** have purchased the Premier Cover or PremierPlus Cover and this is shown on **your policy schedule**.
17. Any claim arising from a hotel, train operator, coach operator, car hire company, caravan site, campsite, mobile home rental company, camper rental company or Theme Park becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **you**, unless **you** have purchased the PremierPlus Cover and this is shown on **your policy schedule**.
18. Any claim arising as a direct result of a situation highlighted by the Foreign and Commonwealth Office where **you** have travelled to a specific country or to an area where, prior to **your trip** commencing, the Foreign and Commonwealth Office have advised against all (but essential) travel.

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| <p>19. Any claim arising from <b>you</b> being involved in any deliberate, malicious, reckless, illegal or criminal act.</p> <p>20. Any claim involving <b>you</b> taking part in <b>manual labour</b>.</p> <p>21. Any claim relating to <b>winter sports</b> unless the <b>policyholder</b> has paid the necessary premium to extend <b>your</b> policy to provide cover for this and it is shown on <b>your policy schedule</b>. Please see the activities we include as <b>winter sports</b> on page 15 of this policy wording.</p> <p>22. Any claim arising from:</p> <ol style="list-style-type: none"> <li><b>your</b> suicide or attempted suicide; or</li> <li><b>you</b> injuring <b>yourself</b> deliberately or putting <b>yourself</b> in danger (unless <b>you</b> are trying to save a human life).</li> </ol> <p>21. <b>Your</b> use of drugs.</p> <p>22. <b>Your</b> excessive consumption of alcohol by which <b>we</b> mean where <b>you</b> have drunk so much alcohol that a <b>doctor</b> has stated that <b>your</b> alcohol consumption has caused or actively contributed to <b>your</b> injury or illness, the results of a blood test at the time of injury or illness shows that <b>your</b> blood alcohol level exceeds 0.19% that is approximately 1.5 litres of beer or four 175ml glasses of wine or a witness report of a third party that has advised that <b>you</b> have notably impaired <b>your</b> faculties and/or judgement.</p> <p>23. <b>Your</b> alcohol intake whilst taking any combination of medication or drugs known (or would reasonably be suspected) to cause drowsiness, impaired vision or judgment when combined with alcohol whether such drugs are prescribed or not.</p> <p>24. Any claim which is as a result of <b>you</b> having been diagnosed as suffering from acute alcohol intoxication, alcohol dependency or alcohol withdrawal.</p> <p>25. Any costs which <b>you</b> would have had to or would have chosen to pay had the reason for the claim not occurred (for example, the cost of food that <b>you</b> would have paid for in any case).</p> | <p>26. Any claim arising as a result of <b>you</b> failing to get the inoculations and vaccinations that <b>you</b> need in relation to <b>your trip</b>.</p> <p>27. Any claim or loss arising directly or indirectly from a <b>cyber event</b>.</p> <p>28. Any claim arising from a <b>cruise</b> unless <b>you</b> have paid the appropriate additional premium and cover is shown on <b>your policy schedule</b>. In any event, there is no cover for cargo or container ship travel.</p> <p>29. Flying (other than as a passenger in a fully licensed aircraft).</p> <p>30. <b>We</b> shall not provide any cover, pay any claim, or provide any benefit to the extent that this cover, payment of a claim or benefit would expose <b>us</b> to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, <b>United Kingdom</b> or the United States of America.</p> <p>31. Anything shown as not covered in the 'Important Conditions relating to Health' on pages 12 and 13.</p> <p>32. Any claims directly or indirectly related to a pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19), including any related and/or similar condition(s) howsoever named or any mutation of these. This policy will also not provide cover for claims relating to the fear or threat of pandemic and/or epidemic, including but not limited to Coronavirus (COVID-19) including any related and/or similar condition(s) howsoever called or any mutation of these. In the event of a conflict between this general exclusion and any other term in your policy terms and conditions, this general exclusion takes precedence. This general exclusion applies to all sections of cover with the exception of Section B – Emergency medical expenses &amp; repatriation as long as, prior to your trip commencing, the Foreign and Commonwealth Office had NOT advised against all (but essential) travel to your intended destination.</p> |
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## IMPORTANT CONDITIONS RELATING TO HEALTH

This policy contains conditions relating to **your** health. **You** must comply with the disclosure of **your existing medical conditions** as stated on page 14.

### BE AWARE!

#### We do not provide cover at any time for:

- Any **medical conditions** **you** have for which a **doctor** has advised **you** not to travel (or would have done so had **you** sought his/her advice), but despite this **you** still travel.
- Any surgery, treatment or investigations for which **you** intend to travel outside of **your home area** to receive (including any expenses incurred due to the discovery of other **medical conditions** during and/or complications arising from these procedures).
- Any **medical condition** for which **you** are not taking the recommended treatment or prescribed medication as directed by a **doctor**.
- Your** travel against any health requirements stipulated by the carrier, their handling agents or any other **public transport** provider.
- Your** participation in clinical/drug trials.
- Claims caused by an **existing medical condition** of a **close relative** or friend living abroad whom **you** had planned to stay with, or any known or recognised complication of or caused by the **existing medical condition**.
- Any circumstances that are not specified in **your** policy.

#### At the time of taking out this policy, we are unable to provide any cover for:

- Any **existing medical condition** unless **you** have complied with the 'Disclosure of your medical conditions' on page 14 and have accurately declared **your medical condition(s)** to TravelTime and TravelTime have agreed in writing to cover **you**. **You** can declare **your medical conditions** using our online medical screening facility via our website - [www.traveltimeinsurance.co.uk](http://www.traveltimeinsurance.co.uk) or you can call us on **0345 548 2122**.
- Any circumstances if **you** have received a terminal prognosis.
- Any **medical condition** **you** are aware of but for which **you** have not had a diagnosis.

## Waiting lists:

If **you** are awaiting treatment or investigation for a **medical condition** for which **you** have a confirmed diagnosis, this policy will NOT provide cover under Section A - Cancellation or curtailment charges under the following circumstances, unless **you** have chosen the 'waiting list' optional cover and have paid the appropriate additional premium and cover is shown on **your policy schedule**:

- a) **you** receive an appointment for treatment or investigation which conflicts with **your** planned **trip**, or
- b) as a result of the awaited treatment or investigation **your** state of health deteriorates to the point that **you** become unable to travel on **your** planned **trip**.

Awaiting treatment or investigation for a **medical condition** for which **you** have a confirmed diagnosis does NOT affect cover under Section B – Emergency medical expenses & repatriation for **medical conditions** that **you** have declared to TravelTime and TravelTime have confirmed cover.

Should **you** become aware of a change in **your** diagnosis before **you** travel, please notify TravelTime immediately.

Please note that 'waiting list' cover is not available under the Economy Cover.

**You should also refer to the 'General exclusions applicable to the whole policy' on pages 11 to 12.**

## CHANGE IN HEALTH

If **your** health or **your** ongoing medication changes between the date **your** policy was purchased and the date of travel **you** must advise TravelTime Travel Insurance by phone on **0345 548 2122** as soon as possible.

**We** will advise **you** what cover **we** are able to provide, after the date of diagnosis.

Following **your change in health** **we** reserve the right to increase the premium, increase the excess, exclude the condition or withdraw the cover should the stability of the condition make it necessary (please refer to 'Definitions' for more information).

## Travelling when pregnant

Pregnancy is not a **medical condition**. **You** may decide to travel until **you** are quite late into **your** pregnancy. Airlines and ferry/shipping companies including **cruise** liners have their own restrictions due to health and safety requirements. **You** should check with them or any other transport companies **you** propose to use before **you** book.

Please make sure that **your** G.P. and midwife are aware of **your** travel plans, that there are no known complications and that **you** are not travelling against any medical advice. **We** have the right to request a medical certificate to confirm this. **We** will only pay claims due to **complications of pregnancy**, or where **you** were unaware of the pregnancy at the time of purchasing the insurance and **you** are advised not to travel by a **doctor**.

## Health of your non-travelling close relatives or close business associates

If **you** have a non-travelling **close relative** or close **business associate** with a **medical condition** who dies or falls seriously ill and as a result **you** wish to claim under section A - Cancellation or curtailment charges, **you** will be covered only if the **close relative's** or **business associate's doctor** states that at the time of purchasing this insurance or booking a **trip**, whichever is the later, he/she would not have foreseen such a serious deterioration in his or her patient's condition.

## DISCLOSURE OF YOUR MEDICAL CONDITIONS

Your policy may not cover claims arising from **your existing medical conditions**.

If **you** answer 'yes' to any of the questions below then **you** must declare the relevant conditions to **us** at TravelTime Travel Insurance.

So that **we** can ensure **you** are provided with the best cover **we** can offer please read and answer the following questions accurately and carefully.

Please note: If **you** are answering the medical questions on behalf of someone else, **you** must make sure that **you** have their permission to do so and all of the required information to answer the medical questions fully and accurately. If **you** are not sure of any of the information **you** are giving **us** or do not know, the answers must be checked with the treating G.P.

Failure to accurately and fully declare all **medical condition(s)** for **you**, or anyone travelling with **you** will affect **your** cover and may result in **your** claim being declined.

**1. At the time of purchase of this policy, have **you**, or anyone insured under this policy, ever had treatment for:**

Any type of respiratory condition (relating to the lungs or breathing)?

Yes

Any type of heart condition?

Yes

Any type of stroke or high blood pressure?

Yes

Any type of cancer (even if now in remission)?

Yes

Crohn's disease?

Yes

Epilepsy?

Yes

Psychological conditions such as stress, anxiety, depression, eating disorders or mental instability.

Yes

If **you** have answered 'yes' to the questions on the left, **you** must tell **us**, in order to obtain cover for **your medical condition(s)**. If **we** are able to provide cover, an increased premium or **excess** may be required to do so.

**You** can declare **your medical conditions** using our online medical screening facility via our website - [www.traveltimeinsurance.co.uk](http://www.traveltimeinsurance.co.uk) or you can call us on **0345 548 2122**

After **you** have declared **your medical condition(s)** and accepted and paid the premium due, full confirmation of **our** terms and conditions including all policy documentation will be emailed to **you**.

**We** do not have the facility to exclude **medical conditions** from cover.

Any additional **medical conditions** not declared to **us** will also not be covered.

If **your** answer to questions 1, 2 & 3 on the left changes to 'yes' at any point after the purchase of this policy **you** must call TravelTime Travel Insurance by phone on **0345 548 2122** to inform **us** of this **change in health** or ongoing medication to ensure **you** are fully covered for **your trip**.

**2. Have **you** or anyone insured under this policy, any **medical condition** for which **you** have received surgery, in-patient treatment or investigations in a hospital or clinic within the last twelve months?**

Yes

No

**3. Have **you** or anyone insured under this policy, any **medical condition** for which **you** are taking prescribed drugs or medication?**

Yes

No

Full cover is available under this policy. If **your** answers to any of the above change to **YES** during the period of insurance, please contact TravelTime Travel Insurance by phone on **0345 548 2122**.



## SPORTS & ACTIVITIES

The following lists detail the sports, activities that this policy will cover when **you** are participating on a recreational, incidental and amateur basis during any **trip**, provided that **you**:

1. comply with local laws and the relevant safety procedures rules and regulations
2. use appropriate safety equipment (such as helmet, harness, knee and/or elbow pads)
3. have not been advised by a **doctor** against participating in such sport or activity (or would not have been advised against it if it would have been reasonable for **you** to seek their advice and **you** chose not to).

Please refer to the 'General exclusions applicable to the whole policy' and the relevant exclusions under each section of this policy, which continue to apply.

Please also note the specific exclusions under Section 7 – Personal liability relating to **your** owning, handling or looking after any animal; **your** owning or using a firearm, a horse drawn or motorised vehicle, a waterborne, motorised, mechanical or towed vehicle (except manually propelled watercraft) or an aircraft of any description, including unpowered flight; **your** owning or occupying any land or building; and **your** job or **your** involvement in paid or unpaid **manual work** or physical labour of any kind.

If **you** are participating in any other sports or activities not mentioned, please email customer services at [traveltime@traveltimeinsurance.co.uk](mailto:traveltime@traveltimeinsurance.co.uk) as **we** may be able to offer cover for an additional premium. Details of those sports and activities which **you** have purchased cover for will be added to **your** **policy schedule**.

### Activity Pack 1 – Covered as standard

Aerobics	Glass Bottom Boats	Running, Sprint/Long Distance
Angling	Golf	Safari ( <b>UK</b> Organised)
Animal Sanctuary/Refuge Work	Gymnastics	Safari Trekking
Archery	Highland games	Sail Boarding
Athletics - Track & field	Hiking/Trekking/Walking up to 3,000m	Sailing/Yachting inshore (recreational)
Badminton	Horse Riding	Scuba Diving to 30m (with either recognised school & their qualified instructor or if <b>you</b> are qualified & not diving alone)
Ballooning - Hot Air	Ice Skating	Sea Fishing
Banana Boating	Jet Boating (as passenger on organised trip with tour operator. No racing)	Sea Kayaking as a beach activity (subject to not kayaking alone, must wear a life jacket and be within sight of the shore)
Bar Work	Jet Skiing	Shooting (target range-not hunting)
Baseball	Jogging	Sledging/Tobogganing
Basketball	Keep fit	Sleigh riding (reindeer, horses or dogs)
Beach Games	Kiting	Small Bore Target Shooting
Biathlon	Korfball	Snooker
Billiards	Low Ropes	Snorkelling
Bird Watching	Marathons (Maximum of 2 and not extreme marathons)	Softball
Body Boarding	Model Flying	Squash
Bowling	Model sports	Stoolball
Bowls	Motorcycling (EU ONLY - on road wearing a helmet provided <b>you</b> hold an appropriate <b>UK</b> licence for the capacity of the motorcycle <b>you</b> are riding). No cover off road or for Quad bikes	Stoopball
Bungee Jumping (maximum of 2 jumps)	Mountain Biking (not downhill)	Surfing
Camel/Elephant Riding	Netball	Swim Trekking
Camping	Pedaloos	Swimming
Canoeing/Kayaking (including white water grade 1 and 2 rivers)	Petanque	Swimming with Dolphins
Catamaran Sailing (In-shore)	Pigeon racing	Sydney Harbour Bridge
Clay Pigeon Shooting	Pony Trekking	Table Tennis
Cricket	Pool	Ten Pin Bowling
Croquet	Quoits	Tennis
Curling	Rackets	Tubing
Cycling	Rafting (grade 1 rivers only)	Tug of War
Dancing	Rambling	Volleyball
Darts	Racquet Ball	Wake Boarding
Diving (indoor up to 5 metres)	Restaurant Work	Water Skiing
Elephant Trekking ( <b>UK</b> -Booked)	Rifle Range	Whale Watching
Fell Walking	Ringos	Windsurfing
Flag football	River Walking	Working
Football	Roller Blading	Yachting (inland and coastal waters)
Fresh Water/Sea Fishing	Roller skating	Yoga
Frisbee	Rounders	
Fruit or Vegetable Picking	Rowing	

## Activity Pack 2 – Covered with an additional charge

**Medical Excess – increased to £250 per insured person per claim**

**Section D – Personal Accident: Benefit reduced to nil**

**Section O – Personal Liability: Cover Excluded**

Abseiling	Gorge Walking (no ropes)	Rap Running/Jumping
Airsoft	Gorilla Trekking	Rugby (training)
Bamboo Rafting	Handball	Safari (Non UK Organised)
Breathing Observation Bubble (BOB)	Hockey	Shark Cage Diving
Climbing (indoor only)	Indoor Climbing (on climbing wall)	Shinty
Cross Country Running	Judo (training only)	Skateboarding
Cycle Touring	Karate (training only)	Street Hockey
Deep Sea Fishing	Karting	Summer Tobogganing
Dinghy Sailing	Kendo (training only)	Swimming Open Water (organised and subject to boat escort e.g. swim trek. No cover for across channel etc)
Dragon Boat Racing	Lacrosse	Tae Kwon Do (training only)
Elephant Trekking (Non-UK booked)	Land Yachting	Trampoline
Falconry	Martial Arts (training Only)	Triathlon
Fell Running	Octopush	War Games/Paint Balling
Fencing	Orienteering	Water Polo
Fives	Paint Balling	Weight Lifting
Gaelic Football	Parasailing (Over water)	
Go Karting	Parascending (Over water)	

## Activity Pack 3 – Covered with an additional charge

**Medical Excess – increased to £250 per insured person per claim**

**Section D – Personal Accident: Benefit reduced to nil**

**Section O – Personal Liability: Cover Excluded**

Adventure Racing (up to six (6) hours)	Hydro Zorbing	Rugby Union
American Football	Ice Hockey	Sand Boarding
Boxing Training	Modern Pentathlon	Sand Dune Surfing/Skiing
Canoeing/Kayaking (white water up to grade 3 rivers)	Mountain Walking up to 1500m	Speed Sailing
Canyoning	Power Boating	Speed Skating
Equestrian	Power lifting	Tree Top Canopy Walking
Harness Racing (EU only)	River Tubing	White Water Rafting (grade 1 to 3)
Hockey (Ice) With Full Body Protection	Roller Hockey	Wrestling
Horse Jumping (no Polo, Hunting)	Rugby (amateur game)	Zip lining/trekking (e.g. Go Ape)
Horse Riding (Eventing)	Rugby League	

## Activity Pack 4 – Covered with an additional charge

**Medical Excess – increased to £250 per insured person per claim**

**Section D – Personal Accident: Benefit reduced to nil**

**Section O – Personal Liability: Cover Excluded**

Cyclo Cross	Parascending (Over land)	White Water Rafting (grade 4 to 6) (EU only)
Devil Karting	Ski Biking	
Dirt Boarding	Snow Biking	

## Activity Pack 5 – Covered with an additional charge

**Medical Excess – increased to £250 per insured person per claim**

**Section D – Personal Accident: Benefit reduced to nil**

**Section O – Personal Liability: Cover Excluded**

Heli-skiing (with guide)	Kite Boarding	Ski Touring
Hiking/Trekking/Walking up Kilimanjaro or Inca Trail as part of an organised tour	Kite Buggy	Ski Yawing
Hurling	Kite Surfing	Snow Blading
Hydrospeeding	River Bugging	Via Ferratta
Ice Climbing	Rock Climbing (under 2,000m)	
Ice Windsurfing (EU only)	Ski Randonee	

### Activity Pack 6 – Covered with an additional charge

Medical Excess – increased to £250 per insured person per claim

Section D – Personal Accident: Benefit reduced to nil

Section O – Personal Liability: Cover Excluded

Assault Courses including High Ropes	Micro Lighting	Slack-Lining
Blowcarting	Paragliding (EU only)	Sphereing
BMX Freestyle & Racing	Parapenting/Paraponting (EU only)	Zorbing
Freestyle Skateboarding (EU only)	Polo (EU only)	
Gliding (EU only)	Polo cross (EU only)	

### Activity Pack 7 – Covered with an additional charge

Medical Excess – increased to £250 per insured person per claim

Section D – Personal Accident: Benefit reduced to nil

Section O – Personal Liability: Cover Excluded

Downhill Mountain Biking
Mountain Boarding (EU only)

### Activity Pack 8 – Covered with an additional charge

Medical Excess – increased to £250 per insured person per claim

Section D – Personal Accident: Benefit reduced to nil

Section O – Personal Liability: Cover Excluded

Black Water Rafting	Hunting/Shooting	Skeleton
Bouldering in indoor centre	Power Gliding (EU only)	
Caving/Pot Holing	Power Kiting (EU only)	

**Winter Sports – Your policy schedule will show if you selected this option & the appropriate additional premium has been paid.**

Airboarding	Mono Skiing	Skiing - Mono
Big Foot Skiing	Off- <b>piste</b> skiing (except in areas considered to be unsafe by local resort management)	Skiing - Nordic
Blade Skating	Off- <b>piste</b> snowboarding (except in areas considered to be unsafe by local resort management)	Sledging/Tobogganing on snow
Cat Skiing (with guide)	Passenger Sledge	Snowboarding
Cross Country Skiing	Ski Blading	Snow Mobile/Ski Doos
Dry Slope Skiing	Ski Boarding	Snow Mobiling
Glacier Skiing / Walking	Ski Dooing	Snow Parascending
Husky Dog Sledding	Ski Run Walking	Snow Shoe Walking
Ice Go Carting	Skiing	Snow Tubing
Kick Sledding	Skiing - Alpine	Snowcat Driving
Langlauf	Skiing - Cat (with guide)	Telemarking

## MAKING A CLAIM

**You must register a claim under Sections A to T inclusive by contacting the following company:**

Claims Settlement Agencies  
308 – 314 London Road  
Hadleigh  
Benfleet  
Essex  
SS7 2DD

Tel: 01702 553443  
E-mail: [info@csal.co.uk](mailto:info@csal.co.uk)  
To download a claim form please visit [www.csal.co.uk](http://www.csal.co.uk)

Claims Settlement Agencies are open Monday to Friday between 9am and 5.30pm. A claim form will be sent to **you** as soon as **you** tell them about **your** claim.

The fastest and easiest way to make a claim is online at [www.submitclaim.co.uk/tvt](http://www.submitclaim.co.uk/tvt)

The process should take approximately 10-15 minutes to complete (depending on the type of claim), but before continuing **you** should ensure **you** have **your policy schedule, trip** dates, supporting documentation and details of the incident.

**You must register a claim under Sections U only by contacting the following company:**

Stream Claims Services  
Copthall House  
Newcastle Under Lyme  
ST5 1EL

Tel: 0161 974 1166  
Email: [newclaims@streamcs.co.uk](mailto:newclaims@streamcs.co.uk),

Lines are open between 8:00am and 6:00pm Monday to Friday.

### **All Claims**

**Please note:** All claims must be notified as soon as it is reasonably practical after the event that causes **you** to submit a claim. Late notification of a claim may affect **our** acceptance of a claim or result in the amount **we** pay being reduced.

**We** will ask the claimant to complete a claim form and to provide at their own expense all reasonable and necessary evidence required by **us** to support a claim. If the information supplied is insufficient, **we** will identify the further information that is required. If **we** do not receive the information **we** need, **we** may reject the claim. For further details about claims, please refer to the 'General conditions applicable to the whole policy' on pages 10 and 11.

To help **us** prevent fraudulent claims, **we** store **your** personal details on computer and **we** may transfer them to a centralised system. **We** keep this information in line with the conditions of the Data Protection Act 2018 which incorporates the General Data Protection Regulation (EU)2016/679.

## MEDICAL AND OTHER EMERGENCIES

**Your** TravelTime Travel insurance policy is not a private medical insurance policy and does not cover private medical treatment, private hospital costs or other related expenses incurred unless these have been specifically agreed and authorised by the Medical Emergency Assistance Company.

The Medical Emergency Assistance Company will provide immediate help if **you** are ill, injured or die outside the **United Kingdom**. They provide a 24-hour emergency service three hundred and sixty-five (365) days a year. The contact details are as follows:

**Medical Emergency Assistance Company**  
**Phone: + 44 (0) 20 3819 7170**  
**E-mail: [internationalhealthcare@healix.com](mailto:internationalhealthcare@healix.com)**

Please have the following information available when **you** (or someone on **your** behalf) contact the Medical Emergency Assistance Company so that **your** case can be dealt with swiftly and efficiently:

1. **Your** name, **home** address and email;
2. **Your** mobile phone number and contact phone number abroad;
3. The hospital and treating **doctor's** details;
4. **Your** policy number shown on **your** policy schedule; and
5. The name, address and contact phone number of **your** G.P.

Please quote the scheme name, which is: TravelTime Travel Insurance 2019/20.

**Please note:** This is not a private medical insurance. If **you** go into hospital abroad and **you** are likely to be kept as an inpatient for more than twenty-four (24) hours or if **your** outpatient treatment is likely to cost more than £500, someone must contact the Medical Emergency Assistance Company for **you** as soon as reasonably possible. If they do not, **we** may not provide cover or **we** may reduce the amount **we** pay for **your** inpatient or outpatient treatment.

In the event that **you** require inpatient hospital treatment and/or evacuation /repatriation, it is imperative that the Medical Emergency Assistance Company is contacted and authorisation obtained prior to such treatment and/or evacuation/repatriation taking place.

Failure to contact the Medical Emergency Assistance Company and obtain authorisation may prejudice the claim and could mean that some or all of the costs involved may not be paid. **You** should not attempt to find **your** own solution and then expect full reimbursement from **us** without prior approval having been obtained from the Medical Emergency Assistance Company.

If **you** have to return to the **United Kingdom** under Section A – Curtailment charges or Section B – Emergency medical expenses & repatriation, the Medical Emergency Assistance Company must authorise this. If they do not, **we** may not provide cover or **we** may reduce the amount **we** pay for **your** return to the **United Kingdom**.

All cover ceases if **you** have to return to the **United Kingdom** under Section A – Curtailment charges or Section B – Emergency medical expenses & repatriation, cover cannot be provided to resume **your** trip or for further trips if **you** have a single trip policy.

## HEALTH AGREEMENTS

### EU EEA or Switzerland

If **you** are travelling to a country in the European Union, **you** are strongly advised to take a European Health Insurance Card (EHIC) with **you**. Application forms to obtain an EHIC are available from **your** local post office or **you** can download an application form from the following website: [www.ehic.org.uk](http://www.ehic.org.uk). This entitles European citizens to benefit from the health agreements which exist between countries in the European Union. If **you** already hold an EHIC please check it is valid for **your** trip. In the event of liability being accepted for a medical expense which has been reduced as a direct result of **you** presenting **your** European Health Insurance Card to the medical facility at the time of treatment **we** will not apply the deduction of the **excess** under Section B - Emergency medical expenses & repatriation.

### Australia or New Zealand

If **you** require medical treatment in Australia **you** must enrol with a local MEDICARE office. **You** do not need to enrol on arrival but **you** must do this after the first occasion **you** receive treatment. Inpatient and out-patient treatment at a public hospital is then available free of charge. Details of how to enrol and the free treatment available can be found by visiting the MEDICARE Website on [www.humanservices.gov.au/medicare](http://www.humanservices.gov.au/medicare) or by emailing: [medicare@humanservices.gov.au](mailto:medicare@humanservices.gov.au).

If **you** require medical treatment in New Zealand, there are reciprocal agreements, but a person may not enrol with a Primary Health Organisation (PHO). They should get the same health subsidies as a New Zealand citizen visiting a general practitioner as a casual patient, if the **doctor** has decided the condition needs prompt attention. For more information, please go to [www.health.govt.nz](http://www.health.govt.nz) or email: [info@health.govt.nz](mailto:info@health.govt.nz) Alternatively, please call the Medical Emergency Assistance Company for guidance.

If **you** are admitted to hospital, contact must be made with the Medical Emergency Assistance Company as soon as possible and their authority obtained in respect of any treatment NOT available under MEDICARE or a Primary Health Organisation (PHO).

In the event of liability being accepted for a medical expense that has been reduced by the use of either an EHIC, Medicare in Australia or private health insurance, **we** will not apply the deduction of the policy **excess** under section B – Emergency medical expenses & repatriation.

## SECTION A – CANCELLATION OR CURTAILMENT CHARGES

### What is covered

We will pay **you** up to the amount shown in the schedule of benefits for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges (excluding **attraction, event & excursion tickets**) which **you** have paid or are contracted to pay, together with **your** proportion only of 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:

1. The death, **bodily injury**, illness, disease, or **complications of pregnancy** of:
  - a) **you**
  - b) any person who **you** are travelling with
  - c) any person who **you** have arranged to stay with
  - d) **your close relative**
  - e) **your close business associate**.
2. **You** or any person who **you** are travelling with being quarantined on the orders of a treating **doctor**, called as a witness at a Court of Law or for jury service attendance.
3. Redundancy of **you** or any person who **you** are travelling with (which qualifies for payment under current **UK** redundancy payment legislation, and at the time of booking the **trip** there was no reason to believe anyone would be made redundant).
4. **You** or any person who **you** are travelling with, are a member of the Armed Forces, Territorial Army, Police, Fire, Nursing or Ambulance Services or employees of a Government Department and have **your/their** authorised leave cancelled or are called up for operational reasons, provided that the cancellation or **curtailment** could not reasonably have been expected at the time when **you** purchased this insurance or at the time of booking any **trip**, which occurred or became apparent within 5 days prior to the commencement of **your trip** or during the course of **your trip**.
5. The Police or other authorities requesting **you** to stay at or return to **your home** due to serious damage to **your home** caused by fire, aircraft, explosion, storm, flood, subsidence, fallen trees, collision by road vehicles, malicious people or theft.

### Special conditions relating to claims

1. **You** must get (at **your** own expense) a medical certificate from a **doctor** and the prior approval of the Medical Emergency Assistance Company to confirm the necessity to return **home**, prior to **curtailment** of the **trip** due to death, **bodily injury**, illness, disease or **complications of pregnancy**.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.

If **you** cancel the **trip** due to:

- a) stress, anxiety, depression or any other mental or nervous disorder that **you** are suffering from **you** must provide (at **your** own expense) a medical certificate from either a registered mental health professional if **you** are under the care of a Community Mental Health Team or if not, a consultant specialising in the relevant field or
- b) any other **bodily injury**, illness, disease or **complications of pregnancy**, **you** must provide (at **your** own expense) a medical certificate from a **doctor** stating that this necessarily and reasonably prevented **you** from travelling.

We need the medical certificate completed as soon as **you** find out it is necessary to cancel the **trip**, as any delay in seeing a **doctor** could mean that **your** symptoms are no longer present. If **you** cannot get an

immediate appointment, please make one for as early as possible and keep all details of this to help substantiate **your** claim.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Cancelling **your trip** because of a **medical condition** or an illness related to a **medical condition**, which **you** knew about and which could reasonably be expected to lead to a claim, unless declared to TravelTime and TravelTime have agreed in writing to cover **you**.
3. Cancelling or **curtailing your trip** if **you** receive an appointment for **your** awaited treatment or investigation, unless:
  - a) **you** have chosen the appropriate 'waiting list' cover extension and the appropriate additional premium has been paid and is shown on the **policy schedule**, and
  - b) **your** appointment for **your** awaited treatment or investigation is medically necessary and cannot wait until **your** return from the planned **trip**.
4. **You** not wanting to travel.
5. Any extra costs resulting from **you** not telling the company with whom you have made **your** booking as soon as you know **you** have to cancel **your trip**.
6. **You** being unable to travel due to **your** failure to obtain the passport, visa or other required documentation that **you** need for the **trip**.
7. The cost of **your** unused original tickets where the Medical Emergency Assistance Company or **we** have arranged and paid for **you** to come **home** following **curtailment** of the **trip**. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your home**.
8. The resumption of **your trip** once it has been **curtailed**. There is no further cover once **you** have returned to **your home area**.
9. The cost of Air Passenger Duty (APD) and credit or debit cards fees, whether irrecoverable or not.
10. Any claims arising directly or indirectly from:
  - a) **Your** misconduct or misconduct by any person who **you** are travelling with or have arranged to travel with leading to dismissal, **your/their** resignation, voluntary redundancy, **you/their** entering into a compromise agreement, or where **you/they** had received a warning or notification of redundancy before **you** purchased this insurance or at the time of booking any **trip**.
  - b) Circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
6. Any claim for **attraction, event & excursion tickets**.
7. Travel tickets paid for using any airline mileage or supermarket reward scheme (for example Avios, Tesco Clubcard, Nectar), unless evidence of specific monetary value can be provided.
8. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme. In addition any property maintenance costs, fees or charges incurred by **you**, as part of **your** involvement in such schemes is not covered.
9. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.



## Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **doctor** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, either a registered mental health professional if **you** are under the care of a Community Mental Health Team or if not, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- In the case of death causing cancellation or **curtailment** of the **trip**, the original death certificate.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- In the case of compulsory quarantine, a letter from the treating **doctor**.
- In the case of jury service or witness attendance, the court summons.
- The letter of redundancy for redundancy claims.
- A letter from the commanding officer concerned, confirming cancellation of authorised leave or call up for operational reasons.
- In the case of serious damage to **your home** a report from the Police or relevant authority.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION B – EMERGENCY MEDICAL EXPENSES & REPATRIATION

If **you** are admitted into hospital as an in-patient for more than twenty-four (24) hours someone must contact the Medical Emergency Assistance Company on **your** behalf as soon as reasonably possible – Please see the Medical and other emergencies section on page 19.

### What is covered

We will pay **you** up to the limit shown in the schedule of benefits for the following expenses that are reasonably and necessarily incurred during a **trip** as a result of **you** suffering unforeseen **bodily injury**, illness, disease, or **complications of pregnancy** and/or compulsory quarantine on the orders of a treating **doctor**:

1. **usual, reasonable and customary** emergency medical, surgical, hospital, ambulance and nursing fees and charges incurred outside of **your home area**.
2. **usual, reasonable and customary** emergency dental treatment for the immediate relief of pain (to natural teeth only) incurred outside of **your home area**.
3. Costs of telephone calls:
  - a) to the Medical Emergency Assistance Company notifying and dealing with the problem for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls and the numbers **you** telephoned
  - b) incurred by **you** when **you** receive calls on **your** mobile phone from the Medical Emergency Assistance Company for which **you** are able to provide receipts or other reasonable evidence to show the cost of the calls.
4. The cost of taxi fares for **your** travel to or from hospital, relating to **your** admission, discharge or attendance for outpatient treatment or appointments and/or for collection of medication prescribed for **you** by the hospital.
5. If **you** die:
  - a) outside **your home area** the reasonable additional cost of funeral expenses abroad plus the reasonable cost of returning

**your** ashes to **your home**, or the additional costs of returning **your** body to **your home**

- b) within **your home area** the reasonable additional cost of returning **your** ashes or body to **your home**.
6. Reasonable additional transport and/or accommodation expenses incurred, up to the standard of **your** original booking (for example full or half board, all inclusive, bed and breakfast, self-catering or room only), if it is medically necessary for **you** to stay beyond **your** scheduled return date.

This includes, with the prior authorisation of the Medical Emergency Assistance Company, reasonable additional transport and/or accommodation expenses for a travelling companion, friend or **close relative** to stay with **you** or travel to **you** from the **United Kingdom** or escort **you**. Also additional travel expenses to return **you** to **your home** or a suitable hospital nearby if **you** cannot use the return ticket.

7. With the prior authorisation of the Medical Emergency Assistance Company, 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. These expenses will be for the identical class of travel utilised on the outward journey unless the Medical Emergency Assistance Company agree otherwise.

### Special conditions relating to claims

1. **You** must tell the Medical Emergency Assistance Company as soon as possible of any **bodily injury**, illness, disease or **complications of pregnancy** which necessitates **your** admittance to hospital as an in-patient or before any arrangements are made for **your** repatriation.
2. If **you** suffer **bodily injury**, illness, disease or **complications of pregnancy** we reserve the right to move **you** from one hospital to another and/or arrange for **your** repatriation to the **United Kingdom** at any time during the **trip**. We will do this, if in the opinion of the Medical Emergency Assistance Company or **us** (based on information provided by the **doctor** in attendance), **you** can be moved safely and / or travel safely to **your home area** or a suitable hospital nearby to continue treatment.
3. The intention of this section is to pay for emergency medical/surgical/dental treatment only and not for treatment or surgery that can be reasonably delayed until **your** return to **your home area**.

Our decisions regarding the treatment or surgery that **we** will pay for (including repatriation to **your home area**) will be based on this. If **you** do not accept **our** decisions and do not want to be repatriated, then **we** will cancel all cover under **your** policy and refuse to deal with claims for any further treatment and/or **your** repatriation to **your home area**.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule** (except claims under subsection 2 of What is covered).
2. Normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication. This section is designed to provide cover for unforeseen events, accidents, illnesses and diseases and normal childbirth would not constitute an unforeseen event.
3. Any medical treatment that **you** receive because of a **medical condition** or an illness related to a **medical condition** which **you** knew about at the time of purchasing this insurance and/or at the time of commencing travel and which could reasonably be expected to lead to a claim unless declared to TravelTime and TravelTime have confirmed cover in writing.
4. The cost of **your** unused original tickets where the Medical Emergency Assistance Company or **we** have arranged and paid for **you** to return to **your home**, if **you** cannot use the return ticket. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we**



have incurred which are medically necessary to repatriate **you** to **your home**.

5. Any claims arising directly or indirectly for:
- The cost of treatment or surgery, including exploratory tests, which are not related to the **bodily injury**, illness, disease or **complications of pregnancy** that necessitated **your** admittance into hospital.
  - Any expenses that are not **usual, reasonable or customary** to treat **your bodily injury**, illness, disease or **complications of pregnancy**.
  - Any form of treatment or surgery which in the opinion of the Medical Emergency Assistance Company or **us** (based on information provided by the **doctor** in attendance), can be delayed reasonably until **your** return to **your home area**.
  - Expenses incurred in obtaining or replacing medication, which **you** know **you** will need at the time of departure or which will have to be continued outside of **your home area**. *Where possible and with the agreement of your doctor, you should always travel with plenty of extra medication in case of travel delays.*
  - expenses incurred as a result of a tropical disease where **you** have not had the NHS recommended inoculations and/or not taken the NHS recommended medication.
  - Additional costs arising from single or private room accommodation.
  - Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre unless agreed by the Medical Emergency Assistance Company.
  - Any costs incurred by **you** to visit another person in hospital.
  - Any expenses incurred after **you** have returned to **your home area**.
  - Any expenses incurred in the **United Kingdom**:
    - for private treatment, or
    - funded by, or are recoverable from the Health Authority in **your home area**, or
    - funded by a reciprocal health agreement (RHA).
  - Any expenses incurred after the date on which **we** exercise **our** rights under this section to move **you** from one hospital to another and/or arrange for **your** repatriation but **you** decide not to be moved or repatriated.
6. the cost of work involving the use of precious metals in any dental treatment.
7. the provision of dentures, crowns or veneers.
8. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Receipts or bills for all in-patient/out-patient treatment or emergency dental treatment received.
- In the event of death, the original death certificate and receipts or bills for funeral, cremation or repatriation expenses.
- Receipts or bills for taxi fares to or from hospital claimed for, stating details of the date, name and location of the hospital concerned.
- Receipts, bills, or proof of purchase for any other transport, accommodation or other costs, charges or expenses claimed for, including calls to the Medical Emergency Assistance Company.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION C – HOSPITAL BENEFIT

### What is covered

**We** will pay **you** up to the limit shown in the schedule of benefits for every complete twenty-four (24) hours **you** have to stay in hospital as an in-patient or are confined to **your** accommodation on the orders of a treating **doctor** outside **your home area**, as a result of **bodily injury**, illness, disease or **complications of pregnancy** **you** sustain.

**We** will pay the amount above in addition to any amount payable under Section B – Emergency medical expenses & repatriation. *This payment is intended to help **you** pay for additional expenses such as taxi fares and phone calls incurred by **your** visitors during **your** stay in hospital.*

### Special conditions relating to claims

- You** must tell the Medical Emergency Assistance Company as soon as possible of any **bodily injury**, illness, disease or **complications of pregnancy** which necessitates **your** admittance to hospital as an in-patient, compulsory quarantine or confinement to **your** accommodation on the orders of a **doctor**.

### What is not covered

- Any claims arising directly or indirectly from:
  - Any additional period of hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - relating to treatment or surgery, including exploratory tests, which are not directly related to the **bodily injury**, illness, disease or **complications of pregnancy** that necessitated **your** admittance into hospital.
    - relating to treatment or services provided by a convalescent or nursing home or any rehabilitation centre.
    - following **your** decision not to be repatriated after the date, when in the opinion of the Medical Emergency Assistance Company it is safe to do so.
  - Hospitalisation, compulsory quarantine or confinement to **your** accommodation:
    - relating to any form of treatment or surgery which in the opinion of the Medical Emergency Assistance Company or **us** (based on information provided by the **doctor** in attendance), can be delayed reasonably until **your** return to **your home area**.
    - occurring in the **United Kingdom** and relating to either private treatment or tests, surgery or other treatment, the costs of which are funded by a reciprocal health agreement (RHA), or are funded by or recoverable from the Health Authority in **your home area**.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Confirmation in writing from the hospital, relevant authority or the treating **doctor** of the dates when **you** were admitted and subsequently discharged from hospital, or confinement to **your** accommodation.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION D - PERSONAL ACCIDENT

### What is covered

**We** will pay one of the benefits as shown in the schedule of benefits if **you** sustain **bodily injury** that 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 doctor** may examine **you** as often as they consider necessary if **you** make a claim.

#### Provisions

1. Benefit is not payable to **you**:
  - a) Under more than one of the items shown in the Schedule of benefits under this section.
  - b) Under **permanent total disablement** until 24 continuous calendar months after the date **you** sustain **bodily injury**.
  - c) If **you** were already disabled before the **bodily injury** occurred or already have a condition, which is gradually getting worse, **excesses** may reduce **our** payment. Any reduced payment will be based on **our** medical assessment of the difference between:
    - i) the disability after the **bodily injury**; and
    - ii) the extent to which the disability is affected by the disability or condition before the **bodily injury** occurred.
2. The death benefit will be paid to the deceased **insured person's** estate.

#### What is not covered

1. The **excess** shown in the Schedule of benefits.
2. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- In the event of death, the original death certificate.
- A medical certificate or report in relation to claims for **loss of limb, loss of sight or permanent total disablement**.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION E – BAGGAGE & DELAYED BAGGAGE

### SECTION E1 – BAGGAGE

#### What is covered

1. **We** will pay **you** up to the amount shown in the schedule of benefits for the accidental loss of, theft of or damage to **baggage**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value), or **we** may replace, reinstate or repair the lost or damaged **baggage**.

The maximum **we** will pay **you** for the following items is:

- a) for any one article, pair or set of articles is as shown in the schedule of benefits.
- b) for the total for all **valuables** is as shown in the schedule of benefits.
- c) for any tobacco, alcohol and fragrances is as shown in the schedule of benefits.

### SECTION E2 – DELAYED BAGGAGE

2. **We** will also pay **you** up to the amount shown in the schedule of benefits for the emergency replacement of clothing, medication and toiletries if **your baggage** is temporarily lost in transit during the outward journey and not returned to **you** within twelve (12) hours, as long as **we** receive written confirmation from the carrier, confirming the number of hours the **baggage** was delayed.

If the loss is permanent, **we** will deduct the amount paid from the final amount to be paid under this section.

#### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours of discovery, or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **baggage**.
2. If **baggage** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **baggage** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give written notice of the claim to the airline within the time limit contained in their conditions of carriage (please retain a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) 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** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule** (except claims under Section E2 of What is covered).
2. Loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to **baggage** contained in an **unattended** vehicle:
  - a) overnight between 9 pm and 9 am (local time) or
  - b) at any time between 9 am and 9 pm (local time) unless:
    - i) it is locked out of sight in a **secure baggage area** and
    - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of such entry is available.
4. Loss or damage due to delay, confiscation or detention by customs or any other authority.
5. Loss, theft of or damage to unset precious stones, contact or corneal lenses, hearing aids, dental or medical fittings, antiques, musical instruments, motor accessories, documents of any kind, bonds, securities, perishable goods (such as foodstuffs), bicycles, **golf equipment, ski equipment**, and damage to suitcases (unless the suitcases are entirely unusable as a result of one single incidence of damage).
6. Loss, theft of or damage to **your gadget or gadget accessories** if section U is operative under **your** policy.
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 an 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 of, theft of or damage to business equipment, business goods, samples, tools of trade and other items used in connection with **your** business, trade, profession or occupation.

10. Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
11. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged and for all items of clothing, medication and toiletries replaced if **your baggage** is temporarily lost in transit for more than twelve (12) hours.
- A letter from the carrier confirming the number of hours **your baggage** was delayed for.
- Repair report where applicable.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION F – PERSONAL MONEY & EMERGENCY PASSPORT AND DOCUMENTS

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for the accidental loss of, theft of or damage to **personal money** and documents (including the unused portion of passports, visas and driving licences). **We** will also cover foreign currency during the seventy-two (72) hours immediately before **your** departure on the outward journey.

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

- a) for bank notes, currency notes and coins is as shown under the cash limit in the schedule of benefits.
- b) for bank notes, currency notes and coins, if **you** are under the age of 18 is as shown under the cash limit in the schedule of benefits.
- c) for all other **personal money** and travel documents (including the cost of the emergency replacement or temporary passport or visa) is as shown under the schedule of benefits.

#### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of all **personal money**, passports or documents.
2. If **personal money** or passports are lost, stolen or damaged while in the care of a hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation. Keep all travel tickets and tags for submission if a claim is to be made under this policy.
3. If documents are lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
4. If documents are lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
  - b) keep all travel tickets and tags for submission to **us** if **you** are going to make a claim under this policy.

5. **You** must provide (at **your** own expense) 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** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Loss, theft of or damage to **personal money** or **your** passport or visa if left **unattended** at any time (including in a vehicle, in checked in luggage or while in the custody of a carrier, tour operator or **public transport** operator) unless deposited in a hotel safe, safety deposit box or left in **your** locked accommodation.
3. Loss, theft of or damage to travellers' cheques if **you** have not complied with the issuer's conditions or where the issuer provides a replacement service.
4. Loss or theft of business money.
5. Loss or damage due to delay, confiscation or detention by customs or any other authority.
6. Loss or damage due to depreciation (loss in value), or shortages due to error or omission.
7. Travel tickets paid for using any airline mileage or supermarket reward scheme (for example, Avios), unless evidence of specific monetary value can be provided.
8. Any additional travel and accommodation expenses incurred because **you** were unable to board the **public transport** on which **you** were booked to return to the **United Kingdom** or continue **your trip** as a result of the **accidental** loss of, theft of or damage to **your** passport and/or visa.
9. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- Original receipts, proof of ownership or valuations for items lost, stolen or damaged.
- Receipts, bills, or proof of purchase for any transport and accommodation expenses claimed for.
- Receipt for all currency and travellers cheques transactions.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION G – TRAVEL DELAY OR ABANDONMENT OF YOUR TRIP

#### What is covered

If the **public transport** on which **you** are booked to travel:

1. is delayed at the final departure point from or to the **United Kingdom** (but not including delays to any subsequent outbound or return connecting **public transport**) for at least twelve (12) hours from the scheduled time of departure, or
  2. is cancelled before or after the scheduled time of departure
- as a result of any of the following events:
- a) strike or
  - b) industrial action or
  - c) **adverse weather conditions** or

- d) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel

**We will pay you:**

#### SECTION G1 – TRAVEL DELAY

1. up to the amount shown in the schedule of benefits for each complete twelve (12) hours delay up to a maximum as shown in the schedule of benefits (*which is meant to help **you** pay for telephone calls made and meals and refreshments purchased during the delay*) provided **you** eventually travel, or

#### SECTION G2 – ABANDONMENT OF YOUR TRIP

2. up to the amount shown in the schedule of benefits for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges which **you** have paid or are contracted to pay, if:

- a) after a delay of at least twenty-four (24) hours, or
- b) following cancellation, no suitable alternative **public transport** is provided within twenty-four (24) hours of the scheduled time of departure

**you** choose to cancel **your trip** before departure from the **United Kingdom**.

**You** can only claim under Section G1 or G2 for the same event, not both.

**You** can only claim under Section G – Travel delay or abandonment of your trip or Section H – Missed departure for the same event, not both.

#### Special conditions relating to claims

1. **You** must check-in according to the itinerary given to **you** unless **your** tour operator has requested **you** not to travel to the airport.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the cancellation, number of hours of delay and the reason for these together with confirmation of **your** check-in times and details of any alternative transport offered.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider and seek financial compensation, assistance or a refund of **your** ticket from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passenger Rights legislation in the event of cancellation or long delay of flights.
4. Where applicable **you** must get (at **your** own expense) written confirmation from the **public transport** operator (or their handling agents) and/or provider of accommodation (or their booking agents) that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
5. An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
6. An accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling when the Police or emergency breakdown services report confirming the location, reason for and duration of the delay is not provided.
7. If **you** are a **UK** resident living in Northern Ireland and **your** travel itinerary requires **you** to use Republic of Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **United Kingdom** with respect to claims coverage.

#### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule** (except claims under Section G1 of What is covered).
2. Claims arising directly or indirectly from:

- a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - c) Any delays to any subsequent outbound or return connecting **public transport** following **your** departure from the final departure point from or to the **United Kingdom**.
  - d) Volcanic eruptions and/or volcanic ash clouds.
3. For subsection 2. only of What is covered:
- a) The cost of Air Passenger Duty (APD) whether irrecoverable or not.
  - b) travel tickets paid for using any airline mileage or supermarket reward scheme (for example Avios, Tesco Clubcard, Nectar), unless evidence of specific monetary value can be provided.
  - c) Any costs incurred by **you** which are recoverable from the providers of the accommodation, their booking agents (or the administrators of either) or for which **you** receive or are expected to receive compensation or reimbursement.
  - d) Any costs incurred by **you** which are recoverable from the **public transport** operator or for which **you** receive or are expected to receive compensation, damages, refund of tickets, meals, refreshments, accommodation, transfers, communication facilities or other assistance.
  - e) Any costs incurred by **you** which are recoverable from **your** credit/debit card provider or for which **you** receive or are expected to receive compensation or re-imbursement.
  - f) Any travel and accommodation costs, charges and expenses where the **public transport** operator has offered reasonable alternative travel arrangements.
  - g) Any cost if **your trip** was booked as part of a **package** holiday.
4. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check-in time.
- In the case of cancellation claims, **your** booking confirmation together with written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.
- Written confirmation from the provider of transport/accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION H – MISSED DEPARTURE ON YOUR OUTWARD JOURNEY

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for reasonable additional accommodation (room only) and travel expenses necessarily incurred in reaching **your** overseas destination if **you** fail to arrive at the departure point in time to board the **public transport** on



which **you** are booked to travel on for the initial international outbound leg of the **trip** as a result of:

1. the failure of other **public transport** or
2. an accident to or breakdown of the vehicle in which **you** are travelling or
3. an accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling or
4. strike, industrial action or **adverse weather conditions**.

If the same expenses are also covered under Section G – Travel delay or abandonment of your trip, **you** can only claim under one section for the same event, not both.

#### Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must obtain a report from repairers if **your** claim is because of a **breakdown** or accident to **your** car.
3. **You** must obtain written confirmation from the police or emergency breakdown services of the location, reason for and duration of the delay if an accident or breakdown happening ahead of **you** on a motorway or dual carriageway causes an unexpected delay to the vehicle in which **you** are travelling.
4. If **you** are a **UK** resident living in Northern Ireland and **your** travel itinerary requires **you** to use Republic of Ireland departure/arrival points, **your** cover will be as if **you** were still travelling from the **United Kingdom** with respect to claims coverage.

#### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An accident to or breakdown of the vehicle in which **you** are travelling when a repairers report or other evidence is not provided.
  - c) An accident or breakdown happening ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling when the Police or emergency breakdown services report confirming the location, reason for and duration of the delay is not provided.
  - d) Breakdown of any vehicle owned by **you**, which has not been serviced properly and maintained in accordance with manufacturer's instructions.
  - e) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - f) **Your** failure to arrive at the departure point in time to board any connecting **public transport** after **your** departure on the initial international outbound leg of the **trip**.
  - g) Volcanic eruptions and/or volcanic ash clouds (except claims under subsection 1. of What is covered).
  - h) **Trips** solely within the **United Kingdom**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.

4. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or **adverse weather conditions**.
- **Your** unused travel tickets
- Receipts, bills, or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION I – MISSED CONNECTION ON YOUR OUTWARD OR RETURN JOURNEY

**This section of cover is only operative if you have chosen the PremierPlus cover and this is shown on your policy schedule.**

#### What is covered

**We** will pay **you** up to the amount shown in the Schedule of Benefits, per **insured person**, for the reasonable extra costs of travel and accommodation (room only) that **you** incur, to enable **you** to:

- a) join **your** pre-booked connecting **public transport** in accordance with **your** itinerary, or
- b) to get **you** to **your** pre-booked final destination

should **you** miss **your** connecting **public transport** as a result of the cancellation or delay of four (4) or more hours of the **public transport** on **your** initial international outbound or return journey, due to:

- a) the failure of other **public transport** or
- b) strike or industrial action or
- c) **adverse weather conditions** or
- d) **you** being involuntarily denied boarding because there are too many passengers for the seats available and no other suitable alternative flight could be provided within twelve (12) hours.

#### Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must get a letter (at **your** own expense) from the **public transport** provider detailing the reasons for failure.
3. **You** must get a letter (at **your** own expense) from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or **adverse weather conditions**.
4. **You** must provide **us** with **your** unused travel tickets.
5. **You** must provide **us** with **your** receipts, bills, or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.

#### What is not covered

**We** shall not be liable for:

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Claims arising directly or indirectly from:
  - a) strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **public transport**.

- b) an aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - c) a **cruise trip**.
  - d) volcanic eruptions and/or volcanic ash clouds.
  - e) **you** being denied boarding due to **your** drug use, alcohol or solvent abuse or **your** inability to provide a valid passport or other documentation required by the transport provider or their handling agent.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
  4. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or **adverse weather conditions**.
- **Your** unused travel tickets
- Receipts, bills, or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION J – SCHEDULED AIRLINE FAILURE

**This section of cover is only operative if you have chosen the Premier or the PremierPlus cover and this is shown on your policy schedule.**

#### What is covered

**We** will pay up to the amount shown in the schedule of benefits for each **insured person** named on the invoice and airline ticket for:

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

PROVIDED THAT in the case of 2a) and 2b) above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us** as set out in the claims conditions on page 18.

#### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Scheduled airline flights not booked by **you** from within **United Kingdom**.
3. Any costs resulting from the insolvency of:
  - a. any scheduled airline which is in Chapter 11 or any threat of insolvency being known at date **you** purchased this insurance or at the time of booking any **trip**;
  - b. any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim).

4. The financial failure of any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked a scheduled airline flight.
5. Any loss for which a third party is liable or which can be recovered by other legal means.
6. Any losses that are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach **your** pre-booked hotel, villa, car hire or **cruise** following the financial failure of an airline.
7. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Booking confirmation from **your** scheduled airline or **your** unused travel tickets.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION K – END SUPPLIER FAILURE

**This section of cover is only operative if you have chosen the PremierPlus cover and this is shown on your policy schedule.**

#### What is covered

**We** will pay up to the amount shown in the schedule of benefits for each **insured person** named on the invoice for:

1. Irrecoverable sums paid in advance in the event of insolvency of the Hotel, Train Operator, Coach Operator, Car Hire Company, Caravan Site, Campsite, Mobile Home, Camper Rental, Theme Park all known as the End Supplier of the travel arrangements not forming part of an inclusive holiday prior to departure; or
2. In the event of insolvency after departure:
  - a) the additional pro rata costs incurred by **you** in replacing that part of the travel arrangements to a similar standard to that originally booked; or
  - b) if **curtailment** of the **trip** is unavoidable - the cost of return transportation to the **United Kingdom** to a similar standard to that originally booked.

PROVIDED THAT in the case of 2a) and 2b) above where practicable **you** have obtained **our** approval prior to incurring the relevant costs by contacting **us** as set out in the claims conditions on page 18.

#### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Travel and accommodation not booked within the **United Kingdom**.
3. The financial failure of:
  - a) any travel or accommodation provider in Chapter 11 or any threat of insolvency being known at date **you** purchased this insurance or at the time of booking any **trip**;
  - b) any travel or accommodation provider who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim);
  - c) any travel agent, tour organiser, booking agent or consolidator with whom **you** have booked travel or accommodation.
4. Any loss for which a third party is liable or which can be recovered by other legal means.
5. Any losses that are not directly associated with the incident that caused **you** to claim. For example, loss due to being unable to reach

**your** pre- booked hotel following the financial failure of the train operator.

- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Booking confirmation from **your** travel or accommodation provider.
- Your** unused tickets.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION L – ATTRACTION, EVENT & EXCURSION TICKETS

**This section of cover is only operative if you have chosen the PremierPlus cover and this is shown on your policy schedule.**

This section of cover does not apply to:

- trips in your home area**, England, Scotland, Wales, Northern Ireland and the Isle of Man, or
- cruise** itineraries.

**Special definitions relating to this section** (*which are shown in bold italics*)

#### ***Attraction, event & excursion tickets***

- means exhibition tickets, excursion/tour tickets, music concert tickets, sporting event tickets, theatre tickets, theme park tickets or tourist attraction tickets that are purchased by **you** prior to leaving the **UK**, for use during **your trip** within the period of insurance.

#### **What is covered**

**We** will pay **you** up to the amount shown in the Schedule of Benefits, per **insured person**, for **your** proportion only of any irrecoverable unused ***attraction, event or excursion tickets*** that **you** have paid for or contracted to pay for, if **you** cannot attend the event because of any of the following events:

- the death, **bodily injury**, illness, disease, or **complications of pregnancy** of **you** or any person **you** are travelling with, or
- the cancellation of **your trip**, or
- your trip** being **curtailed** before completion.

#### **Special conditions relating to claims**

- You** must provide to **us**, at **your** own expense, a certified medical certificate or death certificate in the event of death, **bodily injury**, illness, disease, or **complications of pregnancy** of **you** or any person **you** are travelling with.
- You** must provide to **us**, at **your** own expense, the original ***attraction, event & excursion tickets***.

#### **What is not covered**

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Any claim relating to the cancellation or **curtailment** of **your trip**, if the cancellation or **curtailment** charges are not covered under Section A – Cancellation or curtailment charges.
- Any claim arising from:
  - The event being cancelled, postponed, relocated or abandoned by the artist, performer, organiser or promoter of the event or their agents.
  - The bankruptcy or liquidation of the artist, performer, company organising or promoting the event or their agents.
  - You** not wanting to attend the event.
  - Circumstances known to **you** before **you** purchased this insurance or at the time of booking any ***attraction, event or***

***excursion tickets***, which could reasonably have been expected to lead to a claim under this section of cover.

- Any claim relating to:
  - Attraction, event & excursion tickets*** paid for using any loyalty card scheme (for example Avios, Tesco Clubcard, Nectar), unless evidence of specific monetary value can be provided.
  - Annual season tickets or passes.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **doctor** explaining why it was necessary for **you** not to attend the event.
- Your** unused ***attraction, event & excursion tickets***.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION M – HIJACK

#### **What is covered**

**We** will pay **you** up to the amount shown in the schedule of benefits for each complete twenty-four (24) hours delay, up to a maximum shown in the schedule of benefits, if you are **hijacked**.

#### **Special conditions relating to claims**

- You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours or as soon as possible thereafter and get (at **your** own expense) a written report from the local Police of the **hijack**.

#### **What is not covered**

- Any claim where **your hijack** has not been reported or investigated by the Police or local authority.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION N – LEGAL EXPENSES

#### **What is covered**

**We** will pay up to the amount shown in the schedule of benefits for legal costs to pursue a civil action for compensation if someone else causes **your bodily Injury**, illness or death during **your trip**.

Where there are two or more **insured persons** insured by this policy, then the maximum amount **we** will pay for all such claims shall not exceed double the amount shown in the schedule of benefits.

#### **What is not covered**

#### **We shall not be liable for:**

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Any claim where in **our** opinion or the opinion of the suitably qualified person appointed by **us** there is insufficient prospect of success in obtaining reasonable compensation.
- Legal costs and expenses incurred in pursuit of any claims against a travel agent, tour operator, carrier, **us**, the Medical Emergency



Assistance Company or their agents, someone **you** were travelling with, a person related to **you**, or another **insured person**.

3. Legal costs and expenses incurred prior to **our** written acceptance of the case.
4. Any claim where the legal costs and expenses are likely to be greater than the anticipated amount of compensation.
5. Any claim where legal costs and expenses are based directly or indirectly on the amount of compensation awarded (for example a Contingency Fee Agreement).
6. Legal costs and expenses incurred in any claim, which is capable of being pursued under a Conditional Fee Agreement.
7. Legal costs and expenses incurred if an action is brought in more than one country.
8. Any claim where in **our** opinion the estimated amount of compensation payment is less than £1,000 for each **insured person**.
9. Travel, accommodation and incidental costs incurred to pursue a civil action for compensation.
10. Costs of any appeal.
11. Claims by **you** other than in **your** private capacity.
12. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Special conditions relating to claims

1. Unless **you** have made a nomination in accordance with Special Condition 2 below, **we** or **our** suitably qualified person will decide the point at which **your** legal case cannot usefully be pursued further.
2. If **you** do not want **our** suitably qualified person to assess whether or not **your** claim can be pursued, **you** are free to nominate a suitably qualified person to conduct this assessment by sending **us** the name and address of such suitably qualified person. **You** must confirm either:
  - that the person **you** nominate will not charge more than the suitably qualified person **we** would have appointed; or
  - that **you** are willing to pay the difference between the cost of using **you** suitably qualified person and the cost of using **our** choice of suitably qualified person.
3. On acceptance of a claim, if appropriate, **we** will appoint a suitably qualified person to act on **your** behalf, unless **you** have nominated **your** own suitably qualified person in accordance with Special Condition 4 below
4.
  - i) If there is a conflict of interest; or
  - ii) If it is necessary to start court proceedings and proceedings are being issued within the **United Kingdom**; or
  - iii) **you** are unhappy with **our** suitably qualified person

**you** are free to nominate a suitably qualified person by sending **us** the name and address of such suitably qualified person. **You** must confirm either:

- that the person **you** nominate will not charge more than the suitably qualified person **we** would have appointed; or
  - that **you** are willing to pay the difference between the cost of using **you** suitably qualified person and the cost of using **our** choice of suitably qualified person.
5. If **we** do not agree to **your** choice of suitably qualified person under Special Condition 2 or 4. above, **you** may choose another suitably qualified person.
  6. If there is still a disagreement with regard to the suitably qualified person, **we** will ask the president of a relevant national law society to choose a suitably qualified person to represent **you**. **We** and **you** must accept such choice.

7. Where **you** have not notified **us** of a nominated suitably qualified person in accordance with Special Condition 2 and/or Special Condition 4, **we** will be free to choose a suitably qualified person.
8. Where **we** appoint a suitably qualified person to represent **you** such appointment will be in accordance with **our** standard terms of appointment.
9. **We** will have direct access to the suitably qualified person who will, upon request, provide **us** with any information or opinion on **your** claim.
10. **You** must co-operate fully with **us** and the suitably qualified person and must keep **us** up to date with the progress of the claim.
11. At **our** request, **you** must give the suitably qualified person any instructions that **we** require.
12. **You** must notify **us** immediately if anyone offers to settle a claim or makes a payment into court.
13. If **you** do not accept the recommendation of the suitably qualified person to accept a reasonable offer or payment into court to settle a claim, **we** may refuse to pay further costs and expenses.
14. No agreement to settle on the basis of both parties paying their own costs is to be made without **our** prior approval.
15. If **you**:
  - i) settle a claim or withdraw a claim without **our** prior agreement;
  - ii) do not give suitable instructions to the suitably qualified person;
  - iii) dismiss a suitably qualified person without **our** prior consent, **our** consent not to be withheld without good reason;the cover **we** provide will end immediately and **we** will be entitled to re-claim any costs and expenses **we** have incurred from **you**.
16. **You** must take every available step to recover costs and expenses that **we** have to pay and must pay **us** any costs and expenses that are recovered.
17. **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 including **our** legal costs and other related expenses. **You** **MUST** give such assistance as **we** shall reasonably require and any amount recovered shall belong to **us**.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Relevant documentation and evidence to support **your** claim, including photographic evidence.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION O – PERSONAL LIABILITY

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits (including 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 for accidental:

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

#### Special conditions relating to claims

1. **You** must give **us** written notice of any incident, which may result in a claim as soon as possible.

- You** must send **us** every court claim form, summons, letter of claim or other document as soon as **you** receive it.
- You** must not admit any liability or pay, offer to pay, promise to pay or negotiate any claim without **our** permission in writing.
- We** will be entitled to take over and carry out in **your** name the defence of any claims for compensation or damages or otherwise against any third party. **We** will have full discretion in the conduct of any negotiation or proceedings or in the settlement of any claim and **you** will give **us** all necessary information and assistance that **we** may require.
- If **you** die, **your** legal representative(s) will have the protection of this cover as long as they comply with the terms and conditions outlined in this policy.

#### What is not covered

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Compensation or legal costs arising directly or indirectly from:
  - Liability that has been assumed by **you** under agreement (such as a hire agreement) unless the liability would have existed without the agreement.
  - Pursuit of any business, trade, profession or occupation or the supply of goods or services.
  - The transmission of any contagious or infectious disease or virus.
  - you** owning or occupying any land or building, unless **you** are occupying any temporary holiday accommodation, which is not owned by **you**;
  - you** owning, handling or looking after any animal; or
  - you** owning or using:
    - a firearm;
    - a horse drawn or motorised vehicle;
    - a waterborne, motorised, mechanical or towed vehicle (except manually propelled watercraft); or
    - an aircraft of any description, including unpowered flight.
- Any fines or exemplary damages (punishing, or aimed at punishing, the person responsible rather than awarding compensation) **you** have to pay.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details in writing of any incident.
- Any court claim form, summons, letter of claim or other document must be sent to **us** as soon as **you** receive it.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P – WINTER SPORTS

Cover for sections P1, P2, P3, P4, P5 and P6 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 **policy schedule**. Winter Sports cover is not available under the Economy Cover.
- Under annual multi trip policies for a period not exceeding 17 days in total if the appropriate winter sports extension has been chosen and the appropriate additional premium has been paid and is shown on the **policy schedule**. Winter Sports cover is not available under Economy Cover.

## SECTION P1 – SKI EQUIPMENT

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for the accidental loss of, theft of or damage to **your** own **ski equipment** or for hired **ski equipment**. The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **ski equipment**.

Age of ski equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the table above or the single article limit as shown in the schedule of benefits whichever is the lesser.

#### Special conditions relating to claims

- You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours of discovery or as soon as possible after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **ski equipment**.
- If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - get a Property Irregularity Report from the airline
  - give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
  - keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
- You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

#### What is not covered

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Loss, theft of or damage to **ski equipment** contained in or stolen from an **unattended** vehicle:
  - overnight between 9 pm and 9 am (local time) or
  - at any time between 9 am and 9 pm (local time) unless:
    - it is locked out of sight in a **secure baggage area** and
    - forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt or proof of ownership for items lost, stolen or damaged.
- Repair report where applicable.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P2 SKI EQUIPMENT HIRE

### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for each complete twenty-four (24) hours up to a maximum as shown in the schedule of benefits for the reasonable cost of hiring replacement **ski equipment** as a result of the accidental loss of, theft of or damage to or temporary loss in transit for more than twenty-four (24) hours of **your** own **ski equipment**.

### Special conditions relating to claims

1. **You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours of discovery or as soon as possible after that and get (at **your** own expense) a written report of the loss, theft or attempted theft of **your** own **ski equipment**.
2. If **ski equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
3. If **ski equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - a) get a Property Irregularity Report from the airline.
  - b) give formal written notice of the claim to the airline within the time limit set out in their conditions of carriage (please keep a copy).
  - c) keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
4. **You** must provide (at **your** own expense) 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 **ski equipment** contained in an **unattended** vehicle:
  - a) overnight between 9 pm and 9 am (local time) or
  - b) at any time between 9 am and 9 pm (local time) unless:
    - i) it is locked out of sight in a **secure baggage area** and
    - ii) forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
2. Loss or damage due to delay, confiscation or detention by customs or any other authority.
3. Loss or damage caused by wear and tear, depreciation (loss of value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
4. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt, proof of ownership or valuations for items lost, stolen or damaged together with receipts or bills detailing the costs incurred of hiring replacement **ski equipment**.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P3 – SKI PACK

### What is covered

**We** will pay up to the amount shown in the schedule of benefits for the unused proportion of **your** ski pack which **you** have already paid for and cannot get back if **you** become ill or are injured during **your** trip and cannot take part in the **winter sports** activities as planned. A ski pack includes ski school fees or ski tuition fees, **your** lift pass and **winter sports equipment** that **you** have hired.

Please note: **Your** claim will be based on the number of complete days **you** have not used.

### What is not covered

1. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Written confirmation of the nature of **your** illness or injury from the treating **doctor** in the resort along with confirmation of how many days **you** were unable to ski.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P4 – LOST LIFT PASS

### What is covered

**We** will pay up to the amount shown in the schedule of benefits for the loss or theft of **your** lift pass.

Claims will be calculated according to the expiry date of the lift pass - depending upon how many days there were left to run on the original lift pass, an unused proportionate refund would be made of its original value.

### What is not covered

1. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P5 - PISTE CLOSURE

**Please note: This Section only applies between 1 December and 15 April for travel to the Northern hemisphere or between 1 May and 30 September for travel to the Southern hemisphere.**

### What is covered

**We** will pay up to the amount shown in the schedule of benefits if, as a result of not enough snow, too much snow or high winds in **your** booked

holiday resort, at least 80% of all lift systems are closed for more than twelve (12) hours. **We** will pay for either:

- the cost of transport to the nearest resort; or
- a benefit for each complete twenty-four (24) hour period that **you** are not able to ski and there is no other ski resort available.

#### What is not covered

- Any circumstances where transport costs, compensation or alternative skiing facilities are provided to **you**.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Written confirmation from the management of the resort stating the reason for the closure and how long the closure lasted
- Receipts or bills for any transport costs claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION P6 – DELAY DUE TO AVALANCHE

#### What is covered

**We** will pay up to the amount shown in the schedule of benefits for reasonable additional travel and accommodation expenses if **you** are prevented from arriving at or leaving **your** booked ski resort for more than twelve (12) hours from the scheduled arrival or departure time because of an avalanche.

#### What is not covered

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Written confirmation from the management of the resort stating the reason for the closure and how long the closure lasted
- Receipts or bills for any transport costs claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION Q – GOLF COVER

Cover for sections Q1, Q2 and Q3 only operates if the appropriate golf cover extension has been chosen and the appropriate additional premium has been paid and is shown on the **policy schedule**. Golf cover is not available under the Economy Cover.

## SECTION Q1 – GOLF EQUIPMENT

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for the accidental loss of, theft of or damage to **your** own **golf equipment** or for hired **golf equipment**.

The amount payable in the event of a total loss, will be the value at today's prices less a deduction for wear, tear and depreciation (loss of value - calculated from the table below), or **we** may replace, reinstate or repair the lost or damaged **golf equipment**.

Age of golf equipment	Amount payable
Less than 1 year old	90% of value
Over 1 year old	70% of value
Over 2 years old	50% of value
Over 3 years old	30% of value
Over 4 years old	20% of value
Over 5 years old	No payment

The maximum **we** will pay for any one article, pair or set of articles is the amount payable calculated from the table above or the single article limit as shown in the schedule of benefits whichever is the lesser.

**Our** liability is solely based upon the value of the **golf equipment** which has been lost, stolen or damaged and would not extend to the replacement of **your** whole set of woods or irons in the event of a claim being made for one item.

#### Special conditions relating to claims

- You** must report to the local Police in the country where the incident occurred within twenty-four (24) hours of discovery or as soon as possible after that and get a written report (at **your** own expense) of the loss, theft or attempted theft of all **golf equipment**.
- If **golf equipment** is lost, stolen or damaged while in the care of a carrier, transport company, authority, hotel or **your** accommodation provider **you** must report details of the loss, theft or damage to them in writing and get (at **your** own expense) written confirmation.
- If **golf equipment** is lost, stolen or damaged whilst in the care of an airline **you** must:
  - get a Property Irregularity Report from the airline
  - give formal written notice of the claim to the airline, within the time limit set out in their conditions of carriage (please keep a copy)
  - keep all travel tickets and tags for submission if **you** are going to make a claim under this policy.
- You** must provide (at **your** own expense) an original receipt or proof of ownership for items lost, stolen or damaged to help **you** to substantiate **your** claim.

#### What is not covered

- The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
- Loss, theft of or damage to **golf equipment** contained in or stolen from an **unattended** vehicle:
  - overnight between 9 pm and 9 am (local time) or
  - at any time between 9 am and 9 pm (local time) unless:
    - it is locked out of sight in a **secure baggage area** and
    - forcible and violent means have been used by an unauthorised person to gain entry into the vehicle and evidence of this entry is available.
- Loss or damage due to delay, confiscation or detention by customs or any other authority.
- Loss or damage caused by wear and tear, depreciation (loss in value), atmospheric or climatic conditions, moth, vermin, any process of cleaning repairing or restoring, mechanical or electrical breakdown.
- Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
- A Property Irregularity Report from the airline or a letter from the carrier where loss, theft or damage occurred in their custody.
- A letter from **your** tour operator's representative, hotel or accommodation provider where appropriate.
- All travel tickets and tags for submission.
- An original receipt or proof of ownership for items lost, stolen or damaged.
- Repair report where applicable.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.



## SECTION Q2 – NON-REFUNDABLE GOLFING FEES

### What is covered

We will pay up to the amount shown in the schedule of benefits for the unused proportion of **your** green fees, golf tuition fees or **golf equipment** hire which **you** have paid or have agreed to pay under a contract and which **you** cannot get back if:

- a) **you** become ill or are injured during **your trip** and cannot take part in the golf activities as planned; or
- b) loss or theft of documents prevents **you** from taking part in the pre-paid golfing activity.

**Please note:** Your claim will be based on the number of complete days **you** have not used.

### Special conditions relating to claims

1. **You** must report the loss or theft of documents to the local police within twenty-four (24) hours of discovery and get a written police report.

### What is not covered

1. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

1. Written confirmation of the nature of **your** illness or injury from the treating **doctor** in the resort along with confirmation of how many days **you** were unable to take part in the golfing activities.
2. A police report from the local Police in the country where the incident occurred for all loss, theft or attempted theft.
3. Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION Q3 – HOLE IN ONE

### What is covered

We will pay **you** up to the amount shown in the schedule of benefits for customary celebratory expenses **you** incurred within the golf club premises immediately following **you** achieving a hole-in-one during a competition round.

### What is not covered

1. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

We will require (at **your** own expense) the following:

- A written report from the golf club secretary confirming the competition details counter signed by **your** playing partner together with a certified copy of **your** scorecard.
- Receipts from the golf club for expenditure incurred immediately following **your** hole-in-one to help **you** to substantiate **your** claim.

## SECTION R – CRUISE COVER

There is no cover provided for **cruises** unless **you** have purchased the optional Cruise cover and have paid the appropriate additional premium and this is shown on **your policy schedule**. In any event, there is no cover for cargo or container ship travel.

Cover for sections R1, R2, R3, R4 and R5 only operates if the appropriate Cruise cover extension has been chosen and the appropriate additional premium has been paid and is shown on the **policy schedule**. Cruise cover is not available under the Economy Cover.

## SECTION R1 – MISSED PORT DEPARTURE

### What is covered

We will pay up to the amount shown in the schedule of benefits for necessary additional travel expenses by the most direct route and additional accommodation (room only) that is agreed by **us** to join **your cruise** at the next docking port if **you** fail to arrive at the international departure point in time to board the **cruise** on which **you** are booked to travel on the initial international journey of **your trip** as a result of:

- a) The failure of scheduled **public transport**; or
- b) An accident to or breakdown of the vehicle in which **you** are travelling; or
- c) An accident or breakdown occurring ahead of **you** on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which **you** are travelling; or
- d) Strike or industrial action or
- e) **Adverse weather conditions**.

If, at the time of requesting **our** assistance, satisfactory evidence required by **us**, is not supplied in order to substantiate the claim, **we** will make all necessary arrangements at **your** cost and arrange appropriate reimbursement as soon as **your** claim has been submitted and validated.

### Special conditions relating to claims

1. **You** must contact the Medical Emergency Assistance Company as soon as reasonably possible and before incurring any costs.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Any claims where **you** have not allowed enough time to reach **your** initial departure point or check-in at or before the recommended time.
3. Claims arising from strike or industrial action if the strike or industrial action was existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
4. Any claims where **you** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.
5. Any claims relating to **your** own vehicle suffering a mechanical breakdown if **you** are unable to provide evidence that the vehicle was properly serviced and maintained and that any recovery or repair was made by a recognised breakdown organisation.
6. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
7. Any travel costs where **you** failed to contact **us** for approval prior to arranging travel to enable **us** to provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.
8. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

We will require (at **your** own expense) the following evidence where relevant:

- Proof of travel cost (confirmation invoice, tickets).
- Invoices and receipts for **your** expenses.
- An official letter confirming the reason for **your** late arrival and the length of the delay.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION R2 – CABIN CONFINEMENT

### What is covered

If there is a valid claim under section B - Emergency medical expenses & repatriation as a result of **your bodily injury**, illness or **complications of pregnancy** sustained abroad during the period of **your trip**, in addition to the cover provided under Section B - emergency medical expenses & repatriation, **we** will pay cabin confinement benefit up to the amount shown in the schedule of benefits for each twenty-four (24) hours that **you** are confined to **your** cabin by the ship's **doctor** as an in-patient during the period of the **trip**.

### What is not covered

1. Any claims if **you** do not have a valid claim under section B - Emergency medical expenses & repatriation.
2. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Written confirmation of any confinement to **your** cabin in writing from the ship's medical officer.

## SECTION R3 – CRUISE ITINERARY CHANGE

### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits if a scheduled port visit is cancelled during **your cruise** due to:

- a) **adverse weather conditions** or
- b) timetable restrictions

and no alternative port can be offered.

### What is not covered

1. Claims arising from strike or industrial action if the strike or industrial action was existing or publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
2. Any claim arising from **your** ship's failure to put people ashore due to the mechanical or operational failure of the ships tender (or any other boat used to transport passengers to shore).
3. **Your** failure to attend the excursion as per **your** itinerary.
4. Any claim where a monetary amount, including but not limited to on board credit or other compensation, has been offered to **you** by the ship or tour operator.
5. Any claim where **you** do not have written confirmation from **your** **cruise** operator, carrier or tour operator confirming **your** scheduled port visit was cancelled.
6. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A written report from the **cruise** operator, carrier or their handling agents confirming the itinerary change and the reason for it.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION R4 – UNUSED CRUISE EXCURSIONS

### What is covered

If there is a valid claim under section B - Emergency medical expenses & repatriation, as a result of **your bodily injury**, illness or **complications of**

**pregnancy** sustained abroad during the period of **your trip**, in addition to the cover provided under Section B - emergency medical expenses & repatriation, **we** will pay for **your** unused excursions from the **cruise** ship that **you** pre-booked and pre-paid for in **your home area** and are unable to take because **you** are confined to bed in **your** cabin by the ship's **doctor**, and on which **you** are unable to obtain a refund.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Any claims if **you** do not have a valid claim under section B - Emergency medical expenses & repatriation.
3. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Written confirmation of any confinement to **your** cabin in writing from the ship's medical officer.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION R5 – CRUISE INTERRUPTION

### What is covered

**We** will pay up to the amount shown in the schedule of benefits for necessary additional travel expenses by the most direct route and additional accommodation (room only), that is agreed by **us** and necessarily incurred by **you**:

1. To reach the next docking port in order to re-join the **cruise**, or
2. To reach the final destination of **your cruise**, following **your cruise** being necessarily and unavoidably interrupted as a result of:
  - a. **your** passport being lost after **your** international departure but before embarkation of **your** planned **cruise** or during disembarkation ashore on one of the scheduled stops as a result of loss or theft, or
  - b. it being deemed medically necessary by a **doctor** for **you** to accompany and assist an **insured person** who is admitted as an in-patient that is covered under Section B - Emergency medical expenses & repatriation outside of the **United Kingdom**, or
  - c. **you** being detained by local police as a result of being a witness or being required to give evidence as a result of **your** participation in a road traffic accident, or criminal investigation where **you** are not the accused.

If, at the time of requesting **our** assistance, satisfactory evidence required by **us** is not supplied in order to substantiate the claim, **we** will make all necessary arrangements at **your** cost and arrange appropriate reimbursement as soon as **your** claim has been submitted and validated.

### Special conditions relating to claims

1. **You** must contact the Medical Emergency Assistance Company as soon as reasonably possible and before incurring any costs.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Any claim for loss of passport not reported to the police or other authority within forty-eight (48) hours of discovery and for which **you** do not get a written report.

3. Any claim as a result of an **insured person** being a hospital in-patient where the condition was not covered under Section B – Emergency medical expenses & repatriation outside of the **United Kingdom**, or where **we** have not been contacted and/or a recommended hospital has not been appointed by **us** and where **you** have not obtained a medical certificate from the **doctor** in attendance confirming it was medically necessary for **you** to accompany and assist an **insured person** admitted as an in-patient for an insured condition.
4. Any claim where **you** have been detained by local police that is not evidenced by a written report from the local police confirming the reason and period of **your** detention, or reason and period in which **you** were required to give evidence, that necessitated **you** missing the scheduled departure of **your** cruise.
5. Any travel costs where **you** failed to contact **us** for approval prior to arranging travel to enable **us** to provide assistance with any travel arrangements. Failure to do so can result in the claim being declined.
6. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Proof of travel cost & accommodation (confirmation invoice, tickets).
- Invoices and receipts for **your** expenses.
- A police report from the local Police in the country where the incident occurred for all lost passports.
- A police report from the local police confirming the reason and period of **your** detention, or reason and period in which **you** were required to give evidence.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION S – MULTI-DESTINATION TRIP – TRAVEL DISRUPTION COVER

Cover for sections S1 and S2 only operates if the appropriate multi-destination trip-travel disruption cover extension has been chosen and the appropriate additional premium has been paid and is shown on the **policy schedule**. Multi-destination trip-travel disruption cover is not available under the Economy Cover.

#### What is covered

Sections S1 and S2 do not apply to:

- a) **trips** in **your home area**, England, Scotland, Wales, Northern Ireland and the Isle of Man, or
- b) **trips** that are not a **multi-destination trip**, or
- c) **cruise** itineraries.

**Special definitions relating to this section** (*which are shown in bold italics*)

#### **Multi-Destination Trip**

- means any **trip** or journey made by **you** within the area of travel shown in the **policy schedule**, during which **you** visit more than one destination for at least two nights in each destination.

## SECTION S1 – TRAVEL DELAY DURING TRAVEL TO YOUR NEXT DESTINATION

#### What is covered

If the **public transport** on which **you** are booked to travel to reach the next destination of **your multi-destination trip** is delayed for at least twelve (12) hours from the scheduled time of departure, as a result of any of the following events:

- a) strike or industrial action or

- b) **adverse weather conditions** or
- c) mechanical breakdown of or a technical fault occurring in the **public transport** on which **you** are booked to travel or
- d) **you** being involuntarily denied boarding because there are too many passengers for the seats available and no other suitable alternative flight could be provided within twelve (12) hours

**we** will pay **you** the amount shown in the schedule of benefits, per **insured person**, (*which is meant to help **you** pay for telephone calls made and meals and refreshments purchased during the delay*), provided **you** eventually travel.

If the same expenses are also covered under Section H – Missed departure during travel to **your** next destination, **you** can only claim under one section for the same event, not both.

#### Special conditions relating to claims

1. **You** must check-in according to the itinerary given to **you** unless **your** tour operator has requested **you** not to travel to the airport.
2. **You** must get written confirmation (at **your** own expense) from the carriers (or their handling agents) of the number of hours of delay and the reason for this, together with confirmation of **your** check-in times and details of any alternative transport offered.
3. **You** must comply with the terms of contract of the travel agent, tour operator, carrier or transport provider and seek financial compensation, assistance or a refund of **your** ticket from them in accordance with such terms and/or (where applicable) **your** rights under EU Air Passenger Rights legislation in the event of cancellation or long delay of flights.
4. **You** must provide details of any travel or other insurance under which **you** could also claim.

#### What is not covered

1. Claims arising directly or indirectly from:
  - a) strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) an aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - c) any delays to any subsequent connecting **public transport**.
  - d) volcanic eruptions and/or volcanic ash clouds.
  - e) **you** being denied boarding due to **your** drug use, alcohol or solvent abuse or **your** inability to provide a valid passport or other documentation required by the transport provider or their handling agent.
2. **Trips** solely within the **United Kingdom**.
3. **Trips** that are not a **multi-destination trip**.
4. **Cruise trips**.
5. Anything mentioned in 'What is not covered - applicable to all sections of the policy'.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- Full details of the travel itinerary supplied to **you**.
- A letter from the carriers (or their handling agents) confirming the number of hours delay, the reason for the delay and confirmation of **your** check-in time.
- **Your** unused travel tickets.
- Receipts or bills for any transport, accommodation or other costs, charges or expenses claimed for.



- Written confirmation from the provider of transport/accommodation that compensation, assistance or reimbursement of any costs, charges and expenses incurred by **you** will not be provided and the reason for this.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION S2 - MISSED DEPARTURE DURING TRAVEL TO YOUR NEXT DESTINATION

### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits, per **insured person**, for the reasonable extra costs of travel and accommodation (room only) that **you** incur in reaching the next destination of **your multi-destination trip**, if **you** fail to arrive at the departure point in time to board the **public transport** on which **you** are booked to travel, as a result of:

- a) the failure of other **public transport** or
- b) strike, industrial action or
- c) **adverse weather conditions**.

**You** can only claim under section S1 - Travel delay during travel to **your** next destination or section S2 – Missed departure during travel to **your** next destination for the same event, not both.

### Special conditions relating to claims

1. **You** must allow enough time for the **public transport** or other transport to arrive on schedule and to deliver **you** to the departure point.
2. **You** must get a letter (at **your** own expense) from the **public transport** provider detailing the reasons for failure.
3. **You** must get a letter (at **your** own expense) from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or **adverse weather conditions**.
4. **You** must provide **us** with **your** unused travel tickets.
5. **You** must provide **us** with **your** receipts, bills, or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Claims arising directly or indirectly from:
  - a) Strike or industrial action existing or being publicly announced by the date **you** purchased this insurance or at the time of booking any **trip**.
  - b) An aircraft or sea vessel being withdrawn from service (temporary or otherwise) on the recommendation of the Civil Aviation Authority, Port Authority or any such regulatory body in a country to/from which **you** are travelling.
  - c) **Your** failure to arrive at the departure point in time to board any connecting **public transport**.
  - d) Volcanic eruptions and/or volcanic ash clouds.
  - e) **Trips** solely within the **United Kingdom**.
  - f) **Trips** that are not a **multi-destination trip**.
3. Additional expenses where the scheduled **public transport** operator has offered reasonable alternative travel arrangements.
4. Anything mentioned in 'What is not covered - applicable to all sections of the policy'.

### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A letter from the **public transport** provider detailing the reasons for failure.
- A letter from the relevant **public transport** provider, carrier or authority confirming details of the strike, industrial action or **adverse weather conditions**.
- **Your** unused travel tickets.
- Receipts, bills, or proof of purchase for any transport, accommodation or other costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION T – WAITING LIST COVER

### What is covered

If, as a result a diagnosed **medical condition** that **you** have declared to TravelTime, for which **you** are on a waiting list for treatment or investigation and **you** have chosen and paid for the 'waiting list' cover and this is shown on **your policy schedule**:

- a) it becomes medically necessary to attend an appointment for treatment or investigation that conflicts with **your** planned **trip**, or
- b) **you** are now unable to travel on **your** planned **trip**, because of a deterioration in the **medical condition** for which **you** are awaiting treatment or investigation

**we** will pay **you** up to the amount shown in the schedule of benefits for **your** proportion only of any irrecoverable unused travel and accommodation costs and other pre-paid charges (excluding **attraction, event & excursion tickets**) which **you** have paid, or are contracted to pay, together with **your** proportion only of any reasonable additional travel expenses.

### Special conditions relating to claims

1. **You** must provide (at **your** own expense) a letter confirming the date of the appointment and confirming the medical reasons the appointment cannot be changed so it does not conflict with the planned **trip**.
2. If **you** fail to notify the travel agent, tour operator or provider of transport or accommodation as soon as **you** find out it is necessary to cancel the **trip**, the amount **we** will pay will be limited to the cancellation charges that would have otherwise applied.

### What is not covered

1. The **excess** shown in the Schedule of benefits, unless **you** have chosen the option to increase/decrease these **excesses** and this is shown on **your policy schedule**.
2. Cancelling **your trip** because of a **medical condition** or an illness related to a **medical condition**, which **you** knew about and which could reasonably be expected to lead to a claim, unless declared to TravelTime and TravelTime have agreed in writing to cover **you**.
3. Any claim if **your** appointment for **your** awaited treatment or investigation is not medically necessary and/or it can wait until **your** return from the planned **trip**.
4. **You** not wanting to travel.
5. The cost of **your** unused original tickets where the Medical Emergency Assistance Company or **we** have arranged and paid for **you** to come home following **curtailment** of the **trip**. If however **you** have not purchased a return ticket, **we** reserve the right to deduct the cost of an economy flight from any additional costs **we** have incurred which are medically necessary to repatriate **you** to **your home**.
6. The resumption of **your trip** once it has been **curtailed**. There is no further cover once **you** have returned to **your home area**.
7. The cost of Air Passenger Duty (APD) whether irrecoverable or not.

8. Any claims arising directly or indirectly from circumstances known to **you** before **you** purchased this insurance or at the time of booking any **trip** which could reasonably have been expected to lead to cancellation or **curtailment** of the **trip**.
9. Any claim for **attraction, event & excursion tickets**.
10. Travel tickets paid for using any airline mileage or supermarket reward scheme (for example Avios, Tesco Clubcard, Nectar), unless evidence of specific monetary value can be provided.
11. Accommodation costs paid for using any Timeshare, Holiday Property Bond or other holiday points scheme. In addition any property maintenance costs, fees or charges incurred by **you**, as part of **your** involvement in such schemes is not covered.
12. Anything mentioned in the 'General exclusions applicable to all sections of the policy'.

**You** should also refer to the 'Important conditions relating to health' section of the policy.

#### Claims evidence

**We** will require (at **your** own expense) the following evidence where relevant:

- A medical certificate from the treating **doctor** (or in the case of stress, anxiety, depression or any other mental or nervous disorder, either a registered mental health professional if **you** are under the care of a Community Mental Health Team or if not, a consultant specialising in the relevant field) explaining why it was necessary for **you** to cancel or **curtail** the **trip**.
- Booking confirmation together with a cancellation invoice from **your** travel agent, tour operator or provider of transport/accommodation.
- In the case of **curtailment** claims, written details from **your** travel agent, tour operator or provider of transport/accommodation of the separate costs of transport, accommodation and other pre-paid costs or charges that made up the total cost of the **trip**.
- **Your** unused travel tickets.
- Receipts or bills for any costs, charges or expenses claimed for.
- Any other relevant information relating to **your** claim under this section that **we** may ask **you** for.

## SECTION U – GADGET COVER

Cover for section U only operates if the appropriate gadget cover extension has been chosen and the appropriate additional premium has been paid and is shown on the **policy schedule**. Gadget cover is not available under the Economy Cover.

**Please note:** If **you** have purchased the **Excess Waiver** option and this is shown on **your policy schedule**, this only applies to Sections A to T inclusive. **You** cannot waive the **excess** under this section.

**Special definitions relating to this section** (*which are shown in bold italics*)

**Accessories** means any item that **you** may attach or connect to **your gadget** (for example a phone charger).

**Accidental damage** means the unintentional and unforeseen failure, breakage or destruction of **your gadget**, with visible evidence of an external force being applied and which results in the **gadget** being unusable.

**Cosmetic damage** means any damage which is non-structural, including but not limited to scratches, dents and marks, which does not affect the usage of the **gadget**.

**Gadget** means the portable electronic equipment item(s) owned by **you**, the replacement value of which must not exceed the **gadget** maximum per item, pair or set limit shown in the schedule of benefits within the relevant proof of purchase, that is in good condition and in full working order at the time of **your trip**, including laptops, mobile phones, smart phones, iPhones, iPads, tablets, e-readers, MP3 Players, CD/DVD players, head/ear phones, satellite navigation devices, PDAs, handheld games, consoles, cameras, video cameras and wearable technology (e.g. smart watch or health and fitness tracker) but excluding drones.

All **gadgets** must be less than 36 months old at the start date of the insurance and must have been manufactured to a **UK Specification**, with valid proof of purchase.

All **gadgets** must have been purchased as new from a **UK VAT** registered supplier or registered company and must be in full working order at the start date of this policy.

The **gadget** cannot have been purchased during the **trip**. The **gadget** cannot have been purchased outside the **UK** or Isle of Man or have been purchased second hand.

**Loss** means that the **gadget** has been accidentally lost by **you** and **you** are permanently deprived of its use.

**Malicious damage** means the intentional or deliberate actions of another party which causes damage of **your gadget**.

**Proof of purchase** means an original receipt and any other documentation required to prove **your gadget** was purchased from a **UK VAT** registered company and that it is owned by **you** - including the date of purchase, make and model of **your gadget**, where applicable.

**Proof of usage** means evidence that shows **your gadget** has been in use before the event giving rise to the claim. Where the **gadget** is a mobile phone this evidence can be obtained from **your** airtime provider. For other **gadgets**, such as laptops or tablets, in the event of **accidental damage** claims this may be determined through inspection by **our** repairers.

**Replacement item(s)** means an identical **gadget** of the same age and condition, or if not available, one of comparable specification or the equivalent value taking into account the age and condition of the original **gadget**. **Replacement items** will only be delivered to a **UK** address of **your** choice.

**Theft** means the unlawful taking of **your gadget** against **your** will by another party using force or threat of violence, with the intent to permanently deprive **you** of that property, or burglary by forcible and violent entry, as confirmed by a Police crime report.

**Unauthorised calls, texts or data use** means any calls, texts or data use made from **your gadget** after the time that it was stolen, to the time that it was blacklisted by **your** airtime provider.

### What is covered – applicable to all of Section U

**We** will pay **you** up to the amount shown in the schedule of benefits in respect of **gadgets and accessories** owned by **you** against **theft, loss, accidental damage** and **malicious damage**, liquid damage and **unauthorised calls, texts or data use**, while **you** are on a **trip** that is covered by **your** travel insurance policy.

**Please also refer to the 'What is not covered' section and 'Special conditions' applicable to this section and the General Exclusions and Conditions.**

#### Theft or loss

##### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits to replace **your gadget** with a **replacement item** if it is stolen or lost. Where only part or parts of **your gadget** have been stolen or lost, **we** will only replace that part or parts.

**You** are also covered to replace **accessories** that are lost or stolen with **your gadget** subject to the limits shown in the schedule of benefits.

##### What is not covered

1. If **your gadget** is stolen from a motor vehicle (including a motorcycle) unless all windows and doors were closed and locked (where the vehicle has windows and doors) and all security systems activated;
2. For **theft** from any premises, building, land or vehicle unless force resulting in damage to the building, premises or vehicle was used to gain entry or exit;

- Where the **gadget** has been removed from **your** control unless it was concealed on or about **your** person and has not been left **unattended**.
- Where the **gadget** has been left **unattended** when it is away from **your home**;
- Where all precautions have not been taken;
- Unless the incident is reported to the police within 24 hours of **your** discovery of the incident and **you** obtain a crime reference number or lost property reference from the police. In the case of a lost property reference, **you** can also obtain this from a reporting service, which is accredited by the police, such as [www.reportmyloss.com](http://www.reportmyloss.com), which allows **you** to register a lost item. There may be a small cost involved in doing this, which **you** will need to pay. If your claim is successful then **we** will reimburse this cost.

### Special conditions relating to claims

- You** must report the **theft** or **loss** of **your gadget** to the police within 24 hours of discovery and obtain a written police report or crime reference number in relation to the **theft** of the item. Lost property numbers are not acceptable in support of a **theft** claim.
- You** must report the **theft** or **loss** of **your** mobile phone or smart phone within 24 hours of discovery of the occurrence of the **theft** or **loss** to **your** airtime provider and instruct them to blacklist **your** handset.
- if **your** claim is for a mobile phone or smartphone, **we** will request **your** call records to prove the **gadget** has been in use since policy inception and up to the event giving rise to the claim.

**Please also refer to the 'What is not covered' section and 'Special conditions' applicable to this section and the General Exclusions and Conditions.**

### Accidental damage and Malicious damage

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits for the costs of repairing **your gadget** as a result of **accidental damage** or **malicious damage**, which was not deliberately caused by **you** or bound to happen. If **we** are unable to economically repair **your gadget** then, at **our** discretion, a **replacement item** will be provided by **us**.

**You** are also covered up to the amount shown in the schedule of benefits to repair or replace **accessories** that are **accidentally damaged** with **your gadget**.

#### What is not covered

- For **accidental damage** or **malicious damage** caused by:
  - deliberate damage or neglect of the **gadget**;
  - failure on **your** part to follow the manufacturer's instructions;
  - inspection, maintenance, routine servicing or cleaning.
  - malicious damage** caused by **you**, a **close relative** or any of **your** travelling companions.

**Please also refer to the 'What is not covered' section and 'Special conditions' applicable to this section and the General Exclusions and Conditions.**

### Liquid Damage

#### What is covered

**We** will pay **you** up to the amount shown in the schedule of benefits to repair or provide a **replacement item** for **your gadget** if it is damaged as a result of accidentally coming into contact with any liquid.

**We** will also pay **you** up to the amount shown in the schedule of benefits to repair or replace **accessories** that are **accidentally damaged** with **your gadget**.

#### What is not covered

- For any liquid damage claims excluded under the "What is not covered" section.

**Please also refer to the 'What is not covered' section and 'Special conditions' applicable to this section and the General Exclusions and Conditions.**

### Unauthorised calls, texts or data use

#### What is covered

Where **your gadget** is a device where **you** are charged for **unauthorised calls, texts or data use** and it is lost or stolen, **we** will pay **you** up to the amount shown in the schedule of benefits for the cost of any **unauthorised calls, texts or data use** after the time it was lost or stolen to the time it was blacklisted by **your** airtime provider. This is subject to **you** providing an itemised bill.

#### What is not covered

- For any **unauthorised calls, texts or data use** where the **theft** has not been reported to **your** airtime provider within 24 hours of the **theft** and there is no protection from such losses from them.

**Please also refer to the 'What is not covered' section and 'Special conditions' applicable to this section and the General Exclusions and Conditions.**

### What is not covered – applicable to all of section U

- The amount of the **excess** shown in the schedule of benefits. This is increased to £100 in respect of claims for **loss**.
- Any claims for **loss, theft** or damage to **accessories** unless included with a valid claim for **gadget** with which they are associated.
- Any **loss, theft** or **accidental damage** to a **gadget** left as 'checked in' baggage.
- Any claim for **loss** where the circumstances of the **loss** cannot be clearly identified i.e. where **you** are unable to confirm the time and place of the **loss**.
- Any claim where **proof of usage** cannot be provided or evidenced.
- Loss**, damage, destruction, distortion, erasure, corruption or alteration of electronic data from any computer virus or similar mechanism or as a result of any failure of the internet, or **loss** of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the **loss**.
- Any kind of damage whatsoever unless the damaged **gadget** is provided for repair.
- Any expense incurred as a result of not being able to use the **gadget**, or any **loss** other than the repair or replacement costs of the **gadget**.
- Repairs or any other costs for:
  - cleaning, inspection, routine servicing or maintenance;
  - loss** or damage arising from a manufacturer's defect or recall of the **gadget**;
  - replacement of or adjustment to fittings, control knobs or buttons, batteries or aerials;
  - any repairs carried out without prior authorisation from **us**;
  - claims arising from **abuse**, misuse or neglect;
  - wear and tear to the **gadget** and/or gradual deterioration of performance;
  - cosmetic damage**.
  - sudden and unforeseen electrical or mechanical breakdown.
- Any claim if the serial number, IMEI (international mobile equipment identity) or sim has been tampered with in any way or deleted.
- Any claim made, or any event causing the need for a claim to be made, which occurred prior to the commencement date of the period of insurance.
- Any claim for a mobile phone which has not been used for its core purpose since the inception of **your** policy, or since it was added to **your** policy, as verified by **your** airtime provider.
- Any claim arising whilst **you** are not on a **trip**. **You** are not covered for any **loss, theft** or **accidental damage** occurring before or after **your trip**.

14. Any repair or replacement if a SIM card registered to **you** was not in the insured mobile phone or **gadget** the time of the **accidental damage, theft, loss**, breakdown, or liquid damage.
15. Reconnection costs or subscription fees of any kind.
16. Any claim arising from **loss**, damage or replacement of information, data or software including but not limited to personalised ring tones, graphics contained in or stored on the **gadget** whether arising as a result of a claim paid by this insurance or otherwise.
17. items purchased from an on-line auction site unless from a VAT registered supplier or registered company.
18. Liability of whatsoever nature arising from ownership or use of the **gadget**, including any **illness** or injury resulting from it.
19. Value Added Tax (VAT) where **you** are registered with HM Revenue & Customs for VAT.
20. Any **loss, theft or accidental damage** due to confiscation or detention by customs, other officials or authorities.
21. Claims for any **gadget** used in connection with **your** profession or trade.
22. Any **gadget** more specifically insured elsewhere, or costs or payments recoverable from any party, under the terms of any other contract, guarantee or warranty.

#### Special Conditions

1. This insurance only covers **gadgets** owned by **you** and in full working order at the start date of this policy. Cover includes the use of the **gadget** for the period and destination shown on **your** insurance certificate. Any repairs or replacements must be carried out in the **UK** by repairers or retailers approved by **us**.
2. The **gadget** cannot have been purchased during the **trip**. The **gadget** cannot have been purchased outside the **UK** or Isle of Man or have been purchased second hand.
3. **You** must provide **us** with any receipts, **proof of usage** or documents to support **your** claim as requested. All **proof of purchase** must include the make and model of the **gadget** and must be in **your** name. If **we** do not receive the documents **we** have requested from **you** or if any documents submitted by **you** are not acceptable to **us**, it may delay **your** claim or **we** may decline to pay **your** claim.
4. **You** must take all precautions to prevent any damage to **your gadget**.
5. If **your gadget** is damaged whilst in the custody of a carrier (i.e. airline, railway, shipping company, bus company. etc), **You** must notify such carrier immediately and obtain a copy of their report.
6. **We** will process **your** claim under the terms and conditions of this insurance based on the first reason notified to **us** for the claim. Please note that it may be necessary for **us** to contact **your** airtime provider in order to validate **your** claim.
7. Cover for **your gadget** applies to **you** as the insured person/s covered under this policy and shown on the certificate of insurance.
8. The benefits of this policy cannot be transferred to someone else or to any other **gadget** without **our** written permission.

#### Repairs and Replacement Conditions

All repaired or replaced **gadgets** will be supplied and configured to **UK** specification and set-up in English language.

Where **we** are able to provide a **replacement item**, this is not on a 'new for old' basis. Cover is limited to the amount and number of items as shown in the schedule of benefits. If **your gadget** cannot be replaced with an identical **gadget** of the same age and condition, **we** will replace it with one of comparable specification or the equivalent value taking into account the age and condition of the original **gadget** subject to the following depreciation scale:

- 20% over one year old and less than two years old
- 30% over two years old and less than three years old
- There is no cover for **gadgets** over 36 months old.

#### Please Note:

1. If **we** replace **your gadget** the damaged or lost items becomes **ours**. If it is returned or found, **you** must notify **us** and send it to **us** if **we** ask **you** to.
2. It may not always be possible or economical to replace **your gadget** with the same colour or finish, in which case an alternative colour/finish will be provided.



## MAKING A COMPLAINT

**We** are committed to providing a high level of customer service. If **you** do not feel **we** have delivered this, **we** would welcome the opportunity to put things right for **you**.

### Many concerns can be resolved straight away

Please get in touch with the relevant party shown below, as they may be able to provide **you** with an immediate response to **your** satisfaction.

## For complaints relating to sections A to T inclusive:

### 1. Does your complaint relate to a claim?

a) In the first instance, please contact:

The Complaints Officer  
Claims Settlement Agencies,  
308-314 London Road,  
Hadleigh,  
Benfleet,  
Essex  
SS7 2DD  
United Kingdom

Tel: 01702 553443  
Email: [info@csal.co.uk](mailto:info@csal.co.uk)

When **you** make contact please provide the following information:

- **Your** name, address and postcode, telephone number and e-mail address (if **you** have one)
- **Your** policy and/or claim number, and the type of policy **you** hold
- The reason for **your** complaint.

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, we will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

b) If **you** are dissatisfied with **our** response, then **you** can raise the matter with the Financial Services and Pensions Ombudsman (FSPO), an independent body that adjudicates on complaints, at the following address:

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
D02 VH29

Telephone: +353 1 567 7000  
Email: [info@fspoi.ie](mailto:info@fspoi.ie)  
Website: [www.fspoi.ie](http://www.fspoi.ie)

### 2. Does your complaint relate to your policy?

a) In the first instance, please contact:

The Managing Director,  
TravelTime Travel Insurance,  
Suite 9,  
Chalkwell Lawns,  
648-656 London Road,  
Westcliff on Sea,  
SS0 9HR

Email: [travelttime@travelttimeinsurance.co.uk](mailto:travelttime@travelttimeinsurance.co.uk)  
Tel no: 0345 548 2122

When **you** make contact please provide the following information:

- **Your** name, address and postcode, telephone number and e-mail address (if **you** have one)
- **Your** policy and/or claim number, and the type of policy **you** hold
- The reason for **your** complaint

Any written correspondence should be headed 'COMPLAINT' and **you** may include copies of supporting material.

If **we** are unable to resolve **your** complaint immediately, **we** will send **you** a written acknowledgement within two (2) days of receipt. **We** will then investigate **your** complaint and, in most cases, send **you** a full response in writing within two (2) weeks of receipt.

In exceptional cases, where **we** are unable to complete **our** investigations within two (2) weeks, **we** will send **you** a full written response as soon as **we** can, and in any event within four (4) weeks of receipt of **your** complaint.

b) If **you** are dissatisfied with **our** response, then **you** can raise the matter with the Financial Ombudsman Service (FOS).

The FOS is an independent body that arbitrates on complaints about general insurance products. **You** have six (6) months from the date of **our** final response to refer **your** complaint to the FOS.

If **we** cannot resolve **your** complaint, **you** may refer it to Financial Ombudsman Service (FOS) at the following address:

Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Telephone: 0800 023 4567 – From **UK** Landline  
Telephone: 0300 123 9123 – From **UK** Mobile  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

If **you** purchased **your** policy online, **you** are also able to use the EC On-line Dispute Resolution (ODR) platform at <http://ec.europa.eu/consumers/odr/> who will notify the Financial Services and Pensions Ombudsman on **your** behalf.

Please note that this can only be used for complaints about purchases made online.

Complaints about non-insured events and **your** travel arrangements must be referred to **your** travel organiser.

Making a complaint does not affect **your** right to take legal action.

## For complaints relating to section U only

**Our** aim is to provide **you** with a high quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** do wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

### Step 1:

- In the first instance, if **your** complaint relates to a claim, please direct it to:  
Stream Claims Services,  
Cophall House,  
Newcastle Under Lyme  
ST5 1EL  
Tel: 0161 974 1166



- If **your** complaint does not relate to a claim, please direct it to:  
The Managing Director  
TravelTime Travel Insurance  
Suite 9, Chalkwell Lawns  
648-656 London Road  
Westcliff on Sea  
SS0 9HR  
Tel: 0345 548 2122  
Email: [travelttime@travelttimeinsurance.co.uk](mailto:travelttime@travelttimeinsurance.co.uk)

### **Step 2:**

Should **you** remain dissatisfied with the outcome of **your** complaint from TravelTime or the claims administrator, **your** legal rights are not affected and **you** may refer **your** complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Kent, ME4 4RN  
Tel: +44 (0)20 7327 5693  
Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "How We Will Handle Your Complaint", which is available at the website address above. Alternatively, **you** may ask Lloyd's for a hard copy.

### **Step 3:**

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

The contact information is:

Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Tel: 0800 0234 567  
(calls to this number are free on mobile phones and landlines).

Tel: 0300 1239 123  
(calls to this number cost no more than calls to 01 and 02 numbers).

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Alternatively, if **you** live in the **UK** and if **you** purchased **your** insurance online\*, please note that **you** can, if **you** wish, also submit **your** complaint via the Online Dispute Resolution (ODR) Platform set up by the European Commission. This service has been set up to help residents in the European Economic Area (EEA), who have bought goods or services online, get their complaint resolved. **You** can access the ODR Platform by clicking on the following link:  
<http://ec.europa.eu/consumers/odr/>

This does not affect **your** right to submit **your** complaint following the process above. Please note that under current rules the European Commission will ultimately redirect **your** complaint to the Financial Ombudsman Service.

\* "Online" includes all products sold via a website, email, telephone and social media amongst others with a digital element.

## **FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)**

**You** may be entitled to compensation from the FSCS (depending on the type of insurance and the circumstances of the claim) if **we** are unable to meet **our** financial obligations under this policy. A claim under this type of insurance is covered for 90% of the claim without any upper limit.

Further information about the compensation scheme is available from: Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU

Tel: 020 7741 4100 or 0800 678 1100  
Website: [www.fscs.org.uk](http://www.fscs.org.uk).





## **Sales & Customer Service**

**0345 548 2122**

## **24 hour Emergency Medical Assistance**

**+44(0) 20 3819 7170**

See page 19 for full details

## **Non Emergency Claims**

**01702 553443**

**[traveltimeinsurance.co.uk](https://traveltimeinsurance.co.uk)**