

Combined Terms and Conditions

Single Trip Core Cover

- Bronze
- Silver
- Gold



TRAVEL INSURANCE

**AMERICAN
EXPRESS**

Contents

Page

Policy Summary

The Intermediary	8
The Insurer	9
Key exclusions applying to your Policy	9
Duration of your Policy	10
Cancellation of your Policy	10
What to do if you need to make a claim	10
Complaints Procedure	12
Compensation Scheme	13

Your Core Policy

Policy Information	16
Important Health Requirements	18
Important Limitations - Cancellation or Curtailed	18
Reciprocal Health Agreements	19
Emergency Assistance	19
Definition of Words	20
Section 1 Medical Emergency and Repatriation Service	27
Section 2 Cancellation or Curtailed	31
Section 3 Personal Baggage	36
Section 4 Money	38
Section 5 Personal Accident	40
Section 6 Personal Liability	41
Section 7 Hospital Cash Benefit	42
Section 8 Missed Departure	43
Section 9 Travel Delay	45

General Conditions of your Policy	47
General Exclusions of your Policy	50
What to do if you need to make a claim	53
Complaints Procedure	54
Compensation Scheme	55
Use of Your Personal Data	55
Personal Information	56

Important Exclusion applying to your Policy

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

A **pre-existing medical condition** is:

1. Any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the commencement of cover under this Policy and/or prior to any **trip**: and
2. any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this Policy and/or prior to any **trip**.

Policy Summary

keyfacts®

The Policy **you** have bought is Single Trip Core Cover. These Policy Summaries tell **you** how much **you** can claim under each section of cover, but does not contain the full terms and conditions relating to **your** Policy. These can be found within this Policy booklet.

Bronze Single Trip Core Cover

(applicable if shown in your Certificate of Insurance)

Section	Significant Features and Benefits	Bronze Single Trip Core Cover
	Description of Cover	Benefit
1	Medical Emergency & Repatriation Service including: Burial or cremation abroad or repatriation of body to the UK Emergency dental treatment UK medical transfer to hospital Person to join/stay with you Infants born following complications of pregnancy	to £10 Million† to £3,500 to £1,000 to £500 to £500 to £50,000
2	Cancellation or Curtailment including: If £1,500 loss to home When a deposit is lost # Excursion cover	to £1,500†
3	Personal Baggage including: For any one item/pair/set For valuables in total	to £750† to £150 to £150
4	Money including: Loss of cash Loss of cash under 16's Loss of passport (travel/accommodation)	to £200† to £100 to £50 to £200
5	Personal Accident including: Death (18-65)	to £10,000 £10,000

keyfacts®

Section	Significant Features and Benefits	Bronze Single Trip Core Cover
	Description of Cover	Benefit
	Death (under 18 or 66 and over) Loss of limb Loss of sight Permanent total disablement	£1,000 £10,000 £10,000 £10,000
6	Personal Liability	to £1 Million†
<p>An excess applies to each insured person, to each and every claim under each section of this Policy marked with a † or #.</p> <p>† A £200 excess applies.</p> <p># A £10 excess applies.</p>		

Silver Single Trip Core Cover

(applicable if shown in your Certificate of Insurance)

Section	Significant Features and Benefits	Silver Single Trip Core Cover
	Description of Cover	Benefit
1	Medical Emergency & Repatriation Service including: Burial or cremation abroad or repatriation of body to the UK Emergency dental treatment UK medical transfer to hospital Person to join/stay with you Infants born following complications of pregnancy	to £10 Million± to £3,500 to £1,000 to £500 to £500 to £50,000
2	Cancellation or Curtailment including: If £1,500 loss to home When a deposit is lost # Excursion cover	to £2,000±
3	Personal Baggage including: For any one item/pair/set For valuables in total	to £1,000± to £150 to £150
4	Money including: Loss of cash Loss of cash under 16's Loss of passport (travel/accommodation)	to £350± to £175 to £50 to £350

Section	Significant Features and Benefits	Silver Single Trip Core Cover
	Description of Cover	Benefit
5	Personal Accident including: Death (18–65) Death (under 18 or 66 and over) Loss of limb Loss of sight Permanent total disablement	to £10,000 £10,000 £1,000 £10,000 £10,000 £10,000
6	Personal Liability	to £2 Million±
7	Hospital Cash Benefit	to £250 £15 per 24 hrs

An excess applies to each insured person, to each and every claim under each section of this Policy marked with a ± or #.
± A £150 excess applies.
A £10 excess applies.

Gold Single Trip Core Cover

(applicable if shown in your Certificate of Insurance)

Section	Significant Features and Benefits	Gold Single Trip Core Cover
	Description of Cover	Benefit
1	Medical Emergency & Repatriation Service including: Burial or cremation abroad or repatriation of body to the UK Emergency dental treatment UK medical transfer to hospital Person to join/stay with you Infants born following complications of pregnancy	to £10 Million* to £3,500 to £1,000 to £500 to £500 to £50,000
2	Cancellation or Curtailment including: If £1,500 loss to home When a deposit is lost # Excursion cover	to £2,000*
3	Personal Baggage including: For any one item/pair/set For valuables in total	to £1,000* to £150 to £150

Section and Benefits	Significant Features Trip Core Cover	Gold Single
	Description of Cover	Benefit
4	Money including: Loss of cash Loss of cash under 16's Loss of passport (travel/accommodation)	to £350* to £175 to £50 to £350
5	Personal Accident including: Death (18–65) Death (under 18 or 66 and over) Loss of limb Loss of sight Permanent total disablement	to £10,000 £10,000 £1,000 £10,000 £10,000 £10,000
6	Personal Liability	to £2 Million*
7	Hospital Cash Benefit	to £250 £15 per 24 hrs
8	Missed Departure	to £250
9	Travel Delay including: If delayed more than 12 hrs For each additional 12 hr delay	to £100 to £20 to £20
<p>An excess applies to each insured person, to each and every claim under each section of this Policy marked with a * or #.</p> <p>* A £100 excess applies.</p> <p># A £10 excess applies.</p>		

The Intermediary

Your Policy has been arranged by American Express Insurance Services Europe Limited ("American Express Insurance Services")¹, a UK based insurance intermediary authorised and regulated by the Financial Conduct Authority. They will administer **your** Policy, subject to the terms and conditions set out by the insurer.

¹American Express Insurance Services Europe Limited (AEISEL), Registered Office: 76 Buckingham Palace Road, London SW1W 9AX, UK. Registered in England and Wales. Company Number: 05048826, is authorised and regulated by the Financial Conduct Authority, Registered Number: 311684. Full details can be found on the Financial Services Register by visiting www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

The Insurer

This Policy is underwritten by American Express Insurance Services¹ current travel insurance provider, Inter Partner Assistance SA (IPA). Inter Partner Assistance SA is a Belgian firm, authorised by the National Bank of Belgium, and has a branch office in Ireland regulated by the Central Bank of Ireland. It is subject to limited regulation by the Financial Conduct Authority (FCA) in the United Kingdom. Details about the extent of the regulation by the FCA are available from us on request. IPA's registered address in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006). Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

Key exclusions applying to your Policy

Pre-existing Medical Conditions

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

Age Restrictions

Please see **your** Certificate of Insurance for age restrictions which apply to **your** Policy.

Exclusions

Please refer to the following sections of this Policy booklet for the specific exclusions relating to each Policy section:

- Section 1 **Medical Emergency** and Repatriation Service
- Section 2 Cancellation or **Curtailment**
- Section 3 **Personal Baggage**
- Section 4 **Money**
- Section 5 Personal Accident
- Section 6 Personal Liability
- Section 7 Hospital Cash Benefit
- Section 8 Missed Departure
- Section 9 Travel Delay

Please refer to page 50 for a list of General Exclusions applying to all sections of **your** Policy

Duration of your Policy

The Single Trip Core Policy provides **European Cover** only, and allows **trips** of up to 35 days.

Please refer to **your** Certificate of Insurance for details of **your** chosen Policy duration.

Cancellation of your Policy

If this insurance does not meet **your** needs, **we** will cancel **your** Policy providing **you** return **your** documents to **us** within 15 days of issue and **you** have not already taken **your trip** or intend to make a claim. **We** will refund **your** premium in full, but **we** will not refund it, or any part of **your** premium, after the 15 days have passed.

We may cancel this policy giving **you** at least fourteen days written notice at **your** last known address for the following reasons:

- if **you** fail to make payment of the premium(s);
- if **you** fail to co-operate with **our** representatives;
- if **you** otherwise cease to comply with the terms and conditions of this policy in any significant respect;

and or

- if the cost of providing this policy becomes prohibitive.

We may cancel this policy without giving **you** prior notice if, by law, **we** are prevented or otherwise impeded from providing it.

We may cancel this policy without giving **you** prior notice and without refunding your premium if:

- **you** make or try to make a fraudulent claim under **your** policy;
- **you** are abusive or threatening towards **our** staff;
- **you** repeatedly or seriously break the terms of this policy.

What to do if you need to make a claim

1. First check **you** are covered by **your** Policy.

Please read the appropriate section in this Policy booklet to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.

2. Making a claim.

a) In the event of an emergency **you** should first call the Emergency Helpline listed on the back cover of the Policy booklet (any minor illness or injury costs must be paid for by **you** and reclaimed).

b) For all other claims, telephone **our** Claims Helpline on 0203 216 4135 (during office hours, Monday – Friday 8:00 - 20:00 and Saturday 8:00 - 17:00) to obtain a claim form. **You** will need to give:

- **your** name,
- **your** Policy Number found at the top of **your** Certificate of Insurance,
- brief details of **your** claim.

Alternatively **you** can submit **your** non-emergency claim on **our** 24/7 worldwide access online claims registrations tool at www.amex-claims/uk or email **our** Claims Helpline on amex.retail@axa-travel-insurance.com

You will need to provide:

- **your** name,
- **your** Policy Number found at the top of **your** Certificate of Insurance,
- **your** address including the postcode,
- the section under which **you** wish to make a claim.

We ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

3. Additional Information.

You must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**.

It is always advisable to keep copies of all the documents that **you** send to **us**.

4. Claims Handling Agents.

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

Complaints Procedure

We aim to provide a first class service at all times. However, if **you** have a complaint, in order to get **your** complaint dealt with as quickly and efficiently as possible, please ensure **your** complaint is directed to the right organisation.

If **your** complaint is about **your** cover under **your** Policy or a claim on **your** Policy, please contact:

AXA Travel Insurance (Complaints Department)

The Quadrangle

106-118 Station Road

Redhill RH1 1PR

United Kingdom

or phone 01737 815227;

or email **us** at claimcomplaints@axa-travel-insurance.com

If **your** complaint is about the sale and servicing of **your** Policy that **you** have received from American Express Insurance Services, please contact:

American Express Insurance Executive Office

1 John Street

Brighton

BN88 1NH

United Kingdom

or phone 01273 576109;

or email us at insuranceexec@aexp.com

Please enclose the following details when sending **your** letter:

- **your** full name, postcode and contact phone number(s);
- the type of Policy and **your** Policy and/or claim reference;
- an outline of the reasons for **your** complaint.

If it is impossible to reach an agreement, **you** may have the right to make an appeal to the Financial Ombudsman Service by writing to:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR, United Kingdom

Or **you** can phone 0800 023 4567 or 0300 123 9 123 from a mobile.

Website: www.financial-ombudsman.org.uk

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

Compensation Scheme

We are a member of the Financial Services Compensation Scheme (FSCS). The FSCS is a safety net for customers of financial services firms should they not be able to meet their liabilities and **you** may be entitled to claim compensation in such event. Further information can be obtained from the FSCS. Their contact details are Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St. Botolph Street, London EC3A 7QU, United Kingdom Telephone 0800 678 1100 or 020 7741 4100 Website: www.fscs.org.uk

Your Single Trip Core Policy

Introduction

Thank you for choosing American Express to provide **your** Travel Insurance. This booklet provides useful information about the protection offered by this insurance, and the way in which the Policy will operate.

Your Policy and Certificate of Insurance

The Policy is a contract between **you** and **us** and is made up of two parts, **your** Certificate of Insurance and **your** Policy booklet which includes the Policy Summary. These must be read and kept together.

Your Certificate of Insurance includes the information **you** gave **us**. It shows who is insured, the level of cover **you** have chosen, the **period of insurance**, **geographical limits** of travel, age restrictions, **your** premium and any changes to the normal cover (called endorsements).

The Intermediary

Your Policy has been arranged by American Express Insurance Services Europe Limited ("American Express Insurance Services")¹, a UK based insurance intermediary authorised and regulated by the Financial Conduct Authority. They will administer **your** Policy, subject to the terms and conditions set out by the insurer.

¹American Express Insurance Services Europe Limited (AEISEL), Registered Office: 76 Buckingham Palace Road, London SW1W 9AX, UK. Registered in England and Wales. Company Number: 05048826, is authorised and regulated by the Financial Conduct Authority, Registered Number: 311684. Full details can be found on the Financial Services Register by visiting www.fca.org.uk/register or by contacting the FCA on 0800 111 6768.

The Insurer

This Policy is underwritten by American Express Insurance Services¹ current travel insurance provider, Inter Partner Assistance SA (IPA). Inter Partner Assistance SA is a Belgian firm, authorised by the National Bank of Belgium, and has a branch office in Ireland regulated by the Central Bank of Ireland. It is subject to limited regulation by the Financial Conduct Authority (FCA) in the United Kingdom. Details about the extent of the regulation by the FCA are available from us on request. IPA's registered address in Ireland is 10/11 Mary Street, Dublin 1, Ireland (company number 906006). Some of the services under this Policy will be provided by IPA's agent, AXA Travel Insurance (company number 426087), of the same Ireland address. All companies are members of the AXA Assistance Group.

Policy Information

1. Please take this Policy booklet and Certificate of Insurance with **you** whenever **you** travel. These are proof of **your** insurance and will be needed if **you** have to make a claim.
2. Please make sure **you** understand what this Policy covers. **Your** Certificate of Insurance draws **your** attention to important parts of the Policy. The Policy Summary included in this booklet confirms how much **you** can claim under each section of cover. Only this Policy booklet gives full details of what is, and is not covered, all terms and conditions, and how **your** claim will be handled.
3. Please see '**Emergency Assistance**' for details of what **you** should do in an emergency.
4. Premium refund within 15 days of issue. If this insurance does not meet **your** needs, **we** will cancel **your** Policy (if **you** return it to **us** within 15 days of issue) and refund **your** premium in full, providing **you** have not already taken **your trip** or intend to make a claim. **We** will not refund **your** premium, or any part of it, after the 15 days have passed.
5. Any changes to the normal cover are shown on **your** Certificate of Insurance and must be read in conjunction with this Policy booklet. It is particularly important that **you** read **your** Certificate of Insurance and if any details are incorrect, or **your** needs change in any way, **you** must contact American Express Insurance Services as soon as possible.
6. Cover is not available to anyone aged over 65 years on the first day of cover.
7. **Your** Policy is for **European Cover** only. Please refer to **your** Certificate of Insurance for details of **your** chosen Policy duration (maximum duration 35 days).

Cover is applicable to leisure **trips** only. Business **trips** are not covered.

Please note that if **you** take a **trip** outside these limits **you** may wish to buy alternative cover for the whole of that journey, as **you** will not be covered for any part of the **trip** beyond the number of days cover as shown in **your** Certificate of Insurance. Please contact American Express Insurance Services for more information.

8. This Policy also covers **you** for **trips** within the **United Kingdom** provided **you** have pre-booked at least one night's accommodation.
9. If **you** have purchased family cover, **your family** as named on the Certificate of Insurance, will only be covered when travelling with the **insured person** named first on the Certificate of Insurance.
10. The most **we** will pay **you** is shown under each Policy section and on the Policy Summary. All benefits and **excesses** are per person, per applicable section, per **trip**, unless this is stated specifically.
11. Cover for **valuables** is limited under this Policy and **you** may wish to insure them separately, for example, under a Home Contents Insurance Policy.
12. The premium for this Policy must be paid in full at the time of purchase.
13. This Policy is effected in England and is governed by the laws of England and Wales.
14. This contract may only be completed in English.
15. **You** must be a permanent resident of, and registered with a General Practitioner in, the **United Kingdom**.

Important Health Requirements - Medical Warranty and Exclusions of Pre-Existing Conditions - For All Insured Persons

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

This insurance will not cover **you** if **you**:

1. are travelling against the advice of a **medical practitioner** (or would be travelling against the advice of a **medical practitioner** had **you** sought his/her advice);
2. are travelling with the intention of obtaining medical treatment or consultation abroad;
3. have any undiagnosed symptoms that require attention or investigation in the future (that is symptoms for which **you** are awaiting investigations/consultations, or awaiting results of investigations, where the underlying cause has not been established);
4. are not a permanent resident of, and registered with a General Practitioner in the **United Kingdom**.

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

Important Limitations under Section 2 - Cancellation or Curtailment

This policy will not cover any claims under Section 2 - Cancellation or **Curtailment** arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to purchasing this policy or booking any **trip** (whichever is the later) affecting any **close relative**, travelling companion who is not insured under the policy, or any person with whom **you** have arranged to reside with while on a **trip** if:

1. a terminal diagnosis had been received; or if
2. they were on a waiting-list for, or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic; or if
3. during the 90 days immediately prior to the commencement of the policy or prior to booking any **trip** (whichever is the later) they had required surgery, in-patient treatment or hospital consultations.

Reciprocal Health Agreements

If **you** are travelling to a European Union (EU) country, the European Economic Area (EEA) or Switzerland, **you** can apply for a European Health Insurance Card (EHIC) via **your** local main Post Office. This card entitles **you** to certain free or reduced cost health cover arrangements in the EU, EEA or Switzerland.

If **you** use it to reduce the cost of a medical claim under Section 1 - **Medical Emergency** and Repatriation, **you** will not have to pay the **excess** per insured person, in respect of each and every claim.

Emergency Assistance, 24 hours a day, 365 days a year

In an emergency, please first check that the circumstances are covered by **your** Policy. Having done this **you** should contact the Emergency Assistance provider on +44 (0) 203 126 4134, giving **your** name, Policy Number, and as much information as possible. **You** will need to give **us** a telephone or fax number where **we** can contact **you** or leave messages at any time of the day or night.

To comply with the terms and conditions of the insurance, **you** must contact **us** immediately (or as soon as **you** are physically able to do so) if **you** are hospitalised as an in-patient, or before incurring any expenses whatsoever over £500, in order to obtain **our** prior authorisation.

We ask that **you** notify **us** within 28 days of **you** becoming aware of any other incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

Definition of Words

This part of the Policy booklet explains any words which have a special meaning. Each word is listed with its meaning explained immediately afterwards. Whenever a word with special meaning appears in this Policy booklet it will be printed in **bold** type.

Adventure Sports and Activities

The following **Adventure Sports and Activities** will be covered automatically under **your** policy only on an incidental, non-competitive and non-professional basis:

badminton, baseball, basketball, bowling, camel riding, canoeing (up to grade/class 2), cricket, elephant riding, fishing, football, golf, hockey, horse trekking, kitesurfing, netball, orienteering, pony trekking, racquetball, roller skating, rounders, running, sailing (within 20 nautical miles of the coastline), scuba diving (unqualified and above 18 metres), squash, surfing, table tennis, tennis, trampolining, trekking (up to 4000 metres without use of climbing equipment), volleyball, water polo, water skiing, wind surfing, yachting (within 20 nautical miles of the coastline), zorbing.

Please also note the above lists are not exhaustive and if a sport or activity **you** want to do is not listed, please contact American Express on 0800 700 707 for advice.

Adverse weather conditions

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

Bodily injury

An identifiable physical injury caused by a sudden, violent, external, unexpected specific event.

Business equipment

Computer equipment, (including laptop computers, hardware and software, peripherals and PDAs), communication devices, (including mobile phones). This includes stocks and samples, and other business related equipment which **you** need in the course of **your** business, and is not covered elsewhere.

Carrier

The aircraft, coach, ship or train operator, and their employees and agents.

Claim

A request for payment of benefits for losses **you** sustain which are covered under each section of this Policy (for example, Cancellation or Curtailment, Money etc).

Close relative

Your spouse, common law or same sex partner (with whom **you** have been living continuously for at least six months and with whom **you** are still living), grandmother, grandfather, mother, stepmother, mother-in-law, father, stepfather, father-in-law, sister, stepsister, sister-in-law, brother, stepbrother, brother-in-law, daughter, stepdaughter, daughter-in-law, son, step son, son-in-law, granddaughter, grandson, uncle, aunt, nephew, niece, legal guardian, legal ward, or the fiancé(e) of any person insured under this Policy.

Complications of Pregnancy

The following unforeseen complications of pregnancy as certified by a medical practitioner: toxæmia; gestational hypertension; pre-eclampsia; ectopic pregnancy; hydatidiform mole (molar pregnancy); hyperemesis gravidarum; ante partum haemorrhage; placental abruption; placenta praevia; post partum haemorrhage; retained placenta membrane; miscarriage; stillbirths; medically necessary emergency Caesarean sections/ medically necessary termination; and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

Couple

You - the main policy holder, **your** spouse or partner (with whom **you** are and have been living with for the past six months).

Curtailment

Cutting short **your trip** by returning **home** due to an emergency authorised by **us**.

Excess(es)

The first amount of any benefit payable under the Policy, as shown in the Policy Summary of the policy **you** selected as shown in **your** Certificate of Insurance, which must be paid by **you**. The **excess** is payable on

each portion of a claim made by an **insured person** under the relevant section of the Policy. This means that if **you** or any **insured person** claim for something under a section of the Policy for which an **excess** is to be deducted, **you** and/or **they** will be financially responsible for the first amount due in respect of those claims as shown in the Policy summary. A separate **excess** will apply to each **insured person's** claims.

If **you** have obtained a European Health Insurance Card (EHIC) and use it to reduce the cost of a medical claim under Section 1 – **Medical Emergency** and Repatriation, **you** will not have to pay the **excess** in respect of that claim.

Family

You - the main policy holder, **your** spouse or partner (with whom **you** are and have been living with for the past six months) and **your** or their children who on the first day of the **period of insurance** are under 18 years old and either living with **you** or in full time education.

Geographical limits

The following areas, excluding countries to which the Foreign and Commonwealth Office has advised the public not to travel at the time of taking the **trip**.

European Cover

The following countries are included within the definition of Europe: Albania; Andorra; Austria; Azores; Balearics; Belarus; Belgium; Bulgaria; Canary Islands; Channel Islands (Bailiwicks of Guernsey and Jersey) Corsica; Croatia; Cyprus; Czech Republic; Denmark; Egypt; Estonia; Finland; France; Germany; Gibraltar; Greece; Hungary; Iceland; Isle of Man; Israel; Italy; Latvia; Liechtenstein; Lithuania; Luxembourg; Madeira; Malta; Moldova; Monaco; Morocco; Netherlands; Norway; Poland; Portugal; Republic of Ireland; Romania; Russia west of the Ural Mountains; San Marino; Sardinia; Serbia; Sicily; Slovak Republic; Slovenia; Spain; Sweden; Switzerland; Tunisia; Turkey; Ukraine; and the **United Kingdom***.

Please refer to the General Exclusions of **your** Policy.

* **Trips** within the **United Kingdom** are covered provided **you** have pre-booked at least one night's accommodation.

Golf equipment

The following items owned, entrusted to, or hired by **you**: golf clubs, golf bags, golf umbrellas, non-motorised trolleys, golf shoes and golf clothing.

Home

The place where **you** normally live in the **United Kingdom** and use for domestic purposes.

Loss of limb

Loss by physical severance, or the total and irrecoverable permanent loss of use or function of, an arm at or above the wrist joint, or a leg at or above the ankle joint.

Loss of sight

Total and irrecoverable loss of sight in one or both eye(s); this is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen scale. (This means being able to see at 3 feet or less what **you** should see at 60 feet.)

Medical condition

Any medical or psychological disease, sickness, condition, illness or injury that has affected **you** or any **close relative**, travelling companion or person with whom **you** intend to stay whilst on **your trip**.

Medical emergency

A **bodily injury** or sudden and unforeseen illness suffered by **you** while **you** are on a **trip** outside the **United Kingdom** and a registered **medical practitioner** tells **you** that **you** need immediate medical treatment or medical attention.

Medical practitioner

A legally licensed member of the medical profession, recognised by the law of the country where treatment is provided and who, in rendering such treatment is practising within the scope of his/her licence and training, and who is not related to **you** or any travelling companion.

Money

Sterling and foreign currency, cheques, postal and money orders, gift vouchers, travel tickets, hotel and other holiday vouchers, petrol coupons, Green Card, passports, together with the wallet, purse or similar article in which these

items are carried, whilst:

- carried by **you** about **your** person (in an item of clothing **you** are wearing or in a container which **you** are holding or which is attached to **you**); or
- left in a locked safety deposit box.

Pair or set

Items of **personal baggage** or **valuables** forming part of a set or which are normally used together.

Period of insurance

The period to which the insurance applies and for which **you** have paid, or have agreed to pay the appropriate premium. This period and the premium payable is shown on **your** Certificate of Insurance.

Please note, under Section 2 Cancellation or **Curtailement**, cancellation cover shall be operative from the time **you** pay the premium or the time of booking the **trip** (whichever is the later) and terminates on commencement of any **trip**.

Cover under all the other sections applies for the length of **your trip** unless it is further qualified under a specific section.

Extension to the **period of insurance**

If **your** return journey to the **United Kingdom** is unavoidably delayed because of something which is covered under **your** Policy, **we** will automatically extend **your** cover for the period of the delay at no additional cost.

Permanent total disablement

Disablement which, having lasted for a period of at least 12 consecutive months from the date of occurrence will, in the opinion of an independent qualified specialist, prevents **you** from engaging in, or giving any attention to, any business or occupation for the remainder of **your** life.

Personal baggage

Items usually carried or worn by travellers (excluding **valuables** and **money**) taken on, or purchased on, a **trip** by **you** for **your** individual use during **your trip**.

Policy limit

The amount shown under the Policy Summary of the policy **you** selected as shown in **your** Certificate of Insurance, being either Bronze, Silver or Gold cover, which is the most **we** will pay **you** in any **period of insurance**.

Pre-existing medical condition(s)

1. Any past or current **medical condition** that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 2 years prior to the commencement of cover under this Policy and/or prior to any **trip**: and
2. any cardiovascular or circulatory condition (e.g. heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this Policy and/or prior to any **trip**.

Public transport

Includes the following forms of transport: aircraft; bus; coach; pre-booked taxi; sea vessel; and train.

Strike or industrial action

Any form of industrial action which is carried out with the intention of stopping, restricting or interfering with the production of goods or provision of services.

Terrorism

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

Trip(s)

A journey within the **geographical limits** which starts and ends in the **United Kingdom** during the **period of insurance** and which does not exceed the consecutive days cover shown on **your** Certificate of Insurance. **Trips** within the **United Kingdom** are covered provided **you** have pre-booked at least one night's accommodation.

Unattended

You are not in full view of and in a position to prevent unauthorised interference with **your** property.

United Kingdom

England, Scotland, Wales and Northern Ireland. Excluded from this definition are the Channel Islands and the Isle of Man.

Valuables

Jewellery, precious metals or precious stones or items made from precious metals or precious stones, watches, furs, leather articles, personal mobile phones, binoculars, telescopes, electronic/audio/video or photographic equipment, laptops, tablets and notebooks, E-readers, MP3 and MP4 players, and games consoles.

We, us, our

Inter Partner Assistance SA, 10/11 Mary Street, Dublin 1, Ireland, a branch of Inter Partner Assistance SA, Avenue Louise 166 bte 1, 1050 Brussels, and AXA Travel Insurance of the same Ireland address, their agent, and/or their service provider.

Winter Sports Equipment

Skis, snowboards, ski boots, and ski equipment (not clothing).

You, yourself, your, insured person(s)

The person(s) named on **your** Certificate of Insurance who:

- a) permanently resides in the **United Kingdom** and has been resident for at least 6 months of the 12 months prior to the date of the Policy issue; and
- b) is registered with a General Practitioner in the **United Kingdom**; and
- c) has complied with **our** Important Health Requirements.

When the family premium has been paid, children must be under 18 years old on the first day of cover, in full time education and be travelling with the **insured person** named first on the Certificate of Insurance.

Cover is not available to anyone aged over 65 years on the first day of cover.

Policy Sections

1. Medical Emergency and Repatriation Service

This section provides details of the cover **we** provide for a **medical emergency** and other expenses relating to such an emergency.

To comply with the terms and conditions of the insurance, **you** must contact **us** if **you** are hospitalised as an in-patient, or before incurring any expenses whatsoever over £500, in order to obtain **our** prior authorisation, immediately you are physically able to do so. For the avoidance of any doubt – failure to contact **us** as required may result in **our** declining to pay **your** claim.

What **you** are covered for:

1. **We** will provide access to the names and addresses of local doctors, hospitals, clinics or dentists when **you** want a consultation or if minor treatment is needed during a **trip** outside the **United Kingdom**.
2. **We** will pay the following costs if **you** suffer an unforeseen **bodily injury**, illness, a **complication of pregnancy** or die during a **trip** outside the **United Kingdom**.
 - a) All reasonable and necessary expenses which arise as a result of a **medical emergency** (excluding search and rescue) involving **you**. This includes **medical practitioners'** fees, hospital expenses, medical treatment and all the costs of transporting **you** to the nearest suitable hospital, when deemed necessary by a recognised **medical practitioner**.

The most **we** will pay **you**, under this section per **trip**, for any one claim in total is £10,000,000. This does not apply to **trips** within the **United Kingdom**.
 - b) Emergency dental treatment for the immediate relief of pain and/or emergency repairs to dentures or

artificial teeth solely to relieve distress in eating.

The most **we** will pay **you** per **trip** under Section 1-2. b) is £1,000.

c) in the event of death:

i. the cost of burial or cremation outside the **United Kingdom**; or

ii. transport of **your** body or ashes to **your home**

The most **we** will pay **you** per **trip**, under Section 1-2. c) is £3,500.

d) Additional travelling costs to repatriate **you** to the **United Kingdom** when recommended by **our** Chief Medical Officer, including the cost of a medical escort if necessary.

e) Reasonable additional travelling and accommodation costs for returning **home** insured members of **your family** travelling with **you**, where a valid claim is made under this section, including the cost of a competent adult of **our** choice to accompany any insured children under 18 years of age, if **your bodily injury**, illness or death means there is no one else to look after them. Any travel (flight tickets will be for economy class or at the same class as that originally purchased) and/or accommodation (on a half-board basis) must be arranged by **us**, or with **our** prior approval.

f) Reasonable additional accommodation and meal expenses incurred up to the standard of **your** original booking, if it is recommended by the treating registered **medical practitioner**, and agreed by **our** Chief Medical Officer, that it is medically necessary for **you** to stay beyond **your** original return date.

g) If **you** are travelling unaccompanied and if it is agreed by **our** Chief Medical Officer that it is medically necessary for **you** to be accompanied on the **trip home**, **we** will pay the additional travelling and accommodation costs for one person to fly out to **you** and accompany **you home**. Accommodation will be on a half-board basis. **We** will not pay for travel (flight tickets will be for economy class) and/or accommodation that has not been arranged through **us**, or incurred without **our** prior approval. The most **we** will pay **you** per **trip** under Section 1 -2. g) is £500.

- h) If **you** are travelling accompanied by another adult(s), and the return journey cannot take place on the original scheduled date, if it is agreed by **our** Chief Medical Officer that a person should stay with **you**, and/or accompany **you home**, then **we** will arrange and pay for one person's necessary additional travel and accommodation costs. Accommodation will be on a half-board basis. **We** will not pay for travel (flight tickets will be for economy class) and/or accommodation that has not been arranged through **us**, or incurred without **our** prior approval. The most **we** will pay you per **trip** under Section 1 -2. h) is £500.
- i) All reasonable and necessary emergency medical expenses for all infants born following **complications of pregnancy** during a **trip**. Claims involving multiple births are considered to be one event. The most **we** will pay you per **trip** under Section 1-2. i) is £50,000.
3. If **you** suffer **bodily injury** or sudden illness while on a **trip** in the **United Kingdom**, **we** will pay the cost of transferring **you** to a suitable hospital near **your home** or to **your** home if **you** are hospitalised more than 50 miles from **your home**. The most **we** will pay **you** per **trip** under Section 1 3. is £500.

What **you** are not covered for:

- a) the **excess** per **insured person**, for each and every claim;
- b) costs of more than £500 or medical repatriation not agreed or authorised by **us** in advance;
- c) any claims arising directly or indirectly from any **pre-existing medical conditions**;
- d) any treatment or diagnostic testing that was pre-planned or pre-known by **you**;
- e) any treatment which is not a surgical or medical procedure with the sole purpose of curing or relieving acute unforeseen illness or injury;
- f) treatment costs for cosmetic reasons unless **our** Chief Medical Officer agrees such treatment is necessary as a result of an accident covered by this Policy;
- g) the cost of any treatment which, in the opinion of **our**

Chief Medical Officer, can safely be delayed until **your return home**;

- h) any costs **you** incur outside the **United Kingdom** after the date **our** Chief Medical Officer tells **you** **you** should return **home** or **we** arrange for **you** to return **home**. (**Our** liability to pay further costs under this section after that date will be limited to what **we** would have paid if **your** repatriation had taken place.);
- i) **you** must not unreasonably refuse the medical repatriation services **we** agree to provide and pay for under this Policy. If **you** choose alternative medical repatriation services without reasonable grounds for doing so, which **we** have accepted in writing, it will be at **your** own risk and own cost;
- j) expenses incurred as a result of a tropical disease where **you** have not had the recommended inoculations or vaccinations and/or taken the recommended medication;
- k) any claim arising from pregnancy related conditions not due to **complications of pregnancy** which first arise after departing on **your trip**. Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
- l) treatment or services provided by a private clinic or hospital, health spa, convalescent home or any rehabilitation centre unless confirmed as medically necessary by **our** Chief Medical Officer;
- m) costs incurred in the United States that exceed the average reimbursement the medical service provider receives for all services rendered to its patients for like treatment, but in any event no more than one and a half times the rate that would be applicable if the costs were payable by US Medicare;
- n) costs incurred in the **United Kingdom** other than the cost of transporting **you** or **your** body or ashes to **your home**;
- o) the cost of flight tickets exceeding economy class for an accompanying non-medical escort in the event

- of medical repatriation (any increase in cost due to requested upgraded flight tickets must be at the personal expense of the person(s) travelling);
- p) costs for accommodation exceeding half-board;
 - q) any costs for transportation and/or accommodation not arranged by **us**, or incurred without **our** prior approval;
 - r) the cost of dental treatment involving the provision of dentures, artificial teeth or the use of precious metals;
 - s) the cost of replacing medication **you** were using when **you** began **your trip**;
 - t) air-sea rescue costs.

Please also refer to the General Conditions and General Exclusions.

2. Cancellation & Curtailment

This section provides details of the cover **we** provide if **you** need to cancel **your trip** before **you** leave, or if **you** need to curtail **your trip** having already departed.

What **you** are covered for:

If **you** are forced to cancel **your** travel plans or are forced to curtail a **trip you** have already commenced, because of any one of the following changes in circumstances, which is beyond **your** control, and of which **you** were unaware at the time **you** booked **your trip**:

1. Cancellation or re-booking of the **trip** is necessary and unavoidable due to:
 - a) unforeseen illness, injury or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**;
 - b) a **complication of pregnancy** involving you.
 - c) **you** or any person with whom **you** are travelling being called up for Jury Service or being subpoenaed as a witness in a Court of Law other than in a professional or advisory capacity;
 - d) accidental damage, burglary, flooding or fire affecting

- your home**, when a loss exceeding £1,500 is involved and **your** presence is required by the Police;
- e) **you** are made redundant and **you** qualify for redundancy payment under current legislation;
2. or the trip is **curtailed** before completion due to:
- a) unforeseen illness, injury or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**;
 - b) a **complication of pregnancy** involving you.
 - c) **you** or any person with whom **you** are travelling being called up for Jury Service or being subpoenaed as a witness in a Court of Law other than in a professional or advisory capacity;
 - d) accidental damage, burglary, flooding or fire affecting **your home**, when a loss exceeding £1,500 is involved and **your** presence is required by the Police;

then **we** will reimburse **you** up to **your policy limit** for financial loss **you** suffer for travel (including pre-paid excursions and/or conferences) and accommodation **you** do not use because of **your** inability to commence or complete **your trip**.

If you chose to rebook **your** holiday instead of to cancel, **we** will pay for rebooking fees if they are less than the cancellation costs.

Important Limitations

This policy will not cover any claims under Section 2 - Cancellation or **Curtailed** arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to purchasing this policy or booking any **trip** (whichever is the later) affecting any **close relative**, travelling companion who is not insured under the policy, or any person with whom **you** have arranged to reside with while on a **trip** if:

1. a terminal diagnosis had been received; or if
2. they were on a waiting-list for, or had knowledge of the need for, surgery, in-patient treatment or investigation at any hospital or clinic; or if
3. during the 90 days immediately prior to the commencement of the policy or prior to booking any **trip** (whichever is the later) they had required surgery, in-patient treatment or hospital consultations.

Special Conditions

1. If **you** are forced to cancel **your trip** for medical reasons:
 - a) relating to **you** – **you** will be required to have the relevant section of **your** claim form completed by **your** usual registered **medical practitioner** within the **United Kingdom**, explaining why it is deemed medically necessary for **you** to cancel **your trip**;
 - b) relating to a **close relative**, any person with whom **you** are going to travel or stay during **your trip** – **you** will be required to have the relevant section of **your** claim form completed by their usual registered **medical practitioner**, explaining why it is deemed necessary for you to cancel **your trip**.
2. **You** must notify **your carrier** or travel agent immediately **you** know **your trip** is to be cancelled to minimise **your** loss as far as possible.
3. If **you** are forced to curtail **your trip** for medical reasons:

- a) relating to **you** – **you** must get a medical certificate from the treating registered **medical practitioner** at the resort or place of incident, explaining why it is deemed medically necessary for **you** to curtail **your trip**.

You may also be required to have the relevant section of **your** claim form completed by **your** usual registered **medical practitioner** within the **United Kingdom** with regard to pre-existing medical history.

- b) relating to a close relative within the **United Kingdom** – **you** will be required to have the relevant section of **your** claim form completed by their usual registered **medical practitioner**, with regard to pre-existing medical history if appropriate and explaining why it was deemed necessary for **you** to curtail **your trip**.
- c) relating to any person with whom **you** are travelling or staying during **your trip** – **you** will need to obtain a copy of a medical certificate from their treating registered **medical practitioner** at the resort or place of incident, explaining why it is deemed medically necessary for the **trip** to be curtailed. **You** may also be required to have the relevant section of **your** claim form completed by the patient's usual

registered **medical practitioner** with regard to pre-existing medical history if appropriate.

4. **You** must contact **us** to make necessary travel arrangements for **you**.
5. In the event of a claim for **curtailment**, indemnity will be calculated strictly from the date **you** return to **your home** in the **United Kingdom**.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every claim. (for claims involving loss of deposit the **excess** will be £10 only);
- b) cancelling or **curtailing your trip** for any reason other than specified under 'What **you** are covered for';
- c) any claim arising directly or indirectly from any **pre-existing medical condition** affecting **you**;
- d) Any claim arising from **complications of pregnancy** which:
 - i) for Cancellation or rebooking – first arise before booking or paying for the **trip**, whichever is the later; or
 - ii) for **Curtailment** - first arise before departing on **your trip**.

Normal pregnancy or childbirth, or travelling when **your medical practitioner** has recorded **your** pregnancy as being at heightened risk of premature birth, would not constitute an unforeseen event.
- e) claims for financial loss in respect of travel and/or accommodation booked and paid for by **you** on behalf of anyone who is not an **insured person** under **your** Policy;
- f) any claim caused by **strike** or **industrial action** and in respect of cancellation which had started or for which the start date had been announced before **you** made travel arrangements for **your trip**, and/or arranged **your** insurance,
- g) any costs incurred because **you** did not tell **your carrier** or travel agent immediately **you** knew that **your trip** was to be cancelled;

- h) any costs incurred because **you** did not contact the emergency service provider to make the necessary travel arrangements, immediately **you** knew that **your trip** was to be curtailed;
- i) any costs incurred when **you** do not get a medical certificate from the treating **medical practitioner** at **your** resort or place of incident, explaining why it is deemed medically necessary to return **home** early to the **United Kingdom**;
- j) any claim resulting from the withdrawal from service of any **public transport** on the orders or recommendation of the regulatory authority in any country. **You** should refer any claim in this case to the transport operator involved;
- k) any claim resulting from the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** including error, insolvency, omission or default;
- l) any claim resulting from change of plans due to **your** financial circumstances, except in the case of cancellation if **you** are made redundant and qualify for redundancy;
- m) any claim resulting from **your** inability to travel due to an **insured person's** failure to hold, obtain or produce a valid passport or any required visa;
- n) any claim resulting from cancellation or **curtailment** caused by work commitments or amendment of **your** holiday entitlement by **your** employer;
- o) any claim resulting from the delay or amendment of **your** booked **trip** because of Government action or restrictive regulations;
- p) costs paid for using any airline mileage reward scheme, for example Avios, or any card bonus point schemes, Timeshare, Holiday Property Bond or other holiday points scheme and/or any associated maintenance fees;
- q) the cost of recoverable airport charges and levies;
- r) any claim resulting from the death or illness of pets or animals.

Please also refer to the General Conditions and General Exclusions.

3. Personal Baggage

This section provides details of the cover **we** provide for **your personal baggage** and/or **valuables**.

What **you** are covered for:

Your personal baggage and/or **valuables** are covered if they are:

1. damaged or destroyed (in this instance, please retain any damaged or destroyed item for inspection if required);
2. lost or stolen and not recovered within 28 days of **you** arriving back in the **United Kingdom**.

The most **we** will pay **you** per **trip** under this section is up to **your policy limit** and:

- a) the most **we** will pay **you** for any one item or any one **pair or set** per **trip** is £150;
- b) the most **we** will pay **you** for **valuables** in total per **trip** is £150.

Special Conditions

1. **We** will pay the cost of replacing lost, stolen, damaged, or destroyed items subject to a deduction made for wear, tear and loss of value based on the age of the property.
2. If the item can be repaired economically **we** will pay the cost of the repair only.
3. **We** will request original receipts for lost, stolen or damaged goods.
4. **You** must not abandon any property for **us** to deal with or dispose of any damaged items as **we** may need to see them.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every claim.
- b) any item loaned, hired or entrusted to **you**;
- c) theft of **personal baggage**, from an **unattended** motor vehicle unless:

- i) the items were out of sight in a locked dashboard or locked boot; and
 - ii) evidence that force and violence were used to get into the motor vehicle is provided by **you**;
- d) loss, theft of or damage to **valuables** left **unattended** at any time (including in a vehicle or in the custody of **carriers**) unless deposited in a hotel safe or locked safety deposit box or from **personal baggage** in transit or in the care of someone other than **you**;
- e) **personal baggage** when **you** have left it unsecured or **unattended** or outside **your** reach at any time in a place to which the public have access;
- f) contact or corneal lenses; dentures; bonds; securities; stamps or documents of any kind including driving licence; keys and necessary changes to locks; musical instruments; glass; china; antiques; pictures; pedal cycles; hearing aids; coupons; alcohol, tobacco products; cosmetics; computer hardware, peripherals and software (excluding laptop, notebook and tablet computers); PDAs; televisions; vehicles (including boats or any parts or accessories for any of them);
- g) damage to suitcases unless they are entirely unusable as a result of one incidence of damage;
- h) claims which are not supported by the original receipt, proof of ownership or insurance valuation (obtained prior to the loss) of the items lost, stolen or damaged;
- i) claims arising from damage caused by leakage of powder or liquid carried within **personal baggage**;
- j) loss, damage or destruction by wear and tear, moths, vermin, denting, scratching, dyeing, or cleaning;
- k) electrical or mechanical breakdown of any insured article;
- l) loss or damage due to delay, confiscation or detention by customs or other official bodies;
- m) in the event of a claim for a **pair or set** those parts that remain in **your** possession which are undamaged;
- n) damage to any brittle or fragile items unless they are damaged by fire or damaged because of an accident which happens to a sea-going vessel, aircraft or motor vehicle;

- o) theft or losses from a roof or boot luggage rack other than the theft or loss of camping equipment;
- p) sports equipment damaged while in use;
- q) **winter sports equipment**;
- r) **golf equipment**;
- s) **business equipment**;
- t) claims arising from loss or theft from **your** accommodation unless there is evidence of forced entry which is confirmed by a police report, including an incident number, issued by the local police in the country of incident;
- u) theft or loss of **personal baggage** and/or **valuables** which has not been reported to the local Police in the country of incident, **your** accommodation management, **your carrier** or tour operator within 24 hours of the incident or within 24 hours of **you** becoming aware that the incident has taken place. The incident report with a case number must be sent to **us** with **your** claim;
- v) loss or theft of, or damage to, **personal baggage** in transit which has not been reported to the **carrier** within 24 hours of the incident. The incident report must be sent to **us** with **your** claim – in the case of checked-in luggage a property irregularity report is required. **You** will be required to send **us** the retained portion of **your** flight ticket and checked-in luggage tag.

Please also refer to the General Conditions and General Exclusions.

4. Money

This section provides details of the cover **we** provide for **your money**.

What **you** are covered for:

Your money is covered while **you** are carrying it on **your** person (in an item of clothing **you** are wearing or in a container which **you** are holding or which is attached to **you**) or if **you** have left it in a locked safety deposit box during **your trip**, if it is:

1. damaged or destroyed;
2. lost or stolen.

The most **we** will pay **you** in total per **trip** under this section is up to **your policy limit**, of which;

- a) the most **we** will pay **you** for cash is up to **your policy limit**;
- b) the most **we** will pay **you** for cash if **you** are under 16 years old is £50 per **trip**, but please note that the **excess** will not apply in this case.

Special Conditions

You must produce evidence of the withdrawal of bank notes, currency notes or coins.

Loss of Passport

Your passport is covered while **you** are carrying it on **your** person (in an item of clothing **you** are wearing or in a container which **you** are holding or which is attached to **you**) or if **you** have left it in a locked safety deposit box during **your trip**.

What **you** are covered for:

The cost of reasonable additional travel and accommodation expenses **you** incur outside the **United Kingdom** while obtaining a replacement passport if **your** passport is lost or stolen during **your trip**.

The most **we** will pay **you** under Loss of Passport is up to **your policy limit** per **trip**.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every claim.
- b) personal **money** left **unattended** at any time unless deposited in a locked hotel safe, safety deposit box or locked in **your trip** accommodation;
- c) the theft or loss of **money** which has not been reported to the local Police, **your carrier**, accommodation management or tour operator within 24 hours of the incident or as soon as **you** become aware that the incident has taken place. The incident report must be sent to **us** with **your** claim;
- d) loss of value or loss due to errors in receipts, payments, accountancy or depreciation;

- e) theft of **money** from an **unattended** road vehicle;
- f) loss due to confiscation or detention by customs or other lawful officials and authorities;
- g) the cost of **your** replacement passport.

Please also refer to the General Conditions and General Exclusions.

5. Personal Accident

What **you** are covered for:

If **you** suffer an accidental **bodily injury** during **your trip**, which within 12 months is the sole and direct cause of death or disablement, **we** will pay to **you** or **your** legal personal representatives the following benefits:

1. £10,000 for death; or £1,000 if **you** are under 18 years old; or
2. £10,000 for **the loss of** (one of more) **limbs**, or the total and irrecoverable **loss of sight** in one or both eyes; or
3. £10,000 for **permanent total disablement**.

The most **we** will pay **you** in total under this section per trip is £10,000.

What **you** are not covered for:

- a) any claim arising directly or indirectly from any **pre-existing medical condition(s)**.

Please also refer to the General Conditions and General Exclusions.

This section provides details of the cover provided for certain personal legal responsibilities **you** may have.

6. Personal Liability

What **you** are covered for:

Your legal responsibility to pay compensation and legal costs to others where **you** accidentally cause:

1. bodily injury, or death of anyone during **your trip**; and/or
2. loss of, or damage to, property during **your trip**.

The total maximum payable for any single event occurring during the **period of insurance**, for all claimants, in connection with all occurrences within one original cause is up to **your policy limit**.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every claim.
- b) death of, bodily injury to **you**, any member of **your family**, **your close relative** or anyone in **your** service;
- c) anything belonging to **you**, or anything which is the responsibility of **you** or any member of **your family** or **your close relative** or anyone employed by **you**;
- d) any responsibility **you** undertake within a contract or agreement which would not have existed in law had that agreement not existed;
- e) any responsibility resulting from **you** or any member of **your family** owning or using: aircraft; horse-drawn vehicles; motorised or mechanically propelled, or towed vehicles; boats (other than rowing boats, punts and canoes); jet skis; jet bikes; skidoos; animals (other than horses, domestic dogs or cats) or firearms;
- f) any responsibility resulting from **your**, or any member of **your family's**, trade, profession, occupation or supply of goods or services;
- g) any responsibility resulting from wilful or malicious acts by **you**;
- h) any claim which is covered by any other insurance held by **you**;

- i) the occupation, except temporarily for the purposes of **your trip**, or ownership of any land or building;
- j) accidental injury or loss which has not been caused by **your** negligence;
- k) any responsibility **you** have as an employer to anyone employed by **you** or any member of **your** family in any trade, business or profession;
- l) any injury, illness, death, loss expense or other liability attributable to the transmission of any communicable disease or virus and/or any related illness and/or any mutant derivatives or variations thereof, however caused;
- m) any claim for incidents which occurred while **you** were on a **trip** within the **United Kingdom**.

Please also refer to the General Conditions and General Exclusions.

7. Hospital Cash Benefit

Cover will only apply when **you** have selected Silver or Gold cover as shown on **your** Certificate of Insurance. This section provides details of the benefit we will pay for a hospital in-patient stay outside the United Kingdom.

What **you** are covered for:

If **we** accept a claim under Section 1 – **Medical Emergency** and Repatriation Service, **we** will also reimburse **you** up to £15 for incidental expenses in the hospital (such as newspapers, television rental and visitor taxi journeys) for each continuous 24 hour period that **you** have to spend in hospital as an in-patient outside the **United Kingdom**. Itemised receipts must be kept as proof of costs incurred.

The most **we** will pay **you** per trip under this section is £250.

What **you** are not covered for:

- a) any claim where **you** cannot provide itemised receipts;
- b) claims for more than one round trip taxi journey per day.

Please also refer to the General Conditions and General Exclusions.

8. Missed Departure

Cover will only apply when **you** have selected Gold cover as shown on **your** Certificate of Insurance.

This section provides details of the services and benefits **we** provide to **you** during **your trip** if **you** are delayed when travelling to **your** point of international departure and **you** miss a travel departure on **your** outward journey.

What **you** are covered for:

Additional costs **you** have to pay when **you** travel to **your** international departure point and **you** have taken every reasonable step to ensure **you** get there on time but **you** are still delayed on **your** way because of:

1. cancellation, failure or disruption of public transport; or
2. an accident to or breakdown of the vehicle in which **you** are travelling.

We will help **you** to get to **your** international departure point by:

- liaising with **your carrier** and/or tour operator to advise them of **your** late arrival;
- arranging emergency local help including towing **your** vehicle to the nearest garage;
- arranging alternative transport;
- arranging for overnight hotel accommodation and alternative international travel to **your** pre-booked destination by the most direct alternative route.

The most **we** will pay **you** per **trip** under this section is £250.

What **you** are not covered for:

- a) any delay caused by **strike** or **industrial action** which had started or for which the start date had been announced before **you** made travel arrangements for **your trip**, and/or arranged **your** insurance;
- b) any claim resulting from the withdrawal from service of public transport on the orders or recommendation of the regulatory authority in any country;
N.B. **You** should refer any claim in this case to the transport operator involved.
- c) additional costs where the public transport operator has offered reasonable alternative travel arrangements;
- d) any claim for additional mechanical wear and tear or loss of value or for additional mileage charges other than for additional fuel and oil;
- e) any claim under this section where **you** are also claiming under Section 2 – Cancellation, or Section 9 – Travel Delay;
- f) additional costs which are not directly related to **you** travelling to **your** international departure point or **your home**;
- g) any claim where **you** have not provided written evidence of the breakdown or accident involving the car **you** were travelling in;
- h) any claim where **you** have not obtained written confirmation from the **carrier** stating the period and the reason for delay;
- i) any claim where **you** have not allowed **yourself** sufficient time to arrive at the international departure point in time to check-in or clear passport and security controls;
- j) any claim where **you** did not contact **us** to make the necessary travel arrangements.

Please also refer to the General Conditions and General Exclusions.

9. Travel Delay

Cover will only apply when **you** have selected Gold cover as shown on **your** Certificate of Insurance.

This section provides details of the benefits **we** provide if **your** travel is delayed.

What **you** are covered for:

If **you** have arrived at the terminal and have checked-in, or attempted to check in for **your** pre-booked flight, sea crossing, international coach or international train journey from or to the **United Kingdom**, and it is delayed for more than six hours beyond the intended departure time as a direct result of **strike or industrial action, adverse weather conditions** or mechanical breakdown of **public transport we** will reimburse **you** up to:

- a) £20 for the first full twelve hours that **your** departure is delayed for **your** costs incurred in the terminal in respect of restaurant meals and refreshments consumed; and
- b) £20 for each additional full twelve hour period of delay for **your** costs incurred in the terminal in respect of restaurant meals, refreshments consumed and hotel accommodation.

Itemised receipts must be kept as proof of purchase. The maximum **we** will pay **you** per **trip** under a) and b) is up to the amount of **your** pre-booked **trip**, but in any event no more than £100.

OR

- c) If after a minimum of 24 hours delay on **your** outward journey and the period of **your trip** is reduced by more than 25% of the original pre-booked duration, **you** may choose to submit a cancellation claim under Section 2 - Cancellation. A refund or alternative compensation must initially be sought from the travel provider.

What **you** are not covered for:

- a) claims where **you** do not provide receipts for the restaurant meals, refreshments and accommodation;

- b) delays caused by **strike or industrial action** which had started, or for which the start date had been announced, before **you** made travel arrangements for **your trip**, and/or arranged **your** insurance;
- c) delays caused by the withdrawal from service of any **public transport** on the orders or recommendation of the regulatory authority in any country;
N.B. **You** should refer any claim in this case to the transport operator involved.
- d) the failure of the provider of any service forming part of **your** booked **trip** to provide any part of **your** booked **trip** including error, insolvency, omission or default;
- e) any claim where **you** are already claiming under Section 2 - Cancellation or under Section 8 – Missed Departure;
- f) any costs or charges for which any **carrier** or provider must, has or will compensate **you**;
- g) any claim where **you** have not obtained written confirmation from the **carrier** giving the period and reason for delay;
- h) any claim for a delay that **you** are aware of at the time of booking **your trip** or taking out this Policy;
- i) if **you** do not check-in (or attempted to check in) and arrive at the departure point for the flight, sea crossing, coach, or train departure before the advised time;
- j) any claim due to involuntary denial of boarding relating to private charter flights.

Please also refer to the General Conditions and General Exclusions.

General Conditions of your Policy

We will only pay **your** claim if the following conditions are met:

1. **You** must comply with **our** Important Health Requirements.
2. **You** must tell **us** before booking your **trip** or departing on your **trip** if any of the following change after **you** pay for **your** Policy:
 - a) if **you** wish to add or remove anyone from **your** Policy;
 - b) if **you** change **your** address.If **you** do not tell **us** about changes, claims may not be accepted and **your** Policy may be invalid. All changes must be declared to American Express Insurance Services on **0800 700 707** and accepted before cover can continue.
3. **You** must tell **us** as soon as possible if **you** are hospitalised as an in-patient, or of any emergencies or claims whatsoever that are likely to exceed £500.
4. **We** ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.
5. **You** must pay the appropriate premium for the full number of days comprising **your** planned **trip**. If **you** travel for more than the number of days for which **you** have paid for cover, **you** will not be covered after the last day for which **you** have paid.
6. In the event of a claim and if **we** require it, **you** must agree to be examined by a **medical practitioner** of **our** choice, at **our** expense. In the event of **your** death **we** may need to carry out a post-mortem examination for which **we** would seek agreement from **your** legal executor.
7. **You** must take all reasonable care and precautions to protect **yourself** against accident, illness, disease or injury and to safeguard **your** property against loss, theft or damage. **You** must act as if **you** are not insured and take steps to minimise **your** loss as much as possible and take reasonable steps to prevent a further incident.

8. The Policy **excess**, as and when applicable, will be deducted in respect of each **insured person**, and each and every separately identified occurrence of loss whether notified to **us** as one claim or otherwise.
9. **We** will make every effort to apply the full range of services in all circumstances as shown in **your** Policy booklet. Remote geographical locations or unforeseeable adverse local conditions may prevent the normal standard of service being provided.
10. **We** may:
 - a) deny **your** application for insurance coverage; and/or
 - b) cancel **your** Policy by giving seven days notice by recorded delivery to **you** at **your** last known address. In such an event the premium shall be adjusted appropriately for the unexpired part of the **period of insurance**.
11. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
12. **We** have the right, if **we** choose, in **your** name but at **our** expense to:
 - a) take over the defence or settlement of any claim;
 - b) take legal action in **your** name to get compensation from anyone else for **our** own benefit or to get back from anyone else any payments that have already been made;
 - c) take any action to get back any lost property or property believed to be lost.
13. **We** may at any time pay to **you** **our** full liability under the Policy after which no further payments will be made in any respect.
14. **You** or **your** legal representatives must supply at **your** own expense all information, evidence, details of household insurance, medical certificates, assistance, original invoices, receipts, reports, etc.. **We** may refuse to reimburse **you** for any expenses for which **you** cannot provide receipts or bills. Please keep copies of all documents sent to **us**.
15. **You** must report all incidents to the local Police in the country where it occurs and obtain a crime or lost property report, which includes an incident number.

16. **You** must take all reasonable steps to get back any article which has been lost or stolen, and to identify the person **you** believe to be responsible for the loss and assist in any legal action.
17. If **we** provide transportation or settle **your** claim and as a result **you** have unused travel ticket(s) **you** must surrender those tickets to **us**. If **you** do not **we** will deduct the amount of those tickets from any amount paid to **you**.
18. If **you** or anyone acting for **you** in any respect; makes a claim under the policy knowing the claim to be false or fraudulently exaggerated, makes a statement in support of a claim knowing the statement to be false, submits a document in support of a claim knowing the document to be forged or false or makes a claim in respect of any loss or damage caused by **your** wilful act or with **your** connivance; then **we**;
will not pay the claim or any other claim which has been or will be made under the policy, may at **our** option declare the policy void, shall be entitled to recover from **you** the amount of any claim already paid under the policy, may inform the police of the circumstances and shall not make any return of premium.
19. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.
20. **You** must give **us**, at **your** expense, all the information, documents and medical certificates **we** ask for including details of other insurance policies that may cover the loss. If something **you** make a claim for is covered by another insurance policy or service contract (for example by a Household Contents All Risks Policy), **we** will only pay **our** proportional share of any claim. The exception to this is for any claim under Section 6 – Personal Liability where **we** will make no payment if **you** hold another insurance policy providing this cover.
21. Although **we** are prepared to cover **you** when undertaking certain sports and activities, the availability of insurance cover does not mean that

American Express Insurance Services or the insurers consider these sports and activities as safe. At all times **you** must satisfy **yourself** that **you** are capable of safely undertaking the planned sport or activity and **you** must take all due care to avoid injury, accident or loss to **yourself** and to others.

You must accept and follow the supervision and tuition of experts qualified in the pursuit or activity in question and **you** must use all appropriate precautions, equipment and eye protection. Disregarding such advice and precautions may invalidate any claim **you** make.

General Exclusions of your Policy

These exclusions apply to all the sections of **your** Policy.

1. Any claim arising directly or indirectly from any **pre-existing medical condition**.
2. Any claim where **you** have not paid the appropriate premium as shown on **your** Certificate of Insurance.
3. Any claim occurring outside of the maximum **trip** length and **geographical limits** shown on **your** Certificate of Insurance. Please note that this exclusion operates regardless of when the claim actually occurred during **your trip**.
4. Any claim resulting from something **you** knew about at the time of paying for the insurance, before the start of the **period of insurance** or before booking any **trip**.
5. **Your** travel against any health requirements stipulated by the **carrier**, their handling agents or any other **public transport** provider.
6. Self exposure to needless peril (except in an attempt to save human life).
7. Flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft.
8. The use of motorised two or three wheeled vehicles unless a full driving licence issued in **your country of residence** is held permitting the use of such vehicles and **you** and **your** passengers are wearing a helmet.
9. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.

10. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
11. Any claim resulting from **you** attempting or committing suicide; deliberately injuring **yourself**; using any drug not prescribed by a registered **medical practitioner**, being addicted to any drugs, or abusing solvents, drugs, or alcohol, or being under the influence of drugs, solvents, or alcohol.
12. Any other loss, damage or additional expense resulting directly or indirectly from the cause of **your** claim, unless **we** provide cover under this insurance. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys; cost incurred in preparing a claim; loss of earnings following **bodily injury** or illness; or loss or costs incurred arising from the interruption of **your** business.
13. Any loss or damage deliberately carried out or caused by **you**, **your** own unlawful action or any criminal proceedings against **you**.
14. Any claim where **you** are entitled to indemnity under any other insurance policy including any amounts recoverable from any other source, except in respect of any amount exceeding that for which **you** are covered under such other policy, or any amount recoverable from any other source, had this insurance not been effected.
15. Costs of taxi fares (with the sole exception of the taxi costs incurred for the initial journey to a hospital abroad due to an **insured person's** illness or injury); telephone calls or faxes, meals, newspapers, laundry costs, interpreters' fees (unless incurred under 7. Hospital Cash Benefit); inconvenience, distress, loss of earnings, or loss of enjoyment.
16. Any claim resulting from **you** taking part in manual work, which involves the installation, assembly, maintenance, repair, or use of electrical, mechanical or hydraulic plant (other than in a purely managerial/supervisory, sales or administrative capacity), manual labour of any kind other than in the catering industry or fruit picking by hand at ground level, or work at a ski resort, during **your trip**.

17. Any loss relating to services which **we** have provided to **you** or any loss which happens following any delay on **our** part, in providing services to **you** unless negligence on **our** part can be proved.
18. Any claim arising from war; invasion; act of a foreign enemy; hostilities (whether war be declared or not); civil war; rebellion; **terrorism**; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; **you** taking part in civil commotion or riot of any kind but this exclusion shall not apply to losses under Section 1 – **Medical Emergency & Repatriation Service** unless such losses are caused by nuclear, chemical or biological attack, or the disturbances were already taking place at the beginning of any **trip**.
19. Any claim directly or indirectly caused by:
 - a) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
 - b) pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds;
 - c) the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release of or exposure to any hazardous biological, chemical, nuclear or radioactive material, gas, matter, or contamination.
20. Any claim involving, or involving the fear of: delay; loss; damage; injury or any other costs that are indirectly caused by the event which led to **your** claim, unless specifically stated in this Policy which is caused, either directly or indirectly, by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit or similar device or any computer software or stored programme, to correctly recognise any date as the true calendar date or to continue to function correctly in respect of or beyond that date.

21. Any claim resulting from **your** involvement in a fight except in self-defence.
22. Any claim if **you** have been taking part in, or practising for, a sport or activity forming part of an organised team sport or organised competition or any claim where **you** are practising for, or taking part in, any sport or activity as a professional sports person.
23. Participation in **Adventure Sports and Activities** if **you** are aged 66 years or over.
24. Operational duties as a member of the Armed Forces.
25. **Your** travel to a country or specific area or event to which the Foreign and Commonwealth Office has advised the public not to travel.
26. Any claim when **you** have reached the maximum age restriction for the policy as stated within these terms and conditions.

What to do if you need to make a claim

1. First check **you** are covered by **your** Policy.
Please read the appropriate section in this Policy booklet to see exactly what is, and is not covered, noting particularly any conditions, limitations and exclusions.
2. Making a claim.
 - a) In the event of an emergency **you** should first call the Emergency Helpline listed on the back cover of the Policy booklet (any minor illness or injury costs must be paid for by **you** and reclaimed).
 - b) For all other claims telephone **our** Claims Helpline on 0203 216 4135 (Monday – Friday 8:00 - 20:00 and Saturday 8:00 - 17:00) to obtain a claim form. **You** will need to give:
 - **your** name,
 - **your** Policy Number found at the top of **your** Certificate of Insurance,
 - brief details of **your** claim.

Alternatively **you** can submit **your** non-emergency claim on our 24/7 worldwide access online claims registrations tool at www.amex-claims/uk or email **our** Claims Helpline on amex.retail@axa-travel-insurance.com

You will need to provide:

- **your** name,
- **your** Policy Number found at the top of **your** Certificate of Insurance,
- **your** address including the postcode,
- the section under which **you** wish to make a claim.

We ask that **you** notify **us** within 28 days of **you** becoming aware of an incident or loss leading to a claim and **you** return **your** completed claim form and any additional information to **us** as soon as possible.

3. Additional Information.

You must supply all of **your** original invoices, receipts and reports etc. **You** should check the section under which **you** are claiming for any specific conditions and details of any supporting evidence that **you** must give **us**.

It is always advisable to keep copies of all the documents that **you** send to **us**.

4 Claims Handling Agents

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

Complaints Procedure

We aim to provide a first class service at all times. However, if **you** have a complaint, in order to get **your** complaint dealt with as quickly and efficiently as possible, please ensure **your** complaint is directed to the right organisation.

If **your** complaint is about **your** cover under **your** Policy or a claim on **your** Policy, please contact:

AXA Travel Insurance (Complaints Department)
The Quadrangle
106-118 Station Road
Redhill RH1 1PR
United Kingdom

or phone 01737 815227;

or email **us** at claimcomplaints@axa-travel-insurance.com

If **your** complaint is about the sale and servicing of **your** Policy that **you** have received from American Express Insurance Services, please contact:

American Express Insurance Executive Office
1 John Street
Brighton
BN88 1NH
United Kingdom
or phone 01273 576109;
or email us at insuranceexec@aexp.com

Please enclose the following details when sending **your** letter:

- **your** full name, postcode and contact phone number(s);
- the type of Policy and **your** Policy and/or claim reference;
- an outline of the reasons for **your** complaint.

If it is impossible to reach an agreement, you may have the right to make an appeal to the Financial Ombudsman Service by writing to:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR, United Kingdom

Or you can phone 0800 023 4567 or 0300 123 9 123 from a mobile.

Website: www.financial-ombudsman.org.uk

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

Compensation Scheme

We are a member of the Financial Services Compensation Scheme (FSCS). The FSCS is a safety net for customers of financial services firms should they not be able to meet their liabilities and **you** may be entitled to claim compensation in such event. Further information can be obtained from the FSCS. Their contact details are Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St. Botolph Street, London EC3A 7QU, United Kingdom. Telephone 0800 678 1100 or 020 7741 4100, Website: www.fscs.org.uk

Use of Your Personal Data

Please read the paragraphs below, which define how American Express Insurance Services Europe Limited, (“American Express Insurance Services”) and Inter Partner Assistance SA and AXA Travel Insurance (cumulatively

“AXA”) use information about **you** for the purpose of providing **you** with insurance services and additional products and services and to comply with legal and regulatory requirements in relation to the provision of benefits under this policy.

Both organisations appreciate the importance of the protection, confidentiality and security of **your** information.

Personal Information

If **your** insurance application is accepted by American Express Insurance Services and AXA and **you** are issued a Certificate of Insurance and Policy wording, **you** also agree that American Express Insurance Services and AXA may:

- a) disclose and use information about **you** and **your** insurance cover – including information relating to **your** medical status and health – to companies within the American Express and AXA group of companies worldwide, their partners, service providers and agents in order to administer and service **your** account/insurance cover (and arrange the renewal thereof) process and collect relevant payments on it, for fraud prevention and to manage the benefits or insurance programmes in which **you** are enrolled;
- b) use information about **you** and **your** insurance cover – excluding information relating to **your** medical status and health – to develop lists for use within the American Express group of companies worldwide and its partners to develop or make offers to **you** (by mail, email or telephone) of products and services in which **you** may be interested. The information used to develop these lists may be obtained from **your** application, from information on where and how **you** use **your** Card if **you** are an American Express Cardmember and from surveys and research (which may involve contacting **you** by mail or telephone) and information obtained from other external sources such as merchants or marketing organisations;
- c) undertake all of the above within and outside the United Kingdom and the European Union. This includes processing **your** information in other countries in which data protection laws are not as

comprehensive as in the European Union. However, both organisations have taken appropriate steps to ensure the same (or equivalent) level of protection for **your** information in other countries, as there is in the European Union; and

- d) monitor and/or record **your** telephone calls in relation to cover to ensure consistent servicing levels and account operation.

Both organisations use advanced technology and well defined employee practices to help ensure that **your** information is processed promptly, accurately and completely and in accordance with applicable data protection law.

If **you** want to know what information is held about **you** by the American Express Group of companies, please write to:

American Express Services Europe Limited
Data Protection Office
Dept 2007
1 John Street
Brighton
BN88 1NH
United Kingdom

If **you** want to know what information is held about **you** by Inter Partner Assistance SA or AXA Travel Insurance, please write to:

AXA Travel Insurance
Data Protection Officer
The Quadrangle
106-118 Station Road
Redhill
RH1 1PR
United Kingdom

There may be a charge for this service, as permitted by law. Any information which is found to be incorrect will be corrected promptly. Information about **you** is only held for so long as it is appropriate for the above.

The American Express Group of companies reserves the right to contact **you** by mail or telephone in connection with the operation of **your** Policy and related services. If **you** wish to have **your** name removed from any marketing programmes or if **you** require any further information please contact American Express Insurance

Services on 0800 700 707. Please provide **your** full name, postal address, travel insurance Policy Number and if **you** are an American Express Cardmember **your** Card Number. Please allow 40 days if **you** wish to have **your** name removed from marketing programmes for **your** request to become effective.

Remember to take this policy booklet with you when you travel.

For 24 hour worldwide emergency assistance and information before you travel, contact AXA Assistance on:

+44 (0) 203 126 4134

AXA Assistance Claims:

(Monday - Friday, 8:00 - 20:00, Saturday, 8:00 - 17:00)

0203 126 4135

When dialling from outside the UK add 44 then omit the 0.
When dialling within the UK omit the 44.

American Express Insurance Services Europe Limited is authorised and regulated by the Financial Conduct Authority. Registered Office: 76 Buckingham Palace Road, London SW1W 9AX, UK Registered Number: 05048826. Registered in England and Wales.

Inter Partner Assistance is a branch of Inter Partner Assistance S.A. (IPA), Avenue Louise 166 bte 1, 1050 Brussels. IPA is a Belgian company authorised by the National Bank of Belgium (registration 0487) and subject to limited regulation by the Financial Conduct Authority in the UK. Details of the extent of its regulation by the Financial Conduct Authority are available upon request, (registration 202664). IPA and its agent, AXA Travel Insurance are all members of the AXA Assistance Group.

INS196 (IPA) Effective from July 2015

