WRIGHTSURE
insurance group

BLAKES

Client Holiday Travel Insurance Single Trip Policy 2026 Season

Valid for policies issued on or before 31st December 2026 in respect of trips departing on or before 31st December 2027

Cover is for residents of the UK, the Channel Islands or the Isle of Man and only applies when the ***trip*** starts and ends in the UK, the Channel Islands or the Isle of Man.

This ***policy*** does not cover claims relating to all ***pre-existing medical conditions***. Please refer to pages 11-12 for further information.

BCL/2026

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IMPORTANT CONTACT DETAILS

24-hr Emergency medical assistance: (for medical emergency or trip interruption requests) **0208 666 9232** (or **0044 208 666 9232** if calling from outside of the United Kingdom)

Claims: Tel: **0208 666 9233** (08.00hrs to 18.00hrs Mondays to Fridays, excluding Bank Holidays).

This document is available in large print, audio and Braille. Please contact us on 023 9241 9070 and we will be pleased to organise an alternative for you.

ABOUT US AND OUR INSURANCE SERVICES

WHO WE ARE

1. Whose products *we* offer

Blakes Coaches offer products from a single insurance company, AWP P&C S.A. A French company authorised in France acting through its UK Branch.

2. The service *we* will provide *you* with

You will not receive any personal advice or a recommendation from ***us*** for travel insurance. ***Your agent/broker*** may ask some questions to narrow down the products that they will give ***you*** details of. ***You*** will then need to make ***your*** own choice about how to go ahead.

3. What *you* will pay *us* for this service

You will pay ***your issuing agent*** the premium for ***your policy***. Please refer to ***your agent/broker's*** terms, for details of any fee applicable for arranging the ***policy*** on ***your*** behalf. AWP P&C S.A. pays the ***agent/broker*** for these services. The payment is a mixture of commission and other fees based on ***our*** costs for managing ***your policy***.

4. Who regulates AWP

Blakes Coaches is an Appointed Representative of Wrightsure Services (Hampshire) Limited whose registered address is situated at 1 Nelson Mews, Southend on Sea, Essex, SS1 1AL. Wrightsure Services (Hampshire) Limited are authorised and regulated by the Financial Conduct Authority (their reference number 311394).

AWP P&C S.A. is a company registered in France with ID No 519490080 RCS Paris Registered Office 7 Rue Dora Maar, 93400 Saint-Ouen, France acting through its UK Branch, AWP P&C (UK Branch) registered in the United Kingdom. Registered Branch No. BR015275, Registered Office 102 George Street, Croydon, Surrey CR9 6HD. Authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under FRN number 534384 and limited regulation by the Prudential Regulation Authority.

Allianz Partners is a trading name of AWP Assistance UK Ltd who are authorised and regulated by the Financial Conduct Authority under FRN 311909. AWP Assistance UK Ltd is registered in England. Registration No. 1710361. Registered Office: of 102 George Street, Croydon, CR9 6HD.

You can check the regulation status of AWP Assistance UK Ltd and AWP P&C S.A. by visiting the Financial Conduct Authority's website at www.fca.org.uk/register or by phoning them on 0800 111 6768.

The Financial Conduct Authority is the independent watchdog that regulates financial services.

5. What to do if *you* have a complaint

If ***you*** want to make a complaint, please contact us.

- Write to: Customer Service, Allianz Assistance, 102 George Street, Croydon, CR9 6HD
- Phone: **020 8603 9853**
- Email: **customersupport@allianz-assistance.co.uk**

If ***we*** cannot settle ***your*** complaint, ***you*** may be entitled to refer it to the Financial Ombudsman Service for an independent decision.

You can do this as follows:

- Visit the website: www.financial-ombudsman.org.uk
- Write to: Financial Ombudsman Service, Exchange Tower, London, E14 9SR
- Phone: **0800 023 4567** or **0300 123 9 123**
- Email: **complaint.info@financialombudsman.org.uk**

6. Protection under the Financial Services Compensation Scheme (FSCS)

For ***your*** added protection, AWP P&C S.A. is covered by the FSCS. ***You*** may be entitled to compensation from the scheme if ***we*** cannot meet ***our*** obligations to you, such as not being able to pay a claim.

The scheme covers 90% of any claim to do with the ***agent/broker*** advising on and arranging this ***policy***, with no upper limit. ***You*** can get more information about the compensation scheme from the FSCS by phoning 0800 678 1100 or 020 7741 4100, or by visiting their website at www.fscs.org.uk

DEMANDS AND NEEDS STATEMENT

Blakes Coaches Client Holiday Travel Insurance is typically suitable for travel customers who wish to insure themselves for medical emergencies, delayed or missed departures, cancellation, interruptions, lost, stolen or delayed possessions, personal accident and personal liability.

The levels of cover may vary depending on where ***you*** travel (whether in ***your country of residence*** or abroad).

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

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

We and ***your*** coach tour operator have not provided ***you*** with any recommendation or advice about whether this product meets ***your*** specific insurance requirements.

ABOUT THIS POLICY

This ***policy*** is ***our*** contract with ***you.*** Please read it carefully. ***We*** have tried to make it simple and easy to understand while also clearly describing the terms and conditions of ***your*** cover. If ***you*** have any questions, just visit ***us*** online or give ***us*** a call using the information shown under 'Important contact details' at the end of this ***policy***. If ***your*** travel arrangements change, please be sure to let ***your*** coach tour operator know so they can make any necessary updates to ***your policy***.

This ***policy*** has been issued based on the information ***you*** provided at the time of purchase. ***We*** will provide the insurance described in this ***policy*** in return for payment of the premium and ***your*** compliance with all provisions of this ***policy***. ***You*** will also notice that some words are in bold italics. These words are defined in the 'Definitions' section. Words that are capitalised refer to the document and cover names found in this ***policy***. Headings are provided for convenience only and do not affect ***your*** cover in any way.

What This Policy Includes And Whom It Covers

This travel insurance ***policy*** covers only the sudden and unexpected specific situations, events and losses included in this ***policy*** wording document, and only under the conditions described. Please review this ***policy*** wording carefully.

Your *policy* consists of two parts:

1. ***Your*** booking confirmation invoice, which shows who is insured under ***your policy***.
2. This ***policy*** wording document, which shows the full terms and conditions of ***your policy*** as well as the cover provided.

Note: Not every loss is covered, even if it is due to something sudden, unexpected or out of ***your*** control. Only those losses meeting the conditions described in this ***policy*** document may be covered. Please refer to the General Exclusions section of this document for exclusions applicable to all cover under ***your policy***.

Governing Law

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

Cancellation Rights

If ***your*** cover does not meet ***your*** requirements, please notify ***your*** coach tour operator within 14 days of receiving ***your*** insurance confirmation for a ***refund*** of ***your*** premium.

If during this 14 day period ***you*** have travelled, made a claim or intend to make a claim then ***we*** will not refund ***your*** premium if ***you*** wish to cancel ***your*** policy.

Note: ***Your*** cancellation rights are no longer valid after this initial 14 day period.

Contracts (Rights Of Third Parties) Act 1999

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

Excess

Under some sections of cover, ***you*** will be responsible for the first portion of a claim, which is commonly known as an excess.

The excess is the sum ***we*** will deduct from the amount otherwise payable under this ***policy*** for each person insured, for each section, for each claim incident. For example a couple that both have ***baggage*** stolen from their bag and both incur a medical expense during the same journey, will have a total of four excesses deducted. Two of these will be for the two claims for stolen ***baggage*** (under Section D) and two of these will be for the two claims for medical treatment (under Section F).

RECIPROCAL HEALTH ARRANGEMENTS

European/Global Health Insurance Card (EHIC and GHIC)

- If ***you*** already have a valid EHIC, it will continue to entitle ***you*** to reduced-cost, sometimes free, medical treatment that becomes necessary while ***you*** are in a European Economic Area (EEA) country or Switzerland. The EEA consists of the European Union (EU) countries plus Iceland, Liechtenstein and Norway. Cover will end on the expiry date of ***your*** EHIC.

- If ***you*** do not have a valid EHIC or it is due to expire before ***you*** travel, ***you*** can apply for a GHIC. This entitles ***you*** to reduced-cost, sometimes free, medical treatment that becomes necessary while ***you*** are in a European Union (EU) country.

- These cards give access to state-provided medical treatment only. Remember, this might not cover all the things ***you*** would expect to get free of charge from the NHS in the UK. ***You*** may have to make a contribution to the cost of ***your*** care.

- ***You*** may apply for an GHIC online at **www.ghic.org.uk** or by calling **0300 330 1350**.

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

COVER SUMMARY

COVER SECTION	LIMIT	EXCESS
A – Trip Cancellation	£3,000	£75 (Nil in respect of Loss of Deposit)
B – Trip Interruption	£3,000	£75
- Extra accommodation sub-limit	£500 (but no more than £100 per day)	
- Trip Curtailment	Up to the above section limit	
- Early/Delayed Return	Up to the above section limit	
- Trip Continuation	Up to the above section limit	
- Extended Stay	Up to the above section limit	
C – Travel Delay (Under section benefit 1. a minimum delay period of 12 complete hours and the following daily limits apply)	£300	Nil
- With Receipts daily limit	£50	
- No Receipts daily limit	£25	
D – Baggage	£1,500	£75
- High Value Items sub-limit	£200	
E – Baggage Delay (after a minimum delay of 12 complete hours)	£100	Nil
F – Emergency Medical/Dental Cover Abroad	£1,000,000	£75
- Dental care sub-limit	£350	
G – Emergency Transport	No limit (reasonable costs)	£75
- Search and Rescue sub-limit	£1,000	
H – Personal Liability	£1,000,000	£75
I – Travel Accident	£10,000 in the event of permanent disability or death	Nil
J – Travel Services During Your Trip	Included	Nil
K – Loss of Travel Documents		Nil
- Emergency replacement costs	£200	
- Remaining value of lost passport	Actual value	
L – Personal Money	£200	£75
M – Legal Expenses	£25,000	Nil

The above is only a summary of the main cover limits. ***You*** should read the rest of the ***policy*** for the full terms and conditions.

Cover limits, sub-limits and excesses apply per insured person.

DEFINITIONS

Throughout this ***policy***, words and any form of the word appearing in bold italics are defined in this section.

Accident - An unexpected and unintended event that causes ***injury***, property damage or both.

Accommodation - A hotel or any other kind of lodging for which ***you*** make a reservation or where ***you*** stay and incur an expense.

Act of war - Any act which is associated with and occurring in the course of war or directly triggering it.

Adoption proceeding - A mandatory formal proceeding or other meeting required by law to be attended by ***you*** as a prospective adoptive parent(s) in order to legally adopt a minor child.

Agent/Broker - The party who arrange the sale of the ***policy***.

Baggage - Personal property ***you*** take with ***you*** or buy on ***your trip***.

Civil disorder - Any public protest, strike, riot, demonstration, unlawful assembly, or disturbance within a community, region, state, or nation involving acts of violence, destruction of public or private property, lawlessness, disobedience, or obstruction of free access or movement in public areas by assemblages of people. It does not include any such occurrence that rises to the level of or is connected with any ***political risk***, ***terrorist event***, ***war***, or ***act of war***.

Climbing sports - An activity using harnesses, ropes, belays, crampons or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.

Cohabitant - A person ***you*** currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old.

Computer system - Any computer, hardware, software, communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller or similar system, including any associated input, output, data storage device, networking equipment or backup facility.

Country of residence - The country where ***you*** have ***your primary residence***, which must be either the UK, within the Channel Islands or the Isle of Man.

Covered reasons - The specifically named situations or events for which ***you*** are covered under this ***policy***.

Cyber risk - Any loss, damage, liability, claim, cost or expense of any nature directly or indirectly caused by, contributed to by, resulting from or arising out of or in connection with, any one or more instances of any of the following:

1. Any unauthorised, malicious or ***illegal act***, or the threat of such act(s), involving access to or the processing, use or operation of any ***computer system***;
2. Any error or omission involving access to or the processing, use or operation of any ***computer system***;
3. Any partial or total unavailability or failure to access, process, use or operate any ***computer system***; or
4. Any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Departure date - The date on which ***you*** are originally scheduled to begin ***your*** travel, as shown on ***your*** travel itinerary.

Doctor - Someone who is legally authorised to practise medicine or dentistry and is licensed if required. This cannot be ***you***, a ***travelling companion***, ***your family member***, a ***travelling companion's family member***, the sick or injured person or that person's

family member.

Epidemic - A contagious disease recognised or referred to as an ***epidemic*** by a representative of the World Health Organization (WHO) or an official government authority.

Family member - ***Your***:
1. Spouse (by marriage, domestic partnership or civil union);
2. ***Cohabitants***;
3. Parents and stepparents;
4. Children, stepchildren, foster children, adopted children or children currently in the adoption process;
5. Siblings;
6. Grandparents and grandchildren;
7. The following in-laws: mother, father, son, daughter, brother, sister and grandparent;
8. Aunts, uncles, nieces and nephews;
9. Legal guardians and wards; and
10. Paid, live-in caregivers.

First responder - Emergency personnel (such as a police officer, paramedic or firefighter) who are among those responsible for going immediately to the scene of an accident or emergency to provide aid and relief.

High-altitude activity - An activity that includes or is intended to include, going above 4,500 metres above sea level, other than as a passenger in a commercial aircraft.

High value items - Collectibles, jewellery, watches, gems, pearls, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, binoculars, telescopes, ***sporting equipment***, mobile devices, smartphones, computers, radios, drones, robots and other electronics, including parts and accessories for the aforementioned items.

Hospital - An acute care facility that has a primary function of diagnosing and treating sick and injured people under the supervision of ***doctors***. It must:
1. Be primarily engaged in providing inpatient diagnostic and therapeutic services;
2. Have organised departments of medicine and major surgery; and
3. Be licensed where required.

Illegal act - An act that violates law where it is committed.

Injury - Physical bodily harm.

Insurer - AWP P&C acting through its UK Branch.

Local public transportation - Local, commuter or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver or other such carriers) that transport ***you*** or a ***travelling companion*** less than 150 kilometres.

Mechanical breakdown - A mechanical issue, which prevents the vehicle from being driven normally, including an electrical issue, flat tyre or running out of fluids (except fuel).

Medical escort - A professional person contracted by ***our*** medical team to accompany an ill or injured person while they are being transported. A ***medical escort*** is trained to provide medical care to the person being transported. This cannot be a friend, ***travelling companion*** or ***family member***.

Medically necessary - Treatment that is required for ***your*** illness, ***injury*** or medical condition, consistent with ***your*** symptoms and can safely be provided to ***you.*** Such treatment must meet the standards of good medical practice and is not for ***your*** or the provider's convenience.

Natural disaster - A large-scale extreme weather or geological event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane or volcanic eruption.

Pandemic - An ***epidemic*** that is recognised or referred to as a ***pandemic*** by a representative of the World Health Organization (WHO) or an official government authority.

Personal money - Any of the following that are held for personal and not business purposes: cash, postal or money orders, current postage stamps, traveller's cheques, admission tickets, travel tickets, coupons, gift cards or vouchers which have a monetary value.

Policy - The travel insurance cover purchased.

Political risk - Any kind of events, organised resistance or actions intending or implying the intention to overthrow, supplant or change the existing ruler or constitutional government, including but not limited to:

- Nationalisation;
- Confiscation;
- Expropriation (including Compulsory Purchase Orders, Selective Discrimination and Forced Abandonment);
- Deprivation;
- Requisition;
- Revolution;
- Rebellion;
- Insurrection;
- Civil commotion assuming to proportion of or amounting to an uprising;
- Military and usurped power.

Primary residence - ***Your*** permanent home address for legal and tax purposes.

Pre-existing medical condition - Any medical condition for which in the 12 months before purchasing this ***policy you*** have:

1. Had symptoms;
2. Consulted a ***doctor*** or other professional medical practitioner; or
3. Received treatment (including being prescribed regular medication);

Please refer to the 'Health Declaration and Health Exclusions' section for further details.

Quarantine - Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which ***you*** are booked to travel during ***your trip***, which is intended to stop the spread of a contagious disease to which ***you*** or a ***travelling companion*** have been exposed.

Reasonable and customary costs - The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment and the availability of appropriately-skilled and licensed service providers.

Refund - Cash, credit or a voucher for future travel that ***you*** are eligible to receive from a ***travel supplier***, or any credit, recovery or reimbursement ***you*** are eligible to receive from ***your*** employer, another insurance company, a credit card issuer or any other entity.

Return date - The date on which ***you*** are originally scheduled to end ***your*** travel, as shown on ***your*** travel itinerary.

Service animal - Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Examples of work or tasks include, but are not limited to guiding people who are blind, alerting people who are deaf and pulling a wheelchair. Guard dogs and emotional support animals as well as any other animal species (whether trained or untrained) are not included under this definition.

Severe weather - Hazardous weather conditions including, but not limited to: windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms or ice storms.

Sporting equipment - Equipment or goods used to participate in a sport.

Terrorist event - An act carried out by an organised terrorist group, which has been recognised as terrorism by the government authority in ***your country of residence***, that injures people or damages property to achieve a political, ethnic or religious result. It does not include general civil protest, unrest, rioting or acts of war.

Traffic accident - An unexpected and unintended traffic-related event, other than ***mechanical breakdown***, that causes ***injury***, property damage or both.

Travel carrier - A company licensed to commercially transport passengers between destinations for a fee by land, air or water. It does not include:

1. Rental vehicle companies;
2. Private or non-commercial transportation carriers;
3. Chartered transportation, except for group transportation chartered by ***your*** tour operator; or
4. ***Local public transportation***.

Travel supplier - A travel agent, tour operator, airline, cruise line, hotel, railway company or other travel service provider.

Travelling companion - A person or ***service animal*** travelling with ***you*** or travelling to accompany ***you*** on ***your trip***. A group or tour leader is not considered a ***travelling companion*** unless ***you*** are sharing the same room with the group or tour leader.

Trip - ***Your*** travel originally scheduled to begin on ***your departure date*** and end on ***your return date*** to, within and/or from a location:

- at least 100 kilometres away from ***your primary residence***; or
- abroad; and
- outside ***your*** city/town of residence, provided that ***your*** travel includes an overnight stay.

It cannot include travel with the intent to receive health care or medical treatment of any kind or moving or commuting to and from work and each ***trip*** cannot last longer than 70 days.

Uninhabitable - A ***natural disaster***, fire, flood, burglary or ***vandalism*** that has caused enough damage (including extended loss of power, gas or water) to make a reasonable person find their home or destination inaccessible or unfit for use.

Vandalism - Any ***illegal act*** that intentionally causes damage to or destruction of public or private tangible property. This does not include damage or destruction of public or private tangible property by ***terrorist acts***, ***war***, ***acts of war***, ***political risk***, or ***civil disorder***.

War - A state or period of hostile armed conflict, civil war, or military or paramilitary action, between two or more of the following: a nation, a state, a government, a territory, or an organised political or ruling group. This includes any acts or events directly associated with and occurring in the course of such conflict or action, or directly triggering such conflict or action. This definition applies regardless of whether war has been officially or formally declared.

We, Us or Our - Allianz Partners, acting on behalf of the ***insurer***, the ***insurer*** and the ***broker/agent***.

Work strike - An organised and intentional stoppage or slowdown of work by a group of employees, or withdrawal of employees' services, intending to make their employer comply with or accede to the demands of those employees. This does not include any broad or general strike of workers or the public in a community, state, region, or nation. This also does not include any strike that rises to the level of or is connected with any ***civil disorder*** or ***political risk***.

You or Your - All persons listed as being insured on the ***policy*** confirmation document or schedule.

HEALTH DECLARATION AND HEALTH EXCLUSIONS

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

For UK, Channel Islands and Isle of Man *trips* only (except Air & Cruise Holidays)
You will not be covered under this ***policy*** for any claims arising as a direct or indirect of any pre-existing medical condition, unless ***you*** can comply with the following:

1. ***You*** are fit to travel and undertake ***your*** planned ***trip*** when ***you*** take out this ***policy***, book ***your trip*** or at the time ***you*** travel (whichever is later).
2. Following any claim investigation, ***your doctor*** confirms they would have agreed with or recommended ***your*** travel plans when ***you*** took out this ***policy***, booked ***your trip*** or at the time ***you*** travelled (whichever is later).
3. ***You*** are not travelling for the purpose of having medical treatment or a consultation during ***your trip***.
4. ***You*** are not awaiting any medical tests, investigations or surgery, or the outcome of any tests or investigations when ***you*** take out this ***policy*** or book ***your trip*** (whichever is later).

For *trips* outside of the UK plus all Air & Cruise Holidays
You will not be covered for any claims arising as a direct or indirect result of any ***pre-existing medical condition*** if, in the 12 months before taking out this ***policy*** or booking ***your trip*** (whichever is later), ***you***:

1. were prescribed medication;
2. received treatment or consulted a ***doctor*** or other medical practitioner for any medical condition;
3. attended a ***hospital*** or a clinic as an outpatient or inpatient;
4. were referred for tests, investigations, treatment or surgery, or are waiting for either results or a diagnosis;
5. had any symptoms of an undiagnosed medical condition or have had a terminal illness;
   unless ***you*** told ***us*** about the ***pre-existing medical condition*** and ***we*** have agreed in writing to cover it.

If ***you*** have not already done so, ***you*** should contact ***our*** confidential medical screening service as soon as possible after taking out this insurance ***policy*** and/or booking ***your trip*** to declare a ***pre-existing medical condition*** (or conditions): Phone: **02392 419063**

Based on the medical information ***you*** provide, ***we*** will confirm if cover can be offered for ***your*** declared ***pre-existing medical condition*** (or conditions), and if an extra premium needs to be paid. Occasionally, ***we*** may need ***you*** to get extra medical information (at ***your*** cost) from ***your doctor*** to enable ***us*** to make a decision.

If an extra premium is required, cover will not start until this has been paid in full and ***we*** have issued written confirmation.

If ***we*** are unable to cover the ***pre-existing medical condition*** (or conditions), this will mean that ***you*** and any other person insured by ***us*** will not be covered for any directly or indirectly related claims arising from the ***pre-existing medical condition*** (or conditions). This applies even if the person with the ***pre-existing medical condition*** (or conditions) decides to buy cover from another provider.

Each person insured by ***us*** would still be covered for any unrelated (or conditions), subject to the terms and conditions of this ***policy***.

For All Trips:
You will not be covered if:

- Following any claim investigation, ***your doctor*** confirms they would not have agreed with or recommended ***you*** travel as planned either when ***you*** took out this ***policy***, booked ***your trip*** or at the time ***you*** travelled (whichever is later).
- ***You*** know ***you*** will need medical treatment or a consultation at a medical facility during ***your trip***.
- ***You*** are travelling specifically for the purpose of having surgery, medical procedures or ***hospital*** treatment, whether ***medically necessary*** or not.
- ***You*** had been diagnosed with a terminal illness prior to the date ***you*** took out

this ***policy*** or booked ***your trip*** (whichever is later).

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

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

- ***you*** were aware they had undiagnosed medical condition(s) for which they were awaiting tests, investigations or the results of these;
- ***you*** were aware that their medical condition(s) were unstable, were likely to get worse in the next 12 months or they had been diagnosed as having a terminal condition.

Note: Only claims relating to a medical condition where any of the above apply will be affected. This includes indirectly related claims. For example, if someone breaks a bone and a ***doctor*** confirms it is related to an existing diagnosis of osteoporosis (brittle bone disease), this would not be covered if ***we*** have not agreed in writing to cover the osteoporosis.

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

This also means that any other person insured by ***us*** will not be covered for any directly or indirectly related claims arising from the ***pre-existing medical condition*** (or conditions). This applies even if the person with the medical condition (or conditions) decides to buy cover from another provider.

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

WHEN YOUR COVER BEGINS AND ENDS

The ***policy*** is effective the day the insurance is purchased and the full premium is paid. The purchase must be made and the full premium be paid on or before the ***departure date***. In all cases this must be before ***you*** leave ***your primary residence*** to start ***your trip***.

Cover is only provided for losses that occur while ***your policy*** is in effect.

The ***departure date*** and ***return date*** that ***you*** provided at time of purchase are counted as two separate days of travel when ***we*** calculate the duration of ***your trip***.

Your policy ends on the cover end date listed in ***your policy*** confirmation or schedule. However, there are situations where ***your policy*** may end on a different date. ***Your policy*** will end on the earliest of:

1. At 23:59 on the day ***you*** cancel ***your policy***;
2. At 23:59 on the day ***you*** cancel ***your trip*** or file a ***trip*** cancellation claim with ***us*** (whichever is earlier)
3. At 23:59 on the day ***you*** end ***your trip***, even if ***you*** end ***your trip*** early;
4. At 23:59 on the day ***you*** arrive at a medical facility in ***your country of residence*** for further care if ***you*** end ***your trip*** due to a medical reason; or
5. At 23:59 on the 70th day of the ***trip***.

However, if ***your*** return travel is delayed due to a reason covered under this ***policy***, ***we*** will extend ***your*** cover period until the earlier of when ***you*** are able to return to ***your*** point of origin or ***primary residence***, or until ***you*** arrive at a medical facility for further care following a medical repatriation or ***trip*** interruption.

Note: This ***policy*** applies for a specific ***trip*** and cannot be renewed.

AREA OF VALIDITY

Provided ***you*** follow any travel advice issued by the government in ***your country of residence*** and in any country ***you*** are travelling from, to or through, ***you*** will be covered in the area or country shown on ***your*** booking confirmation invoice.

DESCRIPTION OF COVER

In this section, ***we*** will describe the many different types of cover which is included in ***your policy. We*** explain each type of cover and the specific conditions that must be met for the cover to apply.

Note: Exclusions may apply.

SECTION A – TRIP CANCELLATION

If ***your trip*** is cancelled or rescheduled for a covered reason listed below, ***we*** will reimburse ***you*** for ***your*** non-refundable ***trip*** payments, deposits, cancellation fees and change fees (less any available refunds), up to the maximum benefit for 'Trip Cancellation' shown in the 'Cover Summary' less the excess.

Note: This benefit only applies before ***you*** have left for ***your trip***.

Also, if ***you*** prepaid for shared accommodation and ***your travelling companion*** cancels their ***trip*** due to one or more of the ***covered reasons*** listed below, ***we*** will reimburse any additional accommodation fees ***you*** are required to pay.

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as ***you*** know that ***you*** will need to cancel ***your trip*** (this includes being advised to cancel ***your trip*** by a ***doctor***). If ***you*** delay notifying any ***travel suppliers*** and get a smaller ***refund*** as a result, ***we*** will not cover the difference. If a serious illness, ***injury*** or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** within that period, ***you*** must notify them as soon as ***you*** are able.

Covered reasons:

1. ***You*** or a ***travelling companion*** becomes ill or injured, or develops a medical condition disabling enough to make ***you*** cancel ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

The following condition applies:

a. A ***doctor*** advises ***you*** or a ***travelling companion*** to cancel ***your*** trip before ***you*** cancel it.

2. A ***family member*** who is not travelling with ***you*** becomes ill or injured, or develops a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

The following condition applies:

a. The illness, ***injury***, or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

3. ***You***, a ***travelling companion***, ***family member*** or ***your service animal*** dies on or after the date ***your policy*** was issued.

4. ***You*** or a ***travelling companion*** is ***quarantine***d before ***your trip*** due to having been exposed to:

a. A contagious disease other than an ***epidemic*** or ***pandemic***; or

b. An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:

i. The ***quarantine*** is specific to ***you*** or a ***travelling companion***, meaning that ***you*** or a ***travelling companion*** must be specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due to an ***epidemic*** or ***pandemic***; and

ii. The ***quarantine*** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction),

or (b) based on to, from or through where the person is travelling. This condition (ii) applies even if the ***quarantine*** order or directive specifically designates ***you*** or a ***travelling companion*** by name to be ***quarantined***.

5. ***You*** or a ***travelling companion*** is in a ***traffic accident*** on the ***departure date***.
One of the following conditions must apply:
a. ***You*** or a ***travelling companion*** need medical attention; or
b. ***Your*** or a ***travelling companion***'s vehicle needs to be repaired because it is not safe to operate.

6. ***You*** are legally required to attend a legal proceeding during ***your trip***.

The following condition applies:
a. The attendance is not in the course of ***your*** occupation (for example, if ***you*** are attending in ***your*** capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. ***Your primary residence*** becomes uninhabitable.

8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
a. a ***natural disaster***;
b. ***severe weather***.

However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip Cancellation' shown in the 'Cover Summary':
i. The necessary cost of the alternative transportation, less available refunds; and
ii. The cost of any lost prepaid accommodation caused by ***your*** delayed arrival, less available refunds.
The following condition applies:
a. Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your*** travel carrier.

9. ***You*** or a ***travelling companion*** is terminated or laid off by a current employer after ***your trip*** booking date.
The following conditions apply:
a. The termination or layoff is not ***your*** or ***your travelling companion's*** fault.
b. The employment must have been permanent (not temporary or contract).
c. The employment must have been for at least 12 continuous months.

10. ***You*** or a ***travelling companion*** secures new permanent, paid employment, after ***your trip*** booking date, that requires presence at work during the originally scheduled ***trip*** dates.

11. ***Your*** or a ***travelling companion's primary residence*** is permanently relocated by at least 150 kilometres due to a transfer by ***your*** or a ***travelling companion's*** current employer. This cover includes relocation due to transfer by ***your*** spouse's current employer.

12. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an accident or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.

13. ***You*** or a ***travelling companion*** receive a formal notice to attend an adoption proceeding during ***your trip***.

14. ***You***, a ***travelling companion*** or a ***family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

15. ***You*** or a ***travelling companion*** is medically unable to receive an immunisation

required for entry into a destination.

16. ***Your*** or travel companion's travel documents required for the ***trip*** are stolen.

The following condition applies:

a. ***You*** must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents that would allow ***you*** to keep the originally scheduled ***trip*** dates.

SECTION B – TRIP INTERRUPTION

Trip Curtailment
If ***you*** have to interrupt ***your trip*** or end it early due to one or more of the covered reasons listed below, ***we*** will reimburse ***you,*** less available refunds, up to the maximum benefit for Trip Curtailment cover listed in the Cover Summary, for the prorated portion of ***your*** insured unused non-refundable trip payments and deposits.

IMPORTANT: ***You*** must notify all of ***your travel suppliers*** as soon as practicable once ***you*** know that ***you*** will need to interrupt ***your trip*** (this includes being advised to interrupt ***your trip*** by a doctor). If ***you*** notify any ***travel suppliers*** later than that and get a smaller refund as a result, ***we*** will not cover the difference. If a ***serious illness***, ***injury***, or medical condition prevents ***you*** from being able to notify ***your travel suppliers*** at the time ***you*** discover ***you*** need to interrupt ***your trip***, ***you*** must notify them as soon as ***you*** are able.

Note: ***We*** will not reimburse ***you*** for the unused non-refundable portion of ***your*** original return ticket under Trip Curtailment cover if ***we*** have paid or reimbursed ***you*** for a travel carrier ticket(s) for ***your*** return travel to ***your primary residence*** under Early/Delayed Return cover.

Early/Delayed Return
If ***you*** have to return earlier or later than ***your*** original ***return date*** due to one or more of the covered reasons listed below, ***we*** will reimburse ***you,*** less available refunds, for a ***travel carrier*** ticket(s) for ***your*** return travel to ***your primary residence*** in the same class of service that ***you*** originally booked, up to the maximum benefit for Early/Delayed Return cover listed in ***your*** Cover Summary.

Note: ***We*** will not pay or reimburse ***you*** for a ***travel carrier*** ticket(s) for ***your*** return travel to ***your primary residence*** under early/delayed return cover if ***we*** have reimbursed ***you*** for the unused non-refundable portion of ***your*** original return ticket under Trip Curtailment cover.

Trip Continuation
If ***you*** have to interrupt ***your trip*** due to one or more of the covered reasons listed below, ***we*** will:

i. pay or reimburse ***you***, less available refunds, for the necessary transportation expenses ***you*** incur to continue ***your trip***, up to the maximum benefit for Trip Continuation cover listed in ***your*** Cover Summary; or
ii. reimburse ***you*** for additional ***accommodation*** fees ***you*** are required to pay, less available refunds, up to the maximum benefit for Trip Continuation cover listed in ***your*** Cover Summary, if ***you*** prepaid for shared accommodation and ***your travelling companion*** has to end their ***trip***.

Extended Stay
If ***you*** have to interrupt ***your*** trip due to one or more of the covered reasons listed below and the interruption causes ***you*** to stay at ***your*** destination (or the location of the interruption) longer than originally planned, ***we*** will reimburse ***you,*** less available refunds, up to the maximum benefit for Extended Stay cover listed in ***your*** Cover Summary, for additional accommodation and l***ocal public transportation*** expenses.

Covered reasons:

1. ***You*** or a ***travelling companion*** becomes ill or injured, or develops a medical condition that is disabling enough to make ***you*** interrupt ***your trip*** (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).

The following conditions apply:

a. A ***doctor*** must either examine or consult with ***you*** or the ***travelling companion*** before ***you*** make a decision to interrupt the ***trip***.
b. ***You*** must not have travelled against the advice of the government in ***your country of residence*** or against local authority advice at ***your trip*** destination.

2. A ***family member*** who is not travelling with ***you*** becomes ill or injured, or develops a medical condition (including being diagnosed with an ***epidemic*** or a ***pandemic*** disease such as COVID-19).

The following condition applies:
a. The illness, ***injury*** or medical condition must be considered life threatening by a ***doctor*** or require hospitalisation.

3. ***You***, a ***travelling companion***, ***family member*** or ***your service animal*** dies during ***your trip***.

4. ***You*** or a ***travelling companion*** is ***quarantined*** during ***your trip*** due to having been exposed to:
a. A contagious disease other than an ***epidemic*** or ***pandemic***; or
b. An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:
i. The ***quarantine*** is specific to ***you*** or a ***travelling companion***, meaning that ***you*** or a ***travelling companion*** must be specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due to an ***epidemic*** or ***pandemic***; and
ii. The ***quarantine*** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home or other similar restriction), or (b) based on to, from or through where the person is travelling. This condition (ii) applies even if the ***quarantine*** order or directive specifically designates ***you*** or a ***travelling companion*** by name to be ***quarantined***.

5. ***You*** or a ***travelling companion*** is in a ***traffic accident***.

One of the following conditions must apply:
a. ***You*** or a ***travelling companion*** needs medical attention; or
b. The vehicle needs to be repaired because it is not safe to operate.

6. ***You*** are legally required to attend a legal proceeding during ***your trip***.

The following condition applies:
a. The attendance is not in the course of ***your*** occupation (for example, if ***you*** are attending in ***your*** capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).

7. ***Your primary residence*** becomes uninhabitable.

8. ***Your travel carrier*** cannot get ***you*** to ***your*** original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
a. A ***natural disaster***; or
b. ***Severe weather***.

However, if ***you*** can get to ***your*** original destination another way, ***we*** will reimburse ***you*** for the following, up to maximum benefit for 'Trip Interruption' shown in the 'Cover Summary':
i. The necessary cost of alternative transportation, less available refunds; and
ii. The cost of any lost prepaid accommodation caused by ***your*** delayed arrival, less available refunds.

The following condition applies:
a. Alternative transportation arrangements must be in a similar or lower class of service as ***you*** were originally booked with ***your*** travel carrier.

9. ***You*** or a ***travelling companion*** serving as a ***first responder*** is called in for duty due to an accident or emergency (including a ***natural disaster***) to provide aid or relief during the originally scheduled ***trip*** dates.

10. ***You*** or a ***travelling companion*** is a traveller on a hijacked aircraft, train, vehicle, or vessel.

11. ***You***, a ***travelling companion*** or a ***family member*** serving in the armed forces is reassigned or has personal leave status changed, except because of war or disciplinary action.

12. ***You*** miss at least 50% of the length of ***your trip*** due to one of the following:
    a. a ***travel carrier*** delay (this does not include a travel carrier's cancellation prior to ***your departure date***);
    b. a ***work strike*** or industrial action, unless threatened or announced prior to the date ***your trip*** was booked;
    c. a ***natural disaster***;
    d. roads are closed or impassable due to ***severe weather***;
    e. lost or stolen travel documents that are required and cannot be replaced in time for continuation of ***your trip***
    Note: ***You*** must make diligent efforts and provide documentation of ***your*** efforts to obtain replacement documents;
    f. ***Civil disorder***, unless it rises to the level of ***political risk***.

13. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination.

SECTION C – TRAVEL DELAY

If ***your*** or a ***travelling companion's trip*** is delayed for one of the ***covered reasons*** listed below, ***we*** will reimburse ***you*** for the following expenses, less available refunds, up to the maximum benefit for 'Travel Delay' shown in the 'Cover Summary':

1. ***Your*** lost prepaid ***trip*** expenses and additional expenses ***you*** incur while and where ***you*** are delayed for meals, accommodation, communication and transportation, subject to a minimum delay of 12 complete hours. A daily limit applies, as shown in the 'Cover Summary', as follows:
    - If ***you*** provide receipts, the 'With receipts' daily limit applies; or
    - If ***you*** do not provide receipts or do not incur expenses, the 'No receipts' daily limit applies.

2. If the delay causes ***you*** to miss the departure of ***your*** cruise or tour, necessary transportation expenses to either help ***you*** rejoin ***your*** cruise/tour or reach ***your*** destination.

3. If the delay causes ***you*** to miss the departure of ***your*** flight or train due to a ***local public transportation*** delay on ***your*** way to the departure airport or train station, necessary transportation expenses to either help ***you*** reach ***your*** destination or return home.

The delay must be due to one of the following ***covered reasons***.

Covered reasons:

1. A ***travel carrier*** delay (this does not include a travel carrier's cancellation prior to ***your departure date***).

2. A ***work strike***, unless threatened or announced prior to date of booking ***your trip***.

3. ***Quarantine*** during ***your trip*** due to having been exposed to:
    a. A contagious disease other than an ***epidemic*** or ***pandemic***; or
    b. An ***epidemic*** or ***pandemic*** (such as COVID-19), but only when the following conditions are met:
        i. The ***quarantine*** is specific to ***you*** or a ***travelling companion***, meaning

that ***you*** or a ***travelling companion*** must be specifically and individually designated by name in an order or directive to be placed in ***quarantine*** due to an ***epidemic*** or ***pandemic***; and

ii. The ***quarantine*** does not apply generally or broadly (a) to some segment or all of a population, geographical area, building or vessel (including shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from or through where the person is travelling. This condition (ii) applies even if the ***quarantine*** order or directive specifically designates ***you*** or a ***travelling companion*** by name to be ***quarantined***.

4. A ***natural disaster***.

5. Lost or stolen travel documents.

6. Hijacking, except when it is a ***terrorist event***.

7. Civil disorder, unless it rises to the level of political risk.

8. A ***traffic accident***.

9. A ***travel carrier*** denies ***you*** or a ***travelling companion*** boarding based on a suspicion that ***you*** or a ***travelling companion*** has a contagious medical condition (including an ***epidemic*** or ***pandemic*** disease such as COVID-19). This does not include being denied boarding due to ***your*** refusal or failure to comply with rules or requirements to travel or of entry to ***your*** destination.

SECTION D – BAGGAGE

If ***your baggage*** is lost, damaged or stolen while ***you*** are on ***your trip***, ***we*** will pay ***you***, less available refunds, the lesser of the following, up to the maximum benefit for 'Baggage' as shown in the 'Cover Summary':

1. Cost to repair the damaged ***baggage***; or

2. Cost to replace the lost, damaged or stolen ***baggage*** with the same or similar item, reduced by 10% for each full year since the original purchase date, up to the maximum of 50% reduction.

The following conditions apply:

a. ***You*** have taken necessary steps to keep ***your baggage*** safe and intact and to recover it.

b. ***You*** have filed and retained a copy of a report giving a description of the property and its value with the appropriate local authorities, travel carrier, hotel or tour operator within 24 hours of discovery of the loss.

c. ***You*** must file and retain a copy of a police report in the case of theft of any items.

d. ***You*** must provide original receipts or another proof of purchase for each lost, damaged, or stolen item. For items without an original receipt or a proof of purchase, ***we*** will only cover 50% of the cost to replace the lost, damaged, or stolen item with the same or similar item.

e. ***You*** must report theft or loss of a mobile phone to ***your*** network provider and ask them to block the device.

The following items are not covered:

1. Animals, including remains of animals.

2. Cars, motorcycles, motors, aircraft, watercraft and other vehicles and related accessories and equipment.

3. Bicycles, skis and snowboards (except while they are checked with a travel carrier).

4. Hearing aids, prescription eyewear and contact lenses.

5. Artificial teeth, prosthetics and orthopaedic devices.

6. Wheelchairs and other mobility devices.

7. Consumables, medicines, medical equipment/supplies and perishables.

8. Tickets, passports, deeds, blueprints, stamps and other documents.

9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, travellers' cheques, securities, bullion and keys.

10. Rugs and carpets.

11. Antiques and art objects.
12. Fragile or brittle items.
13. Firearms and other weapons, including ammunition.
14. Intangible property, including software and electronic data.
15. Property for business or trade.
16. Property ***you*** do not own.
17. ***High value items*** stolen from a vehicle, locked or unlocked.
18. ***Baggage*** while it is:
    a. Shipped, unless with ***your*** travel carrier;
    b. In or on a car trailer;
    c. Unattended in an unlocked motor vehicle; or
    d. Unattended in a locked motor vehicle, unless ***baggage*** cannot be seen from the outside.

SECTION E BAGGAGE DELAY

If ***your baggage*** is delayed by a ***travel supplier*** during ***your trip***, ***we*** will reimburse ***you*** for expenses ***you*** incur for the essential items ***you*** need until ***your baggage*** arrives, up to the maximum benefit for 'Baggage Delay' shown in the 'Cover Summary'. The following conditions apply:

1. ***Your baggage*** must be delayed for at least the 'Minimum required delay' listed under 'Baggage delay' as shown in the 'Cover Summary'.
2. ***You*** must provide purchase receipts for all essential items claimed. Cover will not be provided for items if ***you*** cannot produce the receipt.
3. Only available for ***your*** outbound travel (not ***your*** return travel).

SECTION F – EMERGENCY MEDICAL/DENTAL COVER ABROAD

If ***you*** receive emergency medical or dental care while ***you*** are on ***your trip*** abroad for one of the following ***covered reasons***, ***we*** will reimburse the ***reasonable and customary costs*** of that care for which ***you*** are responsible, up to the maximum benefit for 'Emergency medical/dental cover abroad' shown in the 'Cover Summary' (dental care is subject to the maximum sublimit listed for 'Dental Care'):

1. While on ***your trip*** abroad, ***you*** have a sudden, unexpected illness, ***injury*** or medical condition that could cause serious harm if it is not treated before ***your*** return home (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19).
2. While on ***your trip*** abroad, ***you*** have a dental ***injury*** or infection, a lost filling or a broken tooth that requires immediate treatment.

If ***you*** need to be admitted to a ***hospital*** as an inpatient, ***we*** may be able to guarantee or advance payments, where accepted, up to the limit of the Emergency medical/dental cover abroad section.

The following conditions and additional exclusions apply:

a. The care must be ***medically necessary*** to treat an emergency condition and such care must be provided by a ***doctor***, dentist, ***hospital*** or other provider authorised to practice medicine or dentistry.
b. ***We*** will not pay for any care provided after ***your trip*** ends.
c. ***We*** will not pay for any care for any illness, ***injury*** or medical condition that did not originate during ***your trip*** abroad.
d. ***We*** will not pay for any non-emergency care or services in general and the following care and services in particular:
    1. Elective cosmetic surgery or care;
    2. Annual or routine examinations or consultations;
    3. Long-term care;
    4. Allergy treatments (unless life threatening);
    5. Examinations, consultations or care related to or loss of/damage to hearing aids, dentures, eyeglasses and contact lenses;
    6. Physiotherapy, rehabilitation or palliative care (except as necessary to stabilise you);
    7. Experimental treatment; and
    8. Any other non-emergency medical or dental care.
e. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

SECTION G – EMERGENCY TRANSPORTATION

IMPORTANT:

- If ***your*** emergency is immediate or life threatening, seek local emergency care at once.
- ***We*** are not and shall not be deemed to be a provider of medical or emergency services.
- ***We*** act in compliance with all national and international laws and regulations. ***Our*** services are subject to approval by appropriate local authorities as well as active travel and regulatory restrictions.

Emergency Evacuation (Transporting you to the nearest appropriate medical facility)

If ***you*** become seriously ill or injured or develop a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip***, ***we*** will pay for local emergency transportation from the location of the initial incident to a local ***doctor*** or local medical facility. If ***we*** determine that the local medical facilities are unable to provide appropriate medical treatment:

1. ***our*** medical team will consult with the local ***doctor*** to obtain information necessary to make appropriate decisions regarding ***your*** overall medical condition;
2. ***we*** will identify the closest appropriate available ***hospital*** or other appropriate available facility, make arrangements to transport ***you*** there and pay for that transport; and
3. ***we*** will arrange and pay for a ***medical escort*** if ***we*** determine one is necessary.

The following conditions apply to items 1 and 2 above:

a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transportation, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements. ***We*** will not assume any responsibility for any transport arrangements that ***we*** did not authorise or arrange.

b. All decisions about ***your*** evacuation must be made by medical professionals licensed in the countries where they practice.

c. ***You*** must comply with the decisions made by ***our*** assistance and medical teams. If ***you*** do not comply, ***you*** effectively relieve ***us*** from any responsibility and liability for the consequences of ***your*** decisions and ***we*** reserve the right to not provide cover.

d. One or more emergency transportation providers must be willing and able to transport ***you*** from ***your*** current location to the identified ***hospital*** or facility.

e. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

Medical Repatriation (Getting you home after you receive care)

If ***you*** become seriously ill or injured or develop a medical condition (including being diagnosed with an ***epidemic*** or ***pandemic*** disease such as COVID-19) while on ***your trip*** and ***our*** medical team confirms with the treating ***doctor*** that ***you*** are medically stable to travel, ***we*** will:

1. Arrange and pay for ***you*** to be transported via regularly scheduled service on a common carrier in the same class of service that ***you*** originally booked (unless otherwise ***medically necessary***), for the return leg of ***your trip***, less available refunds for unused tickets. The transport will be to one of the following:
   a. ***Your primary residence***;
   b. A location of ***your*** choice in ***your country of residence***; or
   c. A medical facility near ***your primary residence*** or in a location of ***your*** choice in ***your country of residence***. In either case, the medical facility must be willing and able to accept ***you*** as a patient and must be approved by ***our*** medical team as medically appropriate for ***your*** continued care.
2. Arrange and pay for a ***medical escort*** if ***our*** medical team determines that one is necessary.

The following conditions apply:

a. Special requirements must be ***medically necessary*** for ***your*** transport (for example, if more than one seat is ***medically necessary*** for ***you*** to travel).

b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements. ***We*** will not assume any responsibility for any transport arrangements that ***we*** did not authorise or arrange.

c. All decisions about ***your*** repatriation must be made by medical professionals licensed in the countries where they practice.

d. ***You*** must comply with the decisions made by ***our*** assistance and medical teams. If ***you*** do not comply, ***you*** effectively relieve ***us*** from any responsibility and liability for the consequences of ***your*** decisions and ***we*** reserve the right to not provide cover.

e. One or more emergency transportation providers must be willing and able to transport ***you*** from ***your*** current location to ***your*** chosen destination.

f. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

Transport to Bedside (Bringing a friend or *family member* to you)

If ***you*** are told by the treating ***doctor*** that ***you*** will be hospitalised for more than 72 hours during ***your trip*** or that ***your*** condition is immediately life-threatening, ***we*** will arrange and pay for round-trip transport in economy class on a ***travel carrier*** for one friend or ***family member*** to stay with ***you***.

The following conditions apply:

a. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

b. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

Return of Dependents (Getting minors and dependents home)

If ***you*** die or are told by the treating ***doctor you*** will be hospitalised for more than 24 hours during ***your trip***, ***we*** will arrange and pay to transport ***your travelling companions*** who are under the age of 18 or are dependents requiring ***your*** full-time supervision and care to one of the following:

1. ***Your primary residence***; or

2. A location of ***your*** choice in ***your country of residence***.

We will arrange and pay for an adult ***family member*** to accompany ***your travelling companions*** who are under the age of 18 or are dependents requiring ***your*** full-time supervision and care, if ***we*** determine that it is necessary.

Transport will be on a ***travel carrier*** in the same class of service that was originally booked. Available refunds for unused tickets will be deducted from the total amount payable.

The following conditions apply:

a. This benefit is only available while ***you*** are hospitalised or if ***you*** die and if ***you*** do not have an adult ***family member*** travelling with ***you*** that is capable of caring for the ***travelling companions*** under the age of 18 or dependents.

b. ***You*** or someone on ***your*** behalf must contact ***us*** and ***we*** must make all transport arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements.

c. ***You*** must not have travelled against the orders or advice of any government or other public authority at any location to, from or through which ***you*** are travelling on ***your trip***.

Repatriation of Remains (Getting your remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport ***your*** remains to one of the following:

1. A funeral home near ***your primary residence***; or

2. A funeral home located in ***your country of residence***.

The following conditions apply:

a. Someone on ***your*** behalf must contact ***us*** and ***we*** must make all transportation arrangements in advance. If ***we*** did not authorise and arrange the transport, ***we*** will only pay up to what ***we*** would have paid if ***we*** had made the arrangements; and

b. The death must occur while on ***your trip***.

If a ***family member*** decides to make funeral, burial or cremation arrangements for ***you*** at the location of ***your*** death, ***we*** will reimburse the necessary expenses up to the amount it would have cost ***us*** to transport ***your*** remains to a funeral home near ***your primary residence***.

Search and Rescue

We will pay the cost of search and rescue activities by a professional rescue team, up to the maximum benefit for 'Search and rescue' shown in the 'Cover Summary', if ***you*** are reported missing during ***your trip*** or have to be rescued from a physical emergency.

SECTION H – PERSONAL LIABILITY

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

If ***you*** are legally liable for something ***you*** do that results in one of the following, ***we*** will pay up to the maximum benefit for 'Personal Liability' shown in the 'Cover Summary', plus any other costs ***we*** agree to in writing:

1. Bodily ***injury*** to any person, except ***you***, a ***family member*** or a ***travelling companion***.

2. Loss of or damage to property which ***you*** do not own and which ***you*** or a ***family member*** have not hired, loaned or borrowed.

3. Loss of or damage to the accommodation ***you*** are using on ***your trip*** that does not belong to ***you*** or a ***family member***.

The following cover exclusions apply:

1. Any liability for something which:
- **a.** is suffered by anyone employed by ***you*** or a ***family member*** and is caused by the work they are employed to do;
- **b.** is caused by something ***you*** deliberately did;
- **c.** is caused by something ***you*** deliberately did not do, but should have;
- **d.** is caused by ***your*** employment or the employment of a ***family member***;
- **e.** is caused by ***you*** using any firearm or weapon;
- **f.** is caused by any animal ***you*** own, look after or control; or
- **g.** you agree to take responsibility for, if ***you*** would not have otherwise been held responsible for it.

2. Any contractual liabilities.

3. Any liability for bodily ***injury*** suffered by ***you***, a ***family member*** or a ***travelling companion***.

4. Compensation or other costs caused by accidents arising from ***you*** owning, hiring or using:
- **a.** any land or building (except for ***you*** staying in the accommodation ***you*** are using on ***your trip***);
- **b.** motorised or mechanical vehicles and any trailers attached to them; or
- **c.** aircraft, motorised watercraft or sailing vessels.

The following conditions apply:

1. ***You*** must give ***us*** a detailed account of the circumstances surrounding the claim, including photographs and video evidence (if appropriate).

2. ***You*** must give ***us*** any writ, summons or other correspondence ***you*** receive from a third party.
Note: ***You*** must not admit liability, offer to make any payment or correspond with any third party without ***our*** permission in writing.

3. ***You*** must give ***us*** full details of any witnesses and any written statements, if possible.

SECTION I – TRAVEL ACCIDENT

If ***you*** have an accident during ***your trip*** that causes physical bodily ***injury*** to ***you***, ***we*** will pay ***you*** or ***your*** personal representatives up to the amount for 'Travel Accident' shown in the 'Cover Summary' if the accident results in one of the following:

1. ***your*** death within a year of the accident; or
2. ***your*** permanent disability (including permanent loss of ***your*** sight or loss of use of a hand or foot) within three months of the accident.

IMPORTANT: Compensation under this cover will not be paid to a personal representative who either caused the accident or is convicted in court for ***your*** murder, manslaughter or for causing ***your*** permanent disability.

The following cover exclusions apply:
In addition to the general exclusions that apply to all cover, this ***policy*** will not provide cover for accidents directly or indirectly caused by the following:

1. operating motorcycles with 125cc or larger engine capacity;
2. performing manual labour as a part of ***your*** occupation; or
3. participation in military exercises.

SECTION J – TRAVEL SERVICES DURING YOUR TRIP

If ***you*** need medical information services during ***your trip***, ***our*** Emergency Assistance team is available. With ***our*** global reach and multi-lingual staff, ***we*** are here to help ***you***.

Finding a Doctor or Medical Facility
If ***you*** need care from a ***doctor*** or medical facility while ***you*** are travelling, ***we*** can assist ***you*** in finding one.

IMPORTANT: Assistance is provided on a strictly non-advised basis using public information available for ***your*** location. ***We*** will not provide recommendations for specific providers and it remains ***your*** choice whether or not to use the information provided.

SECTION K – LOSS OF TRAVEL DOCUMENTS

If ***your*** passport or visa is lost, stolen or destroyed while ***you*** are on ***your trip***, ***we*** will reimburse ***you***, up to the maximum benefit for 'Loss of Travel Documents' shown in the 'Cover Summary' for the following:

1. the cost of ***your*** necessary extra travel and accommodation expenses as well as administration costs for the issuing of the emergency passport and/or visa ***you*** need to continue ***your trip*** or return to ***your primary residence***; and
2. the equivalent cost (based on the current standard replacement costs) of the period remaining on ***your*** passport that is lost or has been stolen or destroyed.

The following conditions apply:
You must:

a. have taken necessary steps to keep ***your*** passport and/or visa safe and to recover it, where possible;
b. file and retain a copy of a police report in the case of theft;
c. have filed and retained a copy of a loss report from the consulate or embassy ***you*** reported it to; and
d. provide receipts for all expenses, including from the consulate or embassy confirming the cost of the replacement or emergency passport or visa.

The following exclusions apply:

1. Reimbursement, unless ***you*** can provide receipts for the expenses claimed.
2. Losses caused by differences in exchange rates.
3. Passports or visas left unattended in a motor vehicle or a public area.
4. Foreign currency transaction fees imposed by ***your*** bank or credit card issuer.
5. The cost of any upgrades, pre-checking services or postage fees.

SECTION L – PERSONAL MONEY

If ***your personal money*** is lost or stolen while ***you*** are on ***your trip***, ***we*** will reimburse ***you***, up to the maximum benefit for '***Personal Money***' shown in the 'Cover Summary' (but no more than the amount for 'Cash' in total shown in the 'Cover Summary', whether jointly owned or not).

The following conditions apply:
You must:

a. have taken necessary steps to keep ***your personal money*** safe and to recover it;

b. file and retain a copy of a police report in the case of theft;

c. have filed and retained a copy of a report giving the details of the ***personal money*** and its value with the appropriate local authorities, travel carrier, hotel or tour operator within 24 hours of discovery of a loss; and

d. provide documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

The following exclusions apply:

1. This ***policy*** will not pay for ***personal money*** if one of the following apply:
- **a.** it is not being carried by ***you***;
- **b.** it is not locked in the secure private accommodation ***you*** are using on ***your trip***; or
- **c.** it is not locked in a safe or security deposit box.

2. Reimbursement, unless ***you*** can provide evidence of the amount of currency ***you*** had, from the place where ***you*** got the currency.

3. Losses caused by a drop in exchange rates or any shortage caused by mistakes made when exchanging currency.

4. ***Personal money*** left in a motor vehicle.

5. Loss or theft of traveller's cheques or other payment means if the issuing agent provides replacements or reimburses ***you***.

6. More than the lowest market value of equivalent ***personal money*** (except cash), if paid for using frequent-flyer points, loyalty-card points, vouchers or another similar scheme.

SECTION M – LEGAL EXPENSES

You can call ***our*** 24-hour legal helpline for advice on travel-related legal problems to do with ***your trip***. Phone: **+44 (0)208 603 9804.** The advice ***you*** get will always be according to the laws of England and Wales. ***We*** may record the calls for ***your*** and ***our*** mutual protection and ***our*** training purposes.

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

1. Nominate an appointed adviser to act for ***you.*** This could be a solicitor or a suitably qualified person or company (including us). If ***you*** and ***we*** cannot agree on an appointed adviser, the matter can be referred to an alternative resolution facility.

2. Pay legal costs of up to the amount shown in the Cover Summary for ***you*** (but not more than twice this amount in total for all people insured under this ***policy***) for each event giving rise to a claim.

The following conditions apply:

a. ***You*** must:
- **i.** conduct ***your*** claim in the way specified by the appointed adviser.
- **ii.** keep ***us*** and the appointed adviser fully aware of all facts and correspondence, including any offers ***you*** receive to settle the claim.

b. ***We*** will not be bound by any promises ***you*** give to the appointed adviser, or which ***you*** give to any person about payment of fees or expenses, unless ***we*** have given ***our*** permission.

c. ***We*** can withdraw cover, after ***we*** have agreed to the claim, if ***we*** think a reasonable settlement is unlikely or that the cost of the legal action could be more than the settlement.

d. If ***we***, ***you*** or the appointed adviser cannot recover ***our*** legal costs after a

successful claim for compensation, ***we*** can take the costs from the compensation ***you*** receive. The amount ***we*** take is limited to the actual legal costs and will not be more than half of the compensation ***you*** receive.

e. If ***you*** do not accept a reasonable settlement, ***we*** will not cover ***your*** claim. In this situation ***you*** should use alternative resolution facilities such as mediation.

f. If ***you*** withdraw from a claim without ***our*** agreement, ***you*** must pay ***our*** legal costs. ***You*** will become responsible for all legal costs.

The following exclusions apply:

1. Any claim:
- **a.** not reported to ***us*** within 90 days of the event giving rise to the claim;
- **b.** if ***we*** think ***we*** are unlikely to get a reasonable settlement;
- **c.** if ***we*** think the cost of the legal action could be more than the settlement ***we*** could get;
- **d.** involving a dispute between ***you*** and someone else living at ***your primary residence***, a ***family member***, a ***travelling companion***, or one of ***your*** employees;
- **e.** if another insurer or service provider has refused ***your*** claim, or there is a shortfall in the cover they provide; or
- **f.** against a ***travel supplier***, travel carrier, ***us***, AWP P&C S.A., another person insured under this ***policy***, or ***our*** agent.

2. Costs for legal action that ***we*** have not agreed to.

3. Costs awarded as a penalty against ***you*** or the appointed adviser personally (for example, for not following court rules and protocols).

4. Costs for legal action taken in more than one country for the same event.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all cover under this ***policy***. An 'exclusion' is something that is not covered and therefore no payment or service would be available.

This ***policy*** does not provide cover for any loss that results directly or indirectly from any of the following general exclusions if they affect ***you***, a ***travelling companion*** or a ***family member***:

1. Any loss, condition or event that was known, foreseeable, intended or expected when ***your trip*** was booked or this ***policy*** was purchased whichever is later.

2. Pre-existing medical conditions.

3. ***Your*** intentional self-harm or if ***you*** attempt or commit suicide.

4. Normal, complication free pregnancy or childbirth.

5. Fertility treatments.

6. The use or abuse of alcohol or drugs, or any related physical symptoms. This does not apply to drugs prescribed by a ***doctor*** and used as prescribed.

7. Acts committed with the intent to cause loss or damage.

8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft.

9. Participating in or training for any professional or semi-professional sporting competition or event.

10. Participating in or training for any amateur sporting competition while on ***your trip***. This does not include participating in informal recreational sporting competitions and tournaments organised by hotels, resorts or cruise lines to entertain their guests.

11. Participating in extreme, high-risk sports and activities in general and the following activities in particular:
- **a.** BASE jumping, hang gliding or parachuting;
- **b.** Caving, rappelling or spelunking;
- **c.** Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
- **d.** ***Climbing sports*** or free climbing;
- **e.** Any ***high-altitude activity***;
- **f.** Personal combat or fighting sports;
- **g.** Racing or practising to race any motorised vehicle or watercraft;
- **h.** Free diving; or
- **i.** Scuba diving at a depth greater than 20 metres or without a dive master.

In all cases, for ***your*** sporting activities to be covered, they must be:

- Arranged as part of ***your trip***;
- Provided by a company that is regulated or licensed where required; and ***You*** must wear all recommended safety equipment while participating in ***your*** sporting activities in order for cover to apply;
- Not otherwise prohibited by law.

12. An ***illegal act***, except when ***you***, a ***travelling companion***, a ***family member*** or ***your service animal*** is the victim of such an act.
13. An ***epidemic*** or ***pandemic***, except when an ***epidemic*** or ***pandemic*** is expressly referenced in and covered under Trip Cancellation, Trip Interruption, Travel Delay or Emergency Medical/Dental Cover Abroad or Emergency Transportation section.
14. ***Natural disaster***, except when and to the extent that a ***natural disaster*** is expressly referenced in and covered under Trip Cancellation, Trip Interruption or Travel Delay.
15. Air, water or other pollution, or the threat of a pollutant release, including thermal, biological and chemical pollution or contamination.
16. Nuclear reaction, radiation or radioactive contamination.
17. ***War*** or ***acts of war***.
18. Military duty, except when expressly referenced and covered under Trip Cancellation or Trip Interruption.
19. Political risk.
20. ***Cyber risk***.
21. ***Civil disorder*** or unrest, except when expressly referenced in and covered under Trip Interruption or Travel Delay.
22. ***Terrorist events***, except under the 'Emergency medical/dental cover abroad' and 'Emergency transportation' sections.
23. Acts, travel alerts/bulletins or prohibitions by any government or public authority, except when expressly referenced in and covered under Trip Cancellation or Trip Interruption.
24. Any ***travel supplier's*** complete cessation of operations due to financial reasons, with or without involving insolvency or bankruptcy.
25. A ***travel supplier's*** restrictions on any ***baggage***, including medical supplies or equipment.
26. Ordinary wear and tear or defective materials or workmanship.
27. An act of gross negligence by ***you*** or a ***travelling companion***.
28. Travel against the orders or advice of any government or other public authority.

This ***policy*** does not provide any cover, benefit or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

IMPORTANT: ***You*** are not eligible for reimbursement under this ***policy*** if:

1. ***Your travel carrier*** tickets do not show travel date(s);
2. ***You*** intend to receive health care or medical treatment of any kind while on ***your trip***.

GENERAL CONDITIONS

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

1. ***You*** must:
   a. have ***your primary residence*** in and be registered with a ***doctor*** in the UK, the Channel Islands or the Isle of Man; and
   b. have not spent more than six months abroad during the 12 months before this policy was issued or ***your trip*** was booked (whichever is later); and
2. ***You*** must take reasonable care to protect yourself and ***your*** property against accident, ***injury***, loss and damage, as if ***you*** were not insured, and to keep any potential claim to a minimum.
3. ***You*** must have a valid insurance ***policy*** confirmation document or schedule (i.e. Booking Confirmation Invoice).
4. ***You*** must contact ***us*** as soon as possible with full details of anything which may result in a claim, and give ***us*** all the information and documentation ***we*** ask for throughout the claims process. Please see 'Claims Information' below for more information.

5. ***You*** accept that the terms and conditions of the ***policy*** cannot be changed by ***you*** unless ***we*** agree to the change in writing.

We have the right to do the following:

1. Cancel the ***policy*** if ***you*** tell ***us*** something that is not true and this influences ***our*** decision to provide cover.
2. Cancel the ***policy*** and make no payment if ***you*** or anyone acting for ***you***:
   a. make a claim that is dishonest, intentionally exaggerated or fraudulent in any way; or
   b. provide any false or misleading information when supporting a claim. In these circumstances ***we*** may report the matter to the police or any other establishment.
3. Only cover ***you*** for the whole ***trip*** and not provide cover if ***you*** have started ***your trip*** before ***your policy*** was issued.
4. Only provide cover if ***your trip*** is booked to start and end in ***your country of residence***.
5. Take over and deal with, in ***your*** name, any claim ***you*** make under this ***policy***.
6. Take legal action in ***your*** name (but at ***our*** expense) and ask ***you*** to give ***us*** any details ***we*** need, and to fill in any necessary forms, which will help ***us*** to recover any payment ***we*** have made under this ***policy***.
7. With ***your*** or ***your*** personal representative's permission, get information from ***your*** medical records to help ***us*** or ***our*** representatives deal with any claim. This could involve ***you*** being medically examined or having a post-mortem after ***your*** death. ***We*** will not give personal information about ***you*** to any other organisation without ***your*** permission.
8. Return ***you*** to ***your country of residence*** at any time during ***your trip*** if ***you*** are taken ill or injured. ***We*** will only do this if the ***doctor*** treating ***you*** and ***our*** medical advisers agree. If there is a dispute, ***we*** will ask for an independent medical opinion.
9. Not accept liability for the costs of repatriation or treatment if ***you*** refuse to follow advice from the ***doctor*** treating ***you*** and ***our*** medical advisers.
10. Refuse to pay any claim under this ***policy*** for any amounts covered by another insurance or by anyone or anywhere else (for example, any amounts ***you*** can get back from private health insurance, any reciprocal health agreement, ***travel suppliers***, home contents insurers or any other claim amount that can be recovered by you). In these circumstances ***we*** will only pay ***our*** share of the claim.
11. Ask ***you*** to pay ***us*** back any amounts that ***we*** have paid which are not covered under this ***policy***.
12. If ***you*** cancel ***your trip*** or cut it short for any reason other than those specified as being covered in section A - Trip Cancellation or section B - Trip Interruption, ***we*** will cancel all cover provided by ***your policy*** for that ***trip***, without refunding ***your*** premium.

24-HOUR EMERGENCY MEDICAL ASSISTANCE INFORMATION

Please tell ***us*** immediately about any serious illness or accident abroad where ***you*** have to go into ***hospital*** or ***you*** may have to return home early or extend ***your*** stay because of any illness or ***injury***. If ***you*** are unable to do this because the condition is life, limb, sight or organ threatening, ***you*** should contact ***us*** as soon as ***you*** can. ***You*** can call 24 hours a day 365 days a year or email.

- Phone: **0208 666 9232** (or **0044 208 666 9232** if calling from outside of the UK)
- Email: **medical@allianz-assistance.co.uk**

Please give ***us*** your age and ***your*** insurance confirmation number and say that ***you*** are insured with Blakes Coaches Client Holiday Travel Insurance.

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

CLAIMS INFORMATION

To make a claim, please contact us by phoning: **0208 666 9233**

You should provide ***us*** with all the information and documents ***we*** ask for. ***You*** must

give ***us*** as much detail as possible so ***we*** can handle ***your*** claim quickly. Please keep copies of all the information ***you*** send ***us***.

You will need to obtain some information to support ***your*** claim. Below is a list of actions ***you*** will need to take and documents ***we*** will need in order to deal with ***your*** claim. Further information and/or evidence may be required by ***us*** after ***your*** claim has been submitted. If this is the case, ***we*** will inform ***you*** as quickly as possible.

For all claims

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

Trip Cancellation

- Original cancellation invoice(s) detailing all cancellation charges incurred.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A certified copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Trip Interruption

- If ***you*** need to cut short ***your*** journey, please call **0208 666 9232** (**0044 208 666 9232** if calling from outside of the UK) as soon as possible to get ***our*** prior agreement.
- ***Your*** original booking invoice(s) showing ***your*** revised time and date of departure and detailing whether any refunds can be provided.
- For claims relating to illness or ***injury*** a medical certificate will need to be completed by the treating ***doctor***. A copy of the death certificate is required in the event of death.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Travel Delay

- Written confirmation from the airline, rail company, shipping line or their handling agent of the scheduled and actual departure times and why the departure was delayed.
- Detailed account of the circumstances causing ***you*** to miss ***your*** departure together with supporting evidence from the public transport provider or accident/breakdown authority attending the private vehicle ***you*** were travelling in.
- If ***your*** claim results from any other circumstances, please provide independent evidence of these circumstances.

Baggage and Personal Money

- Report the theft, damage or loss to the police within 24 hours of discovery and ask them for a written police report.
- If applicable, ***you*** should also report the theft, damage or loss to ***your*** travel carrier, tour operator, handling agent or accommodation manager and ask for a written report.
- For delays losses and damage whilst in the care of a travel carrier, report this as soon as possible and obtain a written report from them. For airlines specifically, ***you*** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. ***You*** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase/ownership/value for lost, stolen or damaged ***baggage***.
- Keep any damaged items as ***we*** may need to inspect them. If ***we*** make a payment or ***we*** replace an item, the item will then belong to ***us***.
- Obtain an estimate for repair for all damaged items.
- Block lost or stolen mobile phones with ***your*** network provider and obtain written confirmation of this action from them.

- Documentary evidence of the value of the lost or stolen ***personal money*** as well as the original source for cash.

Baggage Delay
- Report the loss to the ***travel carrier*** and obtain a written report from them. For airlines, ***you*** must obtain a Property Irregularity Report (PIR) from the airline or their handling agent. This should be done within 7 days of any delay, loss or damage. ***You*** then have 21 days to write to the airline confirming the details of any essential replacement items purchased.
- Original receipts, vouchers or other suitable evidence of purchase for essential replacement items.

Emergency Medical/Dental Benefits Abroad and Emergency Transportation
- Always contact ***our*** 24-hour emergency medical service when ***you*** are hospitalised, require repatriation or where medical fees are likely to exceed £500.
- Medical evidence from the treating ***doctor*** to confirm the illness or ***injury*** and treatment given, including hospital admission and discharge dates, if this applies.

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

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

Loss of Travel Documents
- A receipt from the consulate or embassy confirming the cost of the emergency replacement passport or visa and a written report from the police if ***your*** passport or visa is stolen.

Legal Expenses
- A detailed account of the circumstances surrounding the event, including photographs and video evidence (if this applies).
- Any writ, summons or other correspondence ***you*** receive from any third party in connection with ***your*** claim. ***You*** should not reply to any correspondence without ***our*** permission in writing.
- The full details of any witnesses and any available written statements from them.

COMPLAINTS INFORMATION

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

Step 1
Complaints regarding the sale of your *policy*:
Write to: The Managing Director, Wrightsure Services (Hampshire) Limited, Unit D2, Fareham Heights, Standard Way, Fareham, Hampshire, PO16 8XT.
Tel: **01329 828228**
Email: **paulr@wrightsure.com**

All other complaints:
Write to: Customer Service, Allianz Partners, 102 George Street, Croydon, CR9 6HD.

Phone: **0208 603 9853**
Email: **customersupport@allianz-assistance.co.uk**

Step 2
If ***you*** are not satisfied with the final response ***you*** receive, ***you*** can refer the matter to the UK Financial Ombudsman Service for independent arbitration.

Visit: www.financial-ombudsman.org.uk
Write to: Financial Ombudsman Service, Exchange Tower, London E14 9SR.
Phone: **0800 023 4567** or **0300 123 9 123** or
Email: **complaint.info@financial-ombudsman.org.uk**

PRIVACY NOTICE

We and Wrightsure Services (Hampshire) Limited care about ***your*** personal data.

This summary and ***our*** full privacy notice explain how Allianz Partners protects ***your*** privacy and uses ***your*** personal data. ***Our*** full privacy notice is available at **www.allianz-assistance.co.uk/privacy-notice/**

If a printed version is required, please write to Customer Service (Data Protection), Allianz Partners, 102 George Street, Croydon CR9 6HD.

For Wrightsure Services (Hampshire) Limited's full privacy notice, please visit:
www.wrightsure.com/assets/files/WrightsurePrivacyNotice.pdf

- **How will we obtain and use your personal data?**
  We will collect ***your*** personal data from a variety of sources including:
  - Data that ***you*** or other people named on the policy or ***your*** representative(s) provide to ***us***; and
  - Data from ***your*** insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance;
  - Data that may be provided about ***you*** from certain third parties, such as ***your doctor*** in the event of a claim.
  - Data collected through initial voice tool (Voicebot or equivalent) and call recordings (such as phone conversations with ***us***) may be recorded. Additional information may be relayed to ***you*** as to how data is processed when ***you*** phone ***us***.

  We will collect and process ***your*** personal data to comply with ***our*** contractual obligations and/or for the purposes of ***our*** legitimate interests including:
  - Entering into or administering contracts with ***you***;
  - Informing ***you*** of products and services which may be of interest to ***you***.

- **Who will have access to your personal data?**
  We may share ***your*** personal data:
  - With public authorities, other Allianz Group companies, industry governing bodies, regulators, fraud prevention agencies and claims databases, for underwriting and fraud prevention purposes;
  - With insurance arranger or partners such as brokers, other insurers or other companies who act as insurance distributors including the provider of goods and services associated with this insurance for contractual, regulatory and legal obligations including for the performance of ***our*** services;
  - With other service providers who perform business operations on ***our*** behalf;
  - Organisations who ***we*** deal with which provide part of the service to ***you*** such as in the event of a claim;
  - To meet ***our*** legal obligations including providing information to the relevant ombudsman if ***you*** make a complaint about the product or service that ***we*** have provided to ***you***.

  We will not share information about ***you*** with third parties for marketing purposes unless ***you*** have specifically given ***us*** your consent to do so.

- **How long do we keep your personal data?**
  We will retain voice recordings for a maximum of two years and ***your*** other

personal data will be kept for a maximum of 10 years from the date the insurance relationship between ***us*** ends. If ***we*** can do so, ***we*** will delete or anonymise certain areas of ***your*** personal data as soon as that information is no longer required for the purposes for which it was obtained.

- **Where will your personal data be processed?**
  Your personal data may be processed both inside and outside the United Kingdom (UK) and the European Economic Area (EEA).

  Whenever ***we*** transfer ***your*** personal data outside the UK and the EEA to other Allianz Group companies, ***we*** will do so on the basis of Allianz's approved binding corporate rules (BCR). Where Allianz's BCR do not apply, ***we*** take steps to ensure that personal data transfers outside the UK and the EEA receive an adequate level of protection.

- **What are your rights in respect of your personal data?**
  You have certain rights in respect of ***your*** personal data. ***You*** can:
  - Request access to it and learn more about how it is processed and shared;
  - Request that ***we*** restrict any processing concerning ***you***, or withdraw ***your*** consent where ***you*** previously provided this;
  - Request that ***we*** stop processing it, including for direct marketing purposes;
  - Request that ***we*** update it or delete it from ***our*** records;
  - Request that ***we*** provide it to ***you*** or a new insurer; and
  - File a complaint.

- **Automated decision making, including profiling**
  We carry out automated decision making and/or profiling when necessary.

- **How can you contact us?**
  If ***you*** would like a copy of the information that ***we*** hold about ***you*** or if ***you*** have any queries about how ***we*** use ***your*** personal data, ***you*** can contact ***us*** as follows:

  For Allianz Partners
  - By post: Customer Service (Data Protection), Allianz Partners, 102 George Street, Croydon CR9 6HD
  - By email: **AzPUKDP@allianz.com**

  For Wrightsure Services (Hampshire) Limited
  - By post: Data Protection Officer, Wrightsure Services (Hampshire) Limited, Unit D2, Fareham Heights, Standard Way, Fareham, Hampshire PO16 8XT
  - By email: **fareham@wrightsure.com**

This insurance is arranged by Wrightsure Services (Hampshire) Limited whose registered address is situated at 1 Nelson Mews, Southend on Sea, Essex, SS1 1AL. Wrightsure Services (Hampshire) Limited are authorised and regulated by the Financial Conduct Authority (their reference number 311394).

Insurance is underwritten by AWP P&C S.A. registered in France acting through its UK Branch, AWP P&C (UK Branch), registered in the United Kingdom. Registered Branch No. BR015275. Registered Office: 102 George Street, Croydon CR9 6HD.

AWP P&C S.A. is authorised and regulated by L'Autorité de Contrôle Prudentiel et de Résolution in France. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority under registration no. 534384 and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

Insurance is distributed in the UK by Blakes Coaches Limited. Company registration number: 04521530. Registered office: Orchard House, East Anstey, Tiverton, Devon, EX16 9JP.

AWP Assistance UK Limited. Registered in England, registration No. 1710361. Registered office: 102 George Street, Croydon CR9 6HD. AWP Assistance UK Limited is authorised and regulated by the Financial Conduct Authority under registration no. 311909.

AWP Assistance UK Limited trades as Allianz Partners and acts as an agent for AWP P&C for the handling of claims and complaints under this insurance.

The issuing ***agent/broker*** acts as an agent for AWP P&C S.A. for the receipt of customer money and handling premium refunds.

Ref: AIS/WSHL/BCL/2026

WRIGHTSURE
insurance group