

**Combined Terms and Conditions**  
**Europe/Worldwide**

**Annual  
Standard  
Cover**

**Annual  
Premier  
Cover**



**TRAVEL INSURANCE**



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## **Your Annual Standard or Annual Premier Policy**

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# Policy Summary

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The Policy **you** have bought is Annual Standard or the Annual Premier Cover. This Policy Summary tells **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.

| Section | Significant Features and Benefits   | Annual Standard Cover   | Annual Premier Cover   |
|---------|---|---|--|
|         | Description of Cover  | Benefit   | Benefit  |
| 1       | <p><b>Personal Assistance Service</b></p> <p>including:<br/>Pre-Travel Advice</p> <p>Transfer of emergency funds<br/>Homecare (parts/materials)</p>   | <p>to £200</p> <p>to £50 (including VAT)</p>  | <p>to £200</p> <p>to £50 (including VAT)</p>   |
| 2       | <p><b>Medical Emergency &amp; Repatriation Service</b></p> <p>including:<br/>Burial or cremation abroad or repatriation of body to the UK<br/>Emergency Dental treatment<br/>UK medical transfer to hospital<br/>Person to join/stay with you<br/>Additional accommodation &amp; travelling costs</p> | <p><b>to £2 million*</b></p> <p>to £2,500</p> <p>to £1,000</p> <p>N/A</p> <p>to £1,500</p> <p>to £1,500</p> | <p><b>to £5 million*</b></p> <p>to £2,500</p> <p>to £1,000</p> <p>£500</p> <p>to £1,500</p> <p>to £1,500</p> |
| 3       | <p><b>Hospital Cash Benefit</b></p>   | <p><b>to £500</b><br/>£25 per 24 hrs</p>  | <p><b>to £1,500</b><br/>£100 per 24 hrs</p>  |

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| Section Significant Features and Benefits |   | Annual Standard Cover   | Annual Premier Cover  |
|---|---|---|---|
|   | Description of Cover  | Benefit   | Benefit   |
| 4   | <b>Convalescence Benefit</b>  | N/A   | <b>to £1,500</b><br>£250  |
| 5   | <b>Personal Accident</b> including:<br>Death (18 – 65)<br>Death (under 18 or 66 and over)<br>Loss of limb<br>Loss of sight<br>Permanent total disablement | <b>to £25,000</b><br><br>£25,000<br>£1,000<br><br>£25,000<br>£25,000<br>£25,000 | <b>to £50,000</b><br><br>£50,000<br>£1,000<br><br>£50,000<br>£50,000<br>£50,000 |
| 6   | <b>Cancellation or Curtailment</b> including:<br>If £1,500 loss to home when a deposit is lost<br>Excursion cover   | <b>to £7,000†</b>   | <b>to £12,500†</b>  |
| 7   | <b>Missed Departure and / or Connection(s)</b>  | <b>to £750</b>  | <b>to £750</b>  |
| 8   | <b>Travel Delay</b> including:<br>If delayed more than 12 hrs<br>For each additional 12 hr delay  | <b>to £60</b><br><br>to £20<br>to £20   | <b>to £100</b><br><br>to £20<br>to £20  |
| 9   | <b>Personal Baggage &amp; Money</b> including:<br>For any one item/pair/set<br>For valuables in total<br>Money<br>Loss of cash<br>Loss of cash under 16s  | <b>to £1,500†</b><br><br>to £200<br>to £200<br>to £500<br>to £250<br>to £50     | <b>to £2,500†</b><br><br>to £300<br>to £300<br>to £750<br>to £250<br>to £50     |
| 10  | <b>Personal Baggage Delay</b> (outward trip) including:<br>If delayed more than 12 hrs  | <b>to £100</b><br><br>to £100   | <b>to £200</b><br><br>to £200   |

| Section Significant Features and Benefits  |   | Annual Standard Cover  | Annual Premier Cover   |
|--|---|--|--|
| Description of Cover   |   | Benefit  | Benefit  |
| 11   | <b>Personal Liability</b>   | <b>to £1million</b>  | <b>to £2million</b>  |
| 12   | <b>Legal Advice &amp; Expenses</b> (advance) including:<br>24 hour telephone advice<br>Travel expenses to court outside UK<br>Extra claims, fees & expenses<br>Fees for motor offence outside UK<br>A Bail Bond in local currency | <b>to £25,000</b><br><br>24 hour access<br><br>to £250<br><br>to £25,000<br><br>to £1,000<br><br>to £1,000 | <b>to £50,000</b><br><br>24 hour access<br><br>to £250<br><br>to £50,000<br><br>to £1,000<br><br>to £1,000                                   |
| 13   | <b>Winter Sports</b> including:<br>Piste Closure<br><br>Avalanche benefit<br>Winter Sports Equipment<br>For any one article/pair/set<br>Delay of Equipment over 12 hrs<br>Search & rescue costs                                   | N/A<br><br>N/A<br><br>N/A<br><br>N/A<br>to £300/<br>£15 per day<br>to £150,000                             | <i>to £200/<br/>£20 per day<br/>to £150/<br/>£30 per day<br/>to £500†</i><br><br><i>to £300<br/>to £300/<br/>£15 per day<br/>to £150,000</i> |
| 14   | <b>North American Car Hire Benefits</b> (USA & Canada cover only – age limits apply) including:<br>Collision Damage Waiver<br>Loss of use<br><br>Drop off charges<br>Top up Liability   | N/A<br>N/A<br><br>N/A<br>to US<br>\$1,000,000  | <i>to US \$50,000<br/>to £195 / £15 per 24 hours<br/>to £200<br/>to US<br/>\$1,000,000</i>   |
| <b>Cover for the following Options will only apply if you have chosen to add the Option and have paid the appropriate premium.</b> |   |  |  |
|  | <b>Excess Waiver Option</b><br>No excess will apply if you have chosen to add this option and   | only covered if the Option premium paid  | only covered if the Option premium paid  |

| Section   | Significant Features and Benefits   | Annual Standard Cover   | Annual Premier Cover   |
|---|---|---|--|
|   | have paid the appropriate premium (This will not apply to the increased excess for the Adventure Sports and Activities Option.)   |   |  |
| 15  | <b>Adventure Sports and Activities Option</b><br>including:<br>(Excess of £200 on Medical)<br>Sports/Activities Equipment<br>For any one article/pair/set   | <b>only covered if the Option premium paid</b><br><br>to £500†<br><br>to £300   | <b>only covered if the Option premium paid</b><br><br>to £500†<br><br>to £300              |
| 16  | <b>Enhanced Business Traveller Option</b><br>Pre-travel advice<br>Replacement business colleague<br>Emergency return home if £1,500 loss to business<br>Transfer of emergency funds<br>Personal Accident including:<br>- Death (18 to 65)<br>- Loss of limb<br>- Loss of sight<br>- Permanent total disablement<br>Personal Baggage & Money including:<br>For any one item/pair/set | 24 hour advice<br><br>to £750<br><br>to £500<br><br>to £30,000<br><br>£30,000<br>£30,000<br>£30,000<br><br>£30,000<br><br>to £2,000<br><br>£250 | 24 hour advice<br><br>to £750<br><br>to £500<br><br>N/A<br><br><br><br><br><br><br><br>N/A |
| <p>An <b>excess</b> applies to each insured person, to each and every incident under each section of this Policy marked with a † or *.</p> <p>† A £50 excess applies unless the Excess Waiver Option premium has been paid.</p> <p>* A £200 excess applies for Group B and C Adventure Sports and Activities and Group B and C Winter Sports.</p> |   |   |  |

## IMPORTANT INFORMATION

You are only covered for the Options if the appropriate premium has been paid. If you wish to add any of these Options to your existing cover, please call American Express Insurance Services on 0800 700 707.

## RENEWALS

A renewal notice will be sent to you before the end of the period of insurance, explaining how this will work. Should you want to amend your policy, update us on any medical conditions or cancel your policy, please call us on 0800 700 707. Lines are open Monday to Friday 9:00 - 17:00.

## The Intermediary

**Your** Policy has been arranged by American Express Insurance Services Europe Limited ("American Express Insurance Services")<sup>1</sup>, a UK based insurance intermediary authorised and regulated by the Financial Conduct Authority. They will administer **your** Policy, and organise the renewal of annual policies, subject to the terms and conditions set out by the insurer. American Express Insurance Services will provide **you** with renewal terms offered by their travel insurance provider at the time of **your** renewal. A renewal notice will be sent to **you** before the end of the **period of insurance**, explaining how this will work. If **you** do not wish to renew **your** Policy with the current or any new insurer, **you** will need to contact American Express Insurance Services by calling 0800 700 707, at least 30 days prior to the expiry of **your** Policy. If American Express Insurance Services does not hear from **you**, **your** Policy will be renewed automatically.

<sup>1</sup>American 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 FCA's Register by visiting [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0800 111 6768.



## The Insurer

This policy is underwritten by American Express Insurance Services' 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.

## Important Requirements applying to your Policy

If you have a **pre-existing medical condition** **you** must make a **medical health declaration**. In addition, if there are any changes in **your** health or prescribed medication **you** must notify **us** and update **your medical health declaration** prior to booking any **trip** or departing on any **trip**. All changes must be declared to **us** and accepted in writing before cover can continue.

## Key exclusions applying to your Policy

### Age Restrictions

Certain Age restrictions will apply to your travel cover: This Policy is not available to anyone aged 80 years or over on the first day of cover.

### Exclusions

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

- Section 1 Personal Assistance Services
- Section 2 **Medical Emergency** and Repatriation Service
- Section 3 Hospital Cash Benefit
- Section 4 Convalescence Benefit
- Section 5 Personal Accident
- Section 6 Cancellation or **Curtailement**
- Section 7 Missed Departure and/or Missed Connection(s)
- Section 8 Travel Delay
- Section 9 **Personal Baggage** & Money
- Section 10 **Personal Baggage** & Delay
- Section 11 Personal Liability
- Section 12 Legal Advice and Expenses
- Section 13 **Winter Sports**
- Section 14 North American Car Hire Benefits (Cover only if Worldwide Cover is selected)
- Section 15 Adventure Sports and Activities (Optional cover)
- Section 16 Enhanced Business Traveller (Optional cover)

Please refer to page 79 for the list of General Exclusions applying to all the sections of **your** Policy.

## Duration of your Policy

The Annual Policy duration is one year and is subject to a maximum of 183 **trip** days in each **period of insurance**.

### Annual Standard cover

- 31 consecutive days for **European Cover** (or 62 consecutive days if **you** have paid the appropriate additional premium); or
- 91 consecutive days for **Worldwide Cover**.

*The Annual Policy duration is one year and is subject to a maximum of 240 **trip** days in each **period of insurance**.*

### Annual Premium cover

- 31 consecutive days for **European Cover** (or 62 consecutive days if **you** have paid the appropriate additional premium); or
- 120 consecutive days for **Worldwide Cover**.

## Cancellation of your Policy

If this insurance does not meet **your** needs, **we** will cancel **your** Policy providing **you** return it 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.

If **you** subsequently give notice in writing or by telephone to American Express Insurance Services to cancel this insurance, such cancellation shall take effect on the next renewal date following such notice. No refund of premium will be made.

**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 (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](http://www.amex-claims/uk) or email **our** Claims Helpline on [amex.retail@axa-travel-insurance.com](mailto: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](mailto: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](mailto: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](http://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,  
Fax 020 7741 4101. Website: [www.fscs.org.uk](http://www.fscs.org.uk)

# Your Annual Standard and Annual Premier Policies

## 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).

*Please note: Information that applies to Premier Cover only will appear in italics on a grey background.*

## The Intermediary

**Your** Policy has been arranged by American Express Insurance Services Europe Limited ("American Express Insurance Services"), a UK based insurance intermediary authorised and regulated by the Financial Conduct Authority. They will administer **your** Policy, and organise the renewal of annual policies, subject to the terms

and conditions set out by the insurer. American Express Insurance Services will provide **you** with renewal terms offered by their travel insurance provider at the time of **your** renewal. A renewal notice will be sent to **you** before the end of the **period of insurance**, explaining how this will work. If **you** do not wish to renew **your** Policy with the current or any new insurer, **you** will need to contact American Express Insurance Services by calling 0800 700 707, at least 30 days prior to the expiry of **your** Policy. If American Express Insurance Services does not hear from **you**, **your** Policy will be renewed automatically.

## The Insurer

This policy is underwritten by American Express Insurance Services<sup>1</sup> 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.

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# 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.

If **you** subsequently give notice in writing or by telephone to American Express Insurance Services to cancel this insurance, such cancellation shall take effect on the next renewal date. No refund of premium will be made.

5. Any changes to the normal cover are shown on **your** Certificate of Insurance, which 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. **Your** Policy is subject to a maximum cover of 183 **trip** days in each **period of insurance** with each individual **trip** limited to:

**Annual Standard cover**

- 31 consecutive days for **European Cover** (or 62 consecutive days if **you** have paid the appropriate additional premium); or
- 91 consecutive days for **Worldwide Cover**.

*The Annual Policy duration is one year and is subject to a maximum of 240 **trip** days in each **period of insurance**.*

**Annual Premium cover**

- 31 consecutive days for **European Cover** (or 62 consecutive days if **you** have paid the appropriate additional premium); or
- 120 consecutive days for **Worldwide Cover**.

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.

Please refer to **your** Certificate of Insurance for age, geographical and **trip** length restrictions which apply to **your** Policy.

7. *N.B. Premier Cover only*

*This Policy also covers **you** for **trips** within the United Kingdom provided **you** have pre-booked at least one night's accommodation.*

8. Cover is not available to anyone aged 80 years or over on the first day of cover. Please contact American Express Insurance Services for more information.
9. If **you** have purchased **family** cover, **your family** as named on the Certificate of Insurance, will be covered when either travelling with **you** or independently.
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 - 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 unless:

- **you** have declared ALL **pre-existing medical conditions** to **us**; and
- **you** have declared any changes in **your** health or prescribed medication; and
- **we** have accepted the condition(s) for insurance in writing.

If **you** have a **pre-existing medical condition you** must make a **medical health declaration**. In addition, if there are any changes in **your** health or prescribed medication **you** must notify **us** and update **your medical health declaration** prior to booking any **trip** or departing on any **trip**. All changes must be declared to **us** and accepted in writing before cover can continue.

Failure to declare **pre-existing medical conditions** that are relevant to this insurance may invalidate **your** claim.

**We** will assess the medical information supplied to **us** and advise if **we** can cover the **pre-existing medical condition(s)**, if certain exclusions or restrictions should be imposed, or if cover can be offered subject to the payment of an additional premium. If the cover is subject to the payment of an additional premium, cover will not commence until full payment has been received by **us** and written confirmation has been provided by **us**.

To declare a **pre-existing medical condition** or a change in **your** state of health or prescribed medication, **you** should contact American Express Insurance Services on 0800 700 707.

**You** should also refer to the General Exclusions.

## Important Limitations under Section 6 - Cancellation or **Curtailment**

This policy will not cover any claims under Section 6 - 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 temporarily whilst on **your 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 2 – **Medical Emergency** and Repatriation, you will not have to pay the **excess** per insured person, in respect of each and every incident - with the exception of claims where **you** have been taking part in any Group B or Group C **Adventure Sports and Activities** or Group B or Group C **Winter Sports**.

When **you** are travelling to Australia and **you** register for treatment under the national Medicare scheme, Medicare provides

- free treatment as an in-patient or out-patient at a public hospital;
- subsidised medicines under the Pharmaceutical Benefits Scheme; and
- benefits for medical treatment provided by doctors through private surgeries and Government Health Centres (not hospitals).

**We** recommend **you** enrol at Medicare offices in Australia if **you** will be receiving treatment. If **you** receive treatment before **you** enrol, Medicare benefits can be backdated, if **you** are eligible. To be eligible **you** must be a resident of the **United Kingdom** and will need to show **your** passport with an appropriate visa. For more information **you** should contact: Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901, Australia or visit their website at: **www.humanservices.gov.au**

### **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**

**Your** policy covers many **Adventure Sports and Activities** as standard which are listed below in Group A and provides limited cover for **Adventure Sports and Activities** listed in Group B. **Your** policy can be extended to cover additional sporting activities listed below in Group C when **you** have paid the appropriate premium. **Adventure Sports and Activities** are only covered on an incidental, non-competitive and non-professional basis.

Group A - The following **Adventure Sports and Activities** will be covered automatically under **your** policy:

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.

Group B – The following **Adventure Sports and Activities** will also be covered, but no cover will be available for Section 5 - Personal Accident or Section 11 - Personal Liability sections and Section 2 - **Medical Emergency** and Repatriation Service will be subject to a policy **excess** of £200:

abseiling, archery, canoeing (up to grade/class 3 to 4), clay pigeon shooting, fell running, fencing, go-karting, horse riding, hot air ballooning, jet biking, jet skiing, mountain bicycling on tarmac, paintball, sailing (outside 20 nautical miles of the coastline), scuba diving (qualified and above 40 metres), snowblading, war games, yachting (outside 20 nautical miles of the coastline).

Group C – **Your** policy can be extended to cover the following **Adventure Sports and Activities** when the appropriate premium is paid, but no cover will be available for Section 5 - Personal Accident or Section

11- Personal Liability sections and Section 2 - **Medical Emergency** and Repatriation Service will be subject to a policy **excess** of £200:

American football, bungee jumping, gaelic football, mountain bicycling off tarmac, parascending (on water), rock climbing with ropes and guides, rugby league, rugby union, sky diving, white water canoeing/rafting.

Group D – **You** will not be covered for participating in the following sports and activities under any circumstances:

base jumping, boxing, canyoning, cave diving, caving, flying other than as a fare paying passenger, gliding, hang gliding, martial arts, microlighting, any form of motorsport (including motor rally, motor racing, speed, performance, endurance tests, motorboat racing, motorcycle racing), mountaineering, parachuting, paragliding, parascending (over land), polo, potholing, professional sports, quad biking, rock climbing without ropes and guides, safari with guns, shark diving, steeplechase.

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.

### **Adviser**

Specialist solicitors or their agents.

### **Adviser's costs**

Reasonable fees and disbursements incurred by the **adviser** with **our** prior written authority. Legal and accounting expenses shall be assessed on the standard basis and third party costs shall be covered if awarded against **you** and paid on the standard basis of assessment.

### **Bodily injury**

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



### **Business associate**

A business partner, director or employee.

### **Car insurance excess waiver**

A loss or collision damage waiver, top up liability or similar type of insurance waiver, offered by a licensed car rental agency or company in respect of a **rental vehicle**.

### **Carrier**

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

### **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, stepson, son-in-law, granddaughter, grandson, uncle, aunt, nephew, niece, legal guardian, legal ward, or the fiancé(e) of any person insured under this Policy.

### **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**.

### **Driver**

**You** and any member of the party travelling with **you** insured under an American Express Travel Insurance Policy and who is named on the rental agreement as an authorised driver of the **rental vehicle**.

### **Excess(es)**

The first amount as shown in the Policy Summary which must be paid by **you** for each **insured person** under **your** Policy, for every incident of loss applying to each section of cover under which a claim is made. This means that if **you** claim for something under a section of the Policy for which an **excess** is to be deducted, **you** will personally be financially responsible for the first amount as shown in the policy summary for each **insured person's** claim.

If **you** have obtained a European Health Insurance Card (EHIC) and use it to reduce the cost of a medical claim under Section 2 – **Medical Emergency** and Repatriation, **you** will personally be financially responsible for the first amount shown in the policy summary for each insured person's claim.

### **Excess waiver**

**You** may choose to pay an additional premium to purchase the Excess Waiver Option. Having purchased the Excess Waiver Option **you** will no longer be personally financially responsible for the **excess** when submitting a claim. (This will not apply to the increased **excess** for the Adventure Sports and Activities Option.)

**You** cannot opt to purchase the Excess Waiver Option when **you** are actually aware of a potential claim, or in a claims situation.

Please note:

An **excess** of £200 will apply to any claim under Section 2 – **Medical Emergency** and Repatriation Service, where **you** have been taking part in any Group B or Group C **Adventure Sports and Activities** or Group B or Group C **Winter Sports**. This higher **excess** cannot be reduced or deleted by use of the European Health Insurance Card (EHIC) or by having purchased the Excess Waiver Option.

### **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, or under 21 years old and in full time education.

### **Geographical limits**

The following areas for which **you** have paid the appropriate premium are covered, 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 (Zone 1)**

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 and Ukraine.

N.B. Standard Cover only

### **Worldwide Cover (Zone 2)**

All countries worldwide including the **United Kingdom\***

*N.B. Premier cover only*

### **Worldwide Cover (Zone 2)**

All countries worldwide including the **United Kingdom\***

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

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

### **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.

### **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 health declaration**

Medical information that needs to be declared to **us** by any **insured person** who has suffered from any **pre-existing medical condition**.

### **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, ski lift pass, 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.

Cover for cancellation under Section 6 – Cancellation or **Curtailment** will start when **you** pay or agree to pay for a **trip** (provided that this policy is in force) and shall

cease when **you** have started that **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.

If **you** book a **trip** during the current **period of insurance** and have paid or agreed to pay for it, where the departure date is after the renewal date of **your** Policy, cancellation cover will continue in force on condition that

- a) **you** renew the Policy, if eligible, when renewal falls due, and
- b) **your** premium has been paid in full.

N.B. This policy is not available to anyone aged 80 years or over on the first day of cover.

### **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**.

N.B. If **you** have purchased Emergency Vehicle Assistance for Motoring in Europe, the following items will be covered under Section 9 – **Personal Baggage & Money**: normal vehicle tool kits provided as standard by the manufacturer, together with d.i.y. hand tools not exceeding a total value of £50, plus a warning triangle and a vehicle first-aid kit.

### **Pollutants**

Any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapour, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned and reclaimed.

## **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**.

If **you** are aware of any **pre-existing medical condition(s)** these must be declared to American Express Insurance Services on **0800 700 707**, and accepted for cover.

### **Public transport**

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

### **Rental vehicle**

The automobile rented from a licensed rental agency or company, being a land motor vehicle designed for travel principally on public roads.

### **Rental vehicle insurer**

The insurer(s) who underwrites the **rental vehicle insurance**.

### **Rental vehicle insurance**

The primary insurance held by a licensed car rental agency or company in respect of the **rental vehicle** covering risks such as third part liability, or theft of the **rental vehicle**.

### **Ski pack**

Ski lift pass, ski school fees and hired ski equipment, all pre-paid.

### **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** shown on **your** Certificate of Insurance, which starts and ends in the **United Kingdom** during the **period of insurance** and which does not exceed 31 days consecutively in respect of **European Cover** (or 62 days consecutively if **you** have paid the appropriate additional premium), or 91 days consecutively for **Worldwide Cover**.

### *N.B. Premier Cover only*

*which does not exceed 31 days consecutively in respect of **European Cover** (or 62 days consecutively if **you** have paid the appropriate additional premium), or 120 days consecutively for **Worldwide Cover**.*

If **your** planned journey exceeds these limits **you** may wish to buy alternative insurance 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 on **0800 700 707** for more information.

### *N.B. Premier Cover only*

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

## **Unattended**

When **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, printers, personal organisers, 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**

**Your** policy covers certain **winter sports** activities listed below. **Winter sports** are only covered on a non-competitive and non-professional basis. **You** are not covered when engaging in organised competitions or when skiing against local authoritative warning or advice.

Group A - The following sports and activities will automatically be covered:

ice skating (on recognised ski rinks), monoskiing, skiing (on piste or off piste with a guide), snowboarding (on piste or off piste with a guide), snowshoeing.

Group B – The following sports and activities will also be covered, but no cover will be available for Section 5 - Personal Accident or Section 11 - Personal Liability sections and Section 2 - **Medical Emergency** and Repatriation Service will be subject to a policy excess of £200:

cross country skiing, glacier skiing, ski touring, skidoo, snowblading, tobogganing.

Group C – **Your** policy can be extended to cover the following sports and activities when **you** pay the Adventure Sports and Activities Option, but no cover will be available for Section 5 - Personal Accident or Section 11 - Personal Liability sections and Section 2 - **Medical Emergency** and Repatriation Service will be subject to a policy excess of £200:

bobsleigh, heli skiing.

Group D – **You** will not be covered for participating in the following sports and activities under any circumstances:

skiing (off piste without a guide), ski jumping, ski racing, ski stunting, snowboarding (off piste without a guide).



**You** will be covered for the defined **winter sports** activities on **trips** up to an overall maximum of:

- no more than 17 days in total in each **period of insurance**.

*N.B. Premier Cover only*

- no more than 120 days in total per **trip**.

Cover is not available to anyone aged 70 years or over taking part in **winter sports** for the first time.

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.

### **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 4 months of the 12 months prior to the date of the Policy issue or renewal; and
- b) is registered with a General Practitioner in the **United Kingdom**; and
- c) has complied with **our** Important Health Requirements, and for whom the appropriate premium has been paid.

N.B. This Policy is not available to anyone aged 80 years or over on the first day of cover.

# Policy Sections

## 1. Personal Assistance Services

### Assistance and Information about your Destination

This section provides details of the services **we** provide before **you** travel.

**We** will provide **you** with advice and information on:

- current visa and entry permit requirements. If **your** passport was not issued in the **United Kingdom**, **we** may refer **you** to the United Kingdom Embassy or Consulate of the country where **your** passport was issued;
- current inoculation/vaccination requirements and World Health Organisation warnings. **We** can also help **you** arrange inoculations or vaccinations in the **United Kingdom** but **we** will not pay for the actual costs of inoculations or vaccinations;
- climatic conditions;
- languages;
- time differences;
- information and advice on the availability of various currencies and specification of the prime currency of **your** destination;
- main bank opening hours;
- national or bank holidays;
- motoring regulations and restrictions including whether **you** will need a Green Card and other motoring insurance issues.

#### N.B. Premier Cover only

- *advice and arrangement of suitable overseas office/conference facilities, business translation and legal services and details of business etiquette overseas;*
- *advice on chartering executive jets, but **we** will not be responsible for any cost or expenses incurred.*

## Personal Assistance

This part of the Policy booklet explains the administrative and delivery costs **we** will pay for services **we** provide outside the **United Kingdom**.

### 1. Transfer of Emergency Funds

If **you** need funds and access to **your** normal financial or banking arrangements is not available locally, **we** will transfer funds intended to cover **your** immediate emergency needs to **you** if **you** allow **us** to debit a credit, debit, or charge card, or arrange for funds to be deposited with **us** in the **United Kingdom**. The most **we** will transfer per **trip** is £200.

*N.B. Premier Cover only*

*The most **we** will transfer per trip is **£500***

### 2. Message Relay

**We** will send urgent messages to **your home**, if **you** suffer an illness, accident or have unforeseen travel delay problems.

### 3. Drug and Glasses/Contact Lens Replacement

**We** will help **you**:

- replace essential prescription medication which has been lost or stolen, if it, or a local equivalent, is unavailable when **you** are outside the **United Kingdom**;
- replace prescription glasses or contact lenses which have been lost, stolen, or broken which **you** cannot get outside the **United Kingdom**;
- trace and deliver blood supplies which **you** cannot obtain outside the **United Kingdom**.

### 4. Medical Referral

**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. If any treatment other than for minor ailments is needed, **you** must advise **us** as soon as possible.

### 5. Tracing lost **Personal Baggage**

**We** will help trace **your personal baggage** and deliver it to **you** if it has been lost and the **carrier** has not found it for **you**. **We** will need **your personal baggage** tag number.

6. Replacement Travel Documents  
**We** will help **you** to replace these and refer **you** to a suitable travel office if **your** tickets and travel documents, including **your** passport, have been lost or stolen.
7. Lost Credit, Debit and/or Charge Cards  
**We** will tell **your** credit, debit and/or charge card company in the **United Kingdom** if **your** credit, debit and/or charge cards are lost or stolen.

*N.B. Premier Cover only*

8. Medical Referral for Children  
*If any of **your** children under 18 years of age, who you leave in the **United Kingdom** when **you** travel, become ill or suffer injury **we** will, if **you** ask **us** to, provide medical advice and monitor the situation until **you** return **home**.*
9. Notification to airline and hotel plus assistance in re-organising travel arrangements ( including tickets, hotels and car hire facilities) if you experience delay in the course of a business trip.

What **you** are not covered for:

- a) anything mentioned in the General Exclusions.

## **Homecare**

What **you** are covered for:

**We** will arrange for one of **our** approved tradesmen to contact **you** to make emergency repairs to **your** domestic plumbing or drainage system, domestic gas or electricity supply, roofing, external locks, doors or windows or fixed heating system, if any of them suffer damage during, and up to seven days after **you** return **home** from **your** trip.

**We** will pay for the call-out charge and one man hour's labour charge. **We** will also pay for any parts/materials used to effect a repair, up to a maximum of £50 (including VAT) per **trip**.

What **you** are not covered for:

- a) more than one man hour's labour charge;
- b) costs of more than £50 (including VAT) for parts/materials used to effect a repair;
- c) blockage of toilet units not caused by breakage or sudden mechanical failure;

- d) failure of the central heating system unless there is a risk of frost damage to **your home**;
  - e) emergencies caused by leaking water hoses or water appliances;
  - f) leaking overflows or gradual seepage from defective seal joints; any claim involving a septic tank; descaling or work relating to removing hard water scale deposits;
  - g) damage to **home** contents;
  - h) damage caused by the tradesman gaining necessary access to **your home**;
  - i) any amount payable where the cost is recoverable under any other insurance contract or agreement;
  - j) any costs which were not authorised by **us** first.
- Please also refer to the General Conditions and General Exclusions.

## 2. 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** 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. 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 pay the following costs if **you** suffer an unforeseen **bodily injury**, illness 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 £2,000,000. This does not apply to **trips** within the **United Kingdom**.

*N.B. Premier Cover only*

*The most **we** will pay **you**, under this section per **trip**, for any one claim in total is £5,000,000. 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 2 -1 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 2- 1. c) is £2,500.
- d) With **our** prior authorisation, 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 21 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.

N.B. Premier Cover only

*If the insured person is a child ages 16 years or younger then additional travelling and accommodation costs will be paid for both a parent who is an insured person and also his/her spouse or partner.*

- 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.

i) N.B. Premier Cover only

Following a valid claim under Section 2 – **Medical Emergency** and Repatriation Service, **we** will pay up to £750 for the cost of a single journey air ticket, at the same class as originally travelled by **you**, for a business colleague to replace **you** in the overseas as a result of:

- i. **your** medical repatriation or death during your **trip**; or
- ii. **your** incapacitation for more than three working days during a **trip** as a result of sudden **bodily injury** or illness occurring during **your trip**.

N.B. Premier Cover only

2. 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 2 – 2. is £500.

What **you** are not covered for:

- a) the **excess** per **insured person**, for each and every incident;
- b) costs of more than £500 or medical repatriation not agreed or authorised by **us** in advance;
- c) any claims arising directly or indirectly as a result of any **pre-existing medical conditions** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance;
- 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) costs associated with pregnancy or childbirth unless;
  - i) directly or indirectly resulting from any **pre-existing medical condition(s)** that were declared to and accepted by **us** in writing; or
  - ii) certified by a **medical practitioner** as necessary due to unforeseen complications which first arose after departing on **your trip**;
- 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;
- u) any medical costs **you** incur when **you** are engaging in any Group C **Adventure Sports and Activities** or Group C **Winter Sports** and where **you** have not paid the Adventure Sports and Activities Option premium. An **excess** of £200, which cannot be removed or reduced by use of a European Health Insurance Card (EHIC), also applies when **you** are taking part in any activity listed under either Group B or C **Adventure Sports and Activities** or Group B or Group C **Winter Sports**.

Please also refer to the General Conditions and General Exclusions.

### 3. Hospital Cash Benefit

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 2 – **Medical Emergency** and Repatriation Service, **we** will also reimburse **you** up to £25 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 £500.

*N.B. Premier Cover only*

*As per the above benefit, we will reimburse **you** up to £100 for each continuous 24 hour period. The most **we** will pay **you** per **trip** under this section is £1,500.*

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.

## 4. Convalescence Benefit

N.B. Premier Cover only

What **you** are covered for:

If **we** have repatriated **you** with a medical escort to the **United Kingdom we** will pay for **your** accommodation, food and nursing costs while **you** are convalescing in a UK Nursing Home registered in accordance with UK legislation. **your** convalescence must immediately follow **your** repatriation and must be agreed by **our** Chief Medical Officer in consultation with the registered **medical practitioner** treating **you**.

**We** will pay up to £250 for each 24 hour period up to a maximum of £1,500 per **trip**.

What **you** are not covered for:

a) any charges other than accommodation, food and nursing.

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:

N.B Standard Cover only

1. £15,000 for death; or £1,000 if **you** are under 18 years old or over 65 years old; or
2. £25,000 for the **loss of** (one of more) **limbs**, or the

total and irrecoverable **loss of sight** in one or both eyes; or

3. £25,000 for **permanent total disablement**.

The most **we** will pay **you** in total under this section per **trip** is £25,000.

*N.B. Premier Cover only*

1. £50,000 for death; or £1,000 if **you** are under 18 years old or over 65 years old; or

2. £50,000 for the **loss of** (one or more) **limbs**, or the total and irrecoverable **loss of sight** in one or both eyes; or

3. £50,000 for **permanent total disablement**.

The most **we** will pay **you** in total under this section per **trip** is £50,000.

What **you** are not covered for:

- a) any claim arising directly or indirectly from any **pre-existing medical condition(s)**;
- b) any claim resulting either directly or indirectly from **you** engaging in any Group B or C **Adventure Sports and Activities** or Group B or Group C **Winter Sports**.

Please also refer to the General Conditions and General Exclusions.

## 6. Cancellation or Curtailment

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

What **you** are covered for:

If **you** have booked a **trip** within the **period of insurance**, but **you** are forced to cancel **your** travel plans or 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. unforeseen illness, injury or death of **you**, a **close relative** or any person with whom **you** are travelling or staying during **your trip**;

*N.B. Premier Cover only*

*Also includes a **business associate**.*

2. **you** or any person with whom **you** plan to travel 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;
3. **you** are made redundant and **you** qualify for redundancy payment under current legislation.
4. 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;

*N.B. Premier Cover only*

***We** will pay for a ticket of the same class of travel as that paid for by each insured person on the outward journey.*

5. *N.B. Premier Cover only*

*Illness or injury of your child aged 16 years or younger, who is in the **United Kingdom** whilst **you** are abroad on a **trip**, when in **our** medical opinion it is considered necessary for **you** to return to be with the child. **We** will also pay the additional travelling costs for **your** spouse or common law or same sex partner if accompanying **you**.*

then **we** will reimburse **you** up to a maximum of £7,500 in total 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 complete **your trip**.

*N.B. Premier Cover only*

***You** will be covered up to a maximum £12,500 in total.*

#### Important Limitations

This policy will not cover any claims under Section 6 - Cancellation or **Curtailement** 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 temporarily whilst on **your 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, business associate**, or 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 **your** usual registered **medical practitioner**, explaining why it is deemed medically necessary for **you** to cancel **your trip**.
- 2) 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**, or **business associate** 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.

- 3) **You** must notify **your carrier** or travel agent immediately **you** know **your trip** to be cancelled to minimise **your** loss as far as possible.
- 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 incident, except where **you** have paid the Excess Waiver Option Premium;
- 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** unless **you** have declared ALL **pre-existing medical conditions** to **us** and **we** have written to **you** accepting them for insurance;
- d) costs associated with pregnancy or childbirth unless;

- i) directly or indirectly resulting from any **pre-existing medical condition(s)** that were declared to and accepted by us in writing; or
- ii) certified by a **medical practitioner** as necessary due to unforeseen complications which first arose after departing on **your trip**;
- e) any claim caused by **strike** or **industrial action**;
- f) any costs incurred because **you** did not tell **your carrier** or travel agent immediately **you** knew that **your trip** was to be cancelled;
- g) 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;
- h) 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**;
- i) 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;
- j) 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;
- k) any claim resulting from change of plans due to **your** financial circumstances except if **you** are made redundant and qualify for redundancy payment under current UK legislation;
- l) 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 visas;
- m) any claim resulting from cancellation or **curtailment** caused by work commitments or amendment of **your** holiday entitlement by **your** employer;
- n) any claim resulting from the delay or amendment of **your** booked **trip** because of Government action or restrictive regulations;



- o) 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;
- p) the cost of recoverable airport charges and levies;
- q) any claim resulting from the death or illness of pets or animals.

Please also refer to the General Conditions and General Exclusions.

## 7. Missed Departure and/or Missed Connections

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 or a connection on either **your** outward or **your** return journey.

What **you** are covered for:

Additional costs **you** have to pay when **you** travel to **your** international departure point or **you** miss a connection 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 £750.

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 6 – Cancellation or **Curtailment**, or Section 8 – Travel Delay & Involuntary Denial of Boarding;
- 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.

## 8. Travel Delay

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 twelve hours beyond the intended departure time as a direct result of **strike** or **industrial action**, **adverse weather conditions** or mechanical breakdown of **public transport**;

N.B. Standard Cover only

**we** will reimburse **you** up to £20 for the first full twelve hours that **your** departure is delayed and £20 for each additional full twelve hour period of delay for **your** costs incurred in the terminal in respect of restaurant meals and refreshments consumed and hotel accommodation. Itemised receipts must be kept as proof of purchase. The maximum **we** will pay **you** per **trip** is up to a maximum of £60.

N.B. Premier Cover only

**we** will reimburse **you** up to £20 for the first full twelve hours that **your** departure is delayed and £20 for each additional full twelve hour period of delay for **your** costs incurred in the terminal in respect of restaurant meals and refreshments consumed and hotel accommodation. Itemised receipts must be kept as proof of purchase. The maximum **we** will pay **you** per **trip** is up to a maximum of £100.

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 7 – Missed Departure and/or Missed Connection(s);
- 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.

Please also refer to the General Conditions and General Exclusions.

## 9. Personal Baggage & Money

This section provides details of the cover **we** provided if **your personal baggage, valuables** and/or **money**.

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**.

**Your money** is covered while **you** are carrying it on **your** person (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 damaged, destroyed lost or stolen.

#### N.B. Standard Cover only

The most **we** will pay **you** per **trip** under this section is £1,500 in total and the most **we** will pay **you** for:

- a) any one item or any one pair or set per **trip** is £200;
- b) **valuables** in total per **trip** is £200;
- c) **money** is £500 and of that:
  - i) cash up to £250; and
  - ii) cash if **you** are under 16 years old up to £50 per **trip**, but please note that the excess will not apply in this case.

#### N.B. Premier Cover only

The most **we** will pay you per **trip** under this section is £2,500 in total and the most **we** will pay you for:

- a) any one item or any one **pair or set** per **trip** is £300;
- b) **valuables** in total per **trip** is £300;
- c) **money** is £750 and of that:
  - i) cash up to £250; and
  - ii) cash if **you** are under 16 years old up to £50 per **trip**, but please note that the **excess** will not apply in this case.

#### 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 produce evidence of the withdrawal of bank notes, currency notes or coins.
5. **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 incident, except where **you** have paid the Excess Waiver Option premium;
- b) any item loaned, hired or entrusted to **you** (except **winter sports equipment**);
- 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 **money** left **unattended** at any time unless deposited in a locked hotel safe, safety deposit box or locked in **your trip** accommodation;
- f) **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;
- g) 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;
- h) loss of value or loss due to errors in receipts, payments, accountancy or depreciation;
- i) theft of **money** from an **unattended** road vehicle;
- j) contact or corneal lenses; dentures; bonds; securities; stamps or documents of any kind including driving licence; keys and necessary changes to locks; musical instruments; typewriters; glass; china; antiques; pictures; pedal cycles; hearing aids; coupons; alcohol, tobacco products; cosmetics; computer hardware, peripherals and software; PDAs; televisions; vehicles

- (including boats or any parts or accessories for any of them); business goods; stock or samples and any specialised equipment relating to **your** business, trade or profession;
- k) damage to suitcases unless they are entirely unusable as a result of one incidence of damage;
  - l) 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;
  - m) claims arising from damage caused by leakage of powder or liquid carried within **personal baggage**;
  - n) loss, damage or destruction by wear and tear, moths, vermin, denting, scratching, dyeing, or cleaning;
  - o) electrical or mechanical breakdown of any insured article;
  - p) loss or damage due to delay, confiscation or detention by customs or other official bodies;
  - q) in the event of a claim for a **pair or set** those parts that remain in **your** possession which are undamaged;
  - r) 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;
  - s) theft or losses from a roof or boot luggage rack other than the theft or **loss of** camping equipment;
  - t) sports equipment damaged while in use. However, if **you** have paid the Adventure Sports and Activities Option premium, **your** own Group C sports equipment will be covered against damage while in use up to the Policy limits. Please refer to Section 15 – **Adventure Sports and Activities** (Optional Cover);
  - u) 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;

- v) 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;
- w) 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.

## 10. Personal Baggage Delay

This section provides details of the cover **we** provided if **your personal baggage** is delayed on **your** outward journey.

What **you** are covered for:

N.B. Standard Cover only

**We** will pay **you** up to £100 towards the cost of buying essential items if **your personal baggage** has been misplaced by the **carrier** for more than twelve hours on the outward journey of **your trip**. The amount claimed will be offset against any claim you submit under Section 9 – **Personal Baggage & Money**, if the baggage or any part of it proves to be permanently lost.



N.B. Premier Cover only

**We** will pay you up to £100 towards the cost of buying essential items if **your personal baggage** has been misplaced by the **carrier** for more than twelve hours on the outward journey of **your trip**. The amount claimed will be offset against any claim you submit under Section 9 – **Personal Baggage & Money**, if the baggage or any part of it proves to be permanently lost.

Special Conditions

1. **You** must
  - a) notify the **carrier** immediately and obtain a written **carrier's** report confirming the period of the delay of **your personal baggage** (or a property irregularity report in the case of an airline); or
  - b) if **you** are unable to get one immediately follow up in writing within seven days to obtain a written **carrier's** report or a property irregularity report in the case of an airline.
2. Within 14 days of receipt of **your personal baggage you** should inform the **carrier** in writing that **we, your** travel insurer, will submit a claim to them for additional expenses due to **your personal baggage** delay. When **you** submit **your** claim to **us** we will then file **your** claim with the **carrier** on **your** behalf. **You** must submit the claim to **us** in the first instance and only notify the **carrier**;
3. **You** must keep all **your** receipts, flight tickets and checked-in luggage tags and send them to **us** with **your** claim.

What **you** are not covered for:

Please refer to the General Conditions and General Exclusions.

## 11. Personal Liability

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

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 £1,000,000.

*N.B. Premier Cover only*

*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 £2,000,000.*

What **you** are not covered for:

- a) death of, or **bodily injury to you**, any member of **your family, your close relative** or anyone in **your** service;
- b) 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**;
- c) any responsibility **you** undertake within a contract or agreement which would not have existed in law had that agreement not existed;
- d) 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;
- e) any responsibility resulting from **your**, or any member of **your family's**, trade, profession, occupation or supply of goods or services;
- f) any responsibility resulting from wilful or malicious acts by **you**;
- g) any claim which is covered by any other insurance held by **you**;
- h) the occupation, except temporarily for the purposes of **your trip**, or ownership of any land or building;

- i) accidental injury or loss which has not been caused by **your** negligence;
- j) any responsibility **you** have as an employer to anyone employed by **you** or any member of **your family** in any trade, business or profession;
- k) 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;
- l) any claim resulting either directly or indirectly from **you** engaging in any Group B or C **Adventure Sports and Activities** or Group B or Group C **Winter Sports**.

Please also refer to the General Conditions and General Exclusions.

## 12. Legal Advice and Expenses

This section provides details of the cover **we** provided for Legal Advice and Expenses.

What **you** are covered for:

1. telephone guidance and assistance on any legal problem arising in connection with **your trip** or in connection with **your home**. This service is available from the start of **your trip** and up to seven days after **you** complete **your trip**;
2. *N.B. Premier Cover only*  
*telephone advice and guidance during the **period of insurance** to **you** or any **close relative** living with **you** on any legal problem which arises in connection with:*
  - a) *personal injury to, or death of, an **insured person**;*
  - b) *consumer disputes arising from the sale, purchase or hire of goods or services;*
  - c) *the sale or purchase of **your home**;*
  - d) *a **trip** outside the **United Kingdom**.*
3. an advance up to a maximum of £25,000 (with an overall maximum of £50,000 for all **insured**

**persons** in connection with any one one event giving rise to a claim) towards legal fees in connection with one event giving rise to a compensation claim if **you** suffer illness or **you** are injured or **you** die as a direct result of an event that happens during **your trip**, or if **your home** suffers damage during **your trip**;

*N.B. Premier Cover only*

*an advance up to a maximum of £50,000 (and in total for all **insured persons** in connection with any one event giving rise to a claim) towards legal fees, in connection with one event giving rise to a compensation claim if **you** suffer illness or **you** are injured or **you** die as a direct result of an event that happens during **your trip**, or if **your home** suffers damage during **your trip**;*

4. any extra travelling expenses up to a maximum of £250, if **you** have to attend a court outside the **United Kingdom** about **your** claim for compensation;
5. when **we** have instituted proceedings on **your** behalf and **you** receive no compensation, or only limited compensation, **we** will indemnify **you** against claims or fees, costs and expenses arising out of the proceedings to the extent that these fees, costs and expenses exceed the amount of the compensation **you** have received up to a maximum of £25,000 (with an overall maximum of £50,000 for all **insured persons** in connection with any one event giving rise to a claim). This benefit will be offset against the advance described in Section 13 – 3. up to the maximum of £50,000;

*N.B. Premier Cover only*

*when **we** have instituted proceedings on **your** behalf and **you** receive no compensation, or only limited compensation, **we** will indemnify **you** against claims or fees, costs and expenses arising out of the proceedings to the extent that these fees, costs and expenses exceed the amount of the compensation **you** have received up to a maximum of £50,000 (and in total for all **insured persons** in connection with any one event giving rise to a claim). This benefit will be offset against the advance described in Section 12 – 3. up to the maximum of £50,000;*

6. legal fees up to a maximum of £1,000, incurred in defending **you** in a Court outside the **United Kingdom** against an alleged motoring offence during **your trip**;
7. a Bail Bond of £1,000 in local currency, to enable **you** to provide Bail or other security to any judicial authority outside the **United Kingdom** which detains **you** following a road traffic accident where **you** are held responsible.

What **you** are not covered for:

- a) costs or expenses which **we** have not agreed to beforehand in writing;
- b) any claim reported to **us** more than 90 days after the incident and in the case of a motoring offence more than 28 days after **you** receive a summons;
- c) any claim where **we** think there is not a reasonable chance of **you** winning the case or achieving a reasonable settlement;
- d) any claim made by **you** against **us**, **our** agent or an insurer underwriting any section of this Policy, or a travel agent, tour operator, **carrier** or American Express Insurance Services;
- e) any claim against any other person insured under an American Express Travel Insurance Policy;
- f) penalties or fines which a Court awards against **you**.

Please also refer to the General Conditions and General Exclusions.

How **we** settle Legal Expenses claims:

**We** will appoint a member of **our** panel to handle **your** case. However, should **you** choose to appoint an **adviser** of **your** own choice to act on **your** behalf, **you** will notify **us** to that effect. **We** will, upon receipt of **your** notification, advise **you** of any conditions concerning such appointment.

The following shall apply at all times during the Policy:

- a) **You** must notify **us** of claims as soon as reasonably possible.
- b) **You** must notify **us** within 90 days of **you** becoming aware of an incident which may generate a claim.
- c) **We** will provide **you** with a claim form which must be returned promptly with all relevant information

- required by **us**. **You** must supply at **your** own expense all of the information which **we** reasonably require to decide whether a claim may be accepted.
- d) In the event of a dispute arising as to **adviser's costs** **we** may require **you** to change **adviser**.
- e) **We** shall only be liable for **adviser's costs** for work expressly authorised by **us** in advance in writing and undertaken while there are reasonable prospects of success. In the event that **you** instruct an **adviser** of **your** own choice instead of the **panel adviser** appointed by **us**, **your adviser's costs** will be covered to the extent that they do not exceed **our** standard panel **adviser's costs**.
- f) **You** are responsible for any **adviser's costs** if **you** withdraw from the legal action, other than on the advice of **your adviser**, without **our** prior consent. Any **adviser's costs** or other fees already paid under this insurance will be reimbursed to **us** by **you**.
- g) **We** will not start legal proceedings in more than one country in respect of the same occurrence.
- h) **We** may choose to conduct legal proceedings in the United States of America or Canada under the contingency fee system operating in those countries.

## 13. Winter Sports

Cover is not available to anyone aged 70 years or over taking part in **winter sports** for the first time.

**You** will be covered for the defined **winter sports** activities on **trips** up to an overall maximum of:

- no more than 17 days in total in each **period of insurance**.

*N.B. Premier Cover only*

- no more than 120 days in total per **trip**

**You** are not covered when engaging in organised competitions or when skiing against local authoritative warning or advice.

## **Adventure Sports and Activities** specific to **Winter**

### **Sports:**

When **you** pay the Adventure Sports and Activities Option premium, **you** are also covered for Group C

### **Winter Sports.**

Please note that cover is not available to anyone aged 70 years or over or taking part in **winter sports** for the first time.

The following additional benefits are available under this Policy in relation to **your Winter Sports trip.**

*N.B. Premier Cover only*

### **Piste Closure**

What **you** are covered for:

If **you** cannot ski at **your** pre-booked resort for more than 24 consecutive hours, because of a lack of snow causing a total closure of the lift system, **we** will pay **you** a cash benefit if no alternative skiing is available. If alternative skiing is available **we** will pay for reasonable transportation costs and lift pass charges which **you** have to pay to travel to and from a similar ski resort or area to ski.

The most **we** will pay **you** for Piste Closure per day is £50 and up to a maximum of £200 in total per **trip.**

What **you** are not covered for:

- a) any claim which involves the closure of the resort lift system because of avalanches or dangerous high winds;
- b) any claim which involves the closure of baby drags and lifts used for transport within the resort by non-skiers;
- c) **trips** in the Northern Hemisphere before 1st November and after 31st March;
- d) **trips** in the Southern Hemisphere before 1st May and after 30th September;
- e) any claim where **you** do not have confirmation from the ski resort of the closure.

Please also refer to the General Conditions and General Exclusions.

## **Avalanche Benefit**

What **you** are covered for:

Additional accommodation and travel expenses reasonably incurred if, following avalanches or landslides, access to and from the ski resort is blocked or scheduled **public transport** services are cancelled or curtailed. Evidence of limited access will be required.

The most **we** will pay **you** for Avalanche Benefit is £30 per day and up to £150 in total per **trip**.

What **you** are not covered for:

- a) anything mentioned in the exclusions to Section 6 – Cancellation or **Curtailement**;
- b) any claim where **you** do not have confirmation of the cancellation from the **public transport** provider.

Please also refer to the General Conditions and General Exclusions.

## **Winter Sports Equipment**

What **you** are covered for:

**We** will cover **your Winter Sports Equipment** against loss, theft or damage occurring during **your trip**.

The most **we** will pay you for **your Winter Sports Equipment** is £500 in total per **trip**. The maximum **we** will pay **you** for any one article, or for any one **pair or set** under this section is £300.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every incident;
- b) anything mentioned in the exclusions to Section 19 – **Personal Baggage** & Money.

Please also refer to the General Conditions and General Exclusions.

## **Unused Ski Pack**

What **you** are covered for:

If during **your trip**, **you** are certified by a registered **medical practitioner** at the ski resort as being unable to ski as a direct result of injury or illness, **we** will pay **you** up to a maximum of £350 in total per **trip** in respect of charges for unused **ski pack**.



## Delayed Winter Sports Equipment

What **you** are covered for:

If **your Winter Sports Equipment** is certified by the **carrier** as misplaced in transit during **your trip**, for a period of more than 12 hours, **we** will pay you £15 per day for the necessary hire or replacement of **Winter Sports Equipment**.

The most **we** will pay **you** during any one **trip** under this section is £300.

Special Conditions:

1. **You** must provide written confirmation from the **carrier** confirming the period of the loss of **your** delayed **Winter Sports Equipment**. Please retain **your** flight tickets, checked-in luggage tags and all receipts and send them to **us** with your **claim**.
2. **You** should also notify the carrier in writing of **your personal baggage** delay within 21 days of receipt of **your personal baggage**.

What **you** are not covered for:

- a) any claim where **you** do not provide a valid receipt for the hired items.

Please also refer to the General Conditions and General Exclusions.

## Search and Rescue

What **you** are covered for:

If **you** suffer **bodily injury**, illness or die during a **trip** outside the **United Kingdom** **we** will pay up to £150,000 for search and rescue, including emergency transfer to a hospital effected by local organisations, where such costs are not met by local authorities.

Special Conditions applying to off-piste skiing and off-piste snowboarding

Off-piste is defined as any skiing or snowboarding outside recognised and authorised areas. For **your** protection and to ensure continuity of cover under this Policy, **you** must adhere to the following conditions when **you** are intending to ski or snowboard off-piste. Failure to adhere to these conditions will invalidate **your** claim

1. **You** must observe the rules of **your** resort or **Winter Sports** area. If in any doubt **you** should follow specialist local advice.

2. **You** must not under any circumstances attempt off-piste skiing or off-piste snowboarding unless **you** are under the supervision of a guide.
3. **Your** guide's advice and instructions must be strictly followed at all times.
4. As a general rule **you** should exercise common sense and follow sensible local practices.

## 14. North American Car Hire Benefits

Cover will apply when **you** have paid the premium for **Worldwide Cover** and it is shown on **your** Certificate of Insurance. This section describes valuable cover **we** provide whilst **you** are driving a hire car on a **trip** within the USA and Canada.

### Important Conditions

If **you** have any queries regarding the cover provided under this section or if **you** are unsure about whether **you** need to accept particular insurance offered by **your** licensed car rental agency or company, please contact the assistance number on the back cover.

#### 1. Driver(s)

No cover under Section 14 – North American Car Hire Benefits will apply to any **driver** who:

- a) does not hold a valid driving license for the class of **rental vehicle** being driven (such licence issued in the **United Kingdom** or in the country issuing **your** or the **driver's** passport);
- b) has more than three convictions for speeding or has collected more than nine points on their driving licence within the five years prior to the **trip**;
- c) has any conviction (or pending conviction) for driving whilst under the influence of a drug or drugs;
- d) has had a conviction (or pending conviction) for drink driving, within the last two years;
- e) has been suspended (or is awaiting prosecution) for dangerous driving;
- f) is under 21 or over 69 years of age;
- g) violates the conditions of the rental agreement.

## 2. Vehicles

No cover under Section 14 – North American Car Hire Benefits will apply in respect of the following types of **rental vehicle**, hired from a company in the USA or Canada for use in that country only:

- a) mopeds and motorbikes; commercial vehicles, trucks, motor homes, and vehicles not licensed for road use including but not limited to trailers or caravans;
- b) vehicles with a retail purchase price exceeding \$50,000 (or local currency equivalent), or vehicles which are over 20 years old or are of a type which have not been manufactured for ten years or more;
- c) vehicles being used for reward, motor racing, rallies, speed, endurance tests, or practising for such events.

*N.B. Premier Cover only*

### **Loss Damage Waiver (LDW)**

LDW provides cover for a **driver's** liability to pay any **excess** or deductible in respect of accidental loss, damage or theft to a **rental vehicle** subject to the terms below. The **driver** will not be entitled to cover under this section if the **driver** purchases, or the rental agreement already includes, a **car insurance excess waiver**.

What **you** are covered for:

If the **driver** declines the licensed rental agency's or company's **car insurance excess waiver**, we will pay up to \$50,000 to indemnify the **driver** if the licensed rental agency or company holds the **driver** responsible for costs arising from:

1. material damage to the **rental vehicle** during the period of hire resulting from damage, fire, vandalism, or theft of the **rental vehicle**, including its tyres or glass;
2. any claim from the rental company for subsequent loss of revenue whilst the **rental vehicle** is unavailable for hire as a result of such damage or loss.

What **you** are not covered for:

- a) damage resulting from the **driver's** failure to observe any maintenance or operating instructions provided with the **rental vehicle**.

Please also refer to the General Conditions and General Exclusions.

## **Loss of use**

Loss of use provides the **driver** with certain cover where the **driver** is unable to use a **rental vehicle** through injury or illness.

What **you** are covered for:

If the **driver** is unable to use the **rental vehicle** during the rental period due to being confined to bed on the advice of a registered **medical practitioner** or being hospitalised, **we** will pay a benefit of £15 for each consecutive 24 hours of the hire period that the **driver** is confined or hospitalised. **We** will only pay a maximum of £195 in respect of any one **trip**.

What **you** are not covered for:

a) any period where another authorised **driver** is able to **drive** the **rental vehicle**.

Please also refer to the General Conditions and General Exclusions.

## **Drop off charges**

Drop off charges provide cover for liability to pay additional charges where the **driver** returns the **rental vehicle** late due to injury or illness.

What **you** are covered for:

If the **driver** is unable to return the **rental vehicle** at the end of the period of hire because the **driver** is hospitalised following sudden accident or illness, a maximum of £200 will be paid in respect of any drop off charge imposed by the licensed rental agency or company.

What **you** are not covered for:

Please refer to the General Conditions and General Exclusions.

## **Top-up liability**

Top-up liability provides cover for the **driver's** legal liability to pay any amounts in respect of **bodily injury** or damage to property resulting from use of the **rental vehicle** where the licensed rental agency or company's **rental vehicle insurance** does not cover the full amount of liability. Top-up liability will pay the difference between the amount the **driver** is insured for and the amount of actual liability up to a maximum of US\$1,000,000 (or local currency equivalent) subject to the terms below.

What **you** are covered for:

If the **driver** or any passenger of the **rental vehicle** is held legally liable for **bodily injury** or damage to property arising out of an accident resulting from use of the **rental vehicle** during the period of hire (including entering or alighting from the **rental vehicle**), **we** will indemnify the **driver** and/or the passenger for any loss or liability in **excess** of that which is insured under the **rental vehicle insurance**, up to a maximum of US\$1,000,000 (or local currency equivalent).

Special Conditions

**We** will not pay amounts if they are covered by any other insurance, state benefit or other compensation agreements.

What **you** are not covered for:

- a) any amount payable by the **driver** as a consequence of the **rental vehicle insurer** declining to settle all or any part of the claim;
- b) any payment which when added to the amount the **driver** is entitled to claim under the **rental vehicle insurance** exceeds a total of US\$1,000,000 (or local currency equivalent);
- c) liability assumed under any other contract or agreement;
- d) property damage to the **rental vehicle** or its contents or accessories;
- e) liability arising out of, or amounts payable under, any applicable motorist law;
- f) fines, penalties, exemplary or punitive damages or similar non-compensatory awards or judgements;
- g) liability under any worker compensation, disability benefits, unemployment or similar law;
- h) liability arising by consequence of any **bodily injury** to any person employed by the **driver** during the course of that person's employment irrespective of how such liability arises;
- i) liability arising by consequence of any **bodily injury** to any person employed by the **driver's** fellow employees arising out of and in the course of their employment;
- j) property transported in the care, custody or control of the **driver**;

- k) **bodily injury** or property damage arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of **pollutants**.

Please also refer to the General Conditions and General Exclusions.

## 15. Adventure Sports and Activities (Optional Cover)

Cover will apply when **you** have paid or agreed to pay the Adventure Sports and Activities Option premium and it is shown on **your** Certificate of Insurance.

When **you** have bought the Adventure Sports and Activities Option, **you** are covered under this Policy for any Group C **Adventure Sports and Activities**.

Please note, however, that there is no cover under Section 5 – Personal Accident or Section 11 – Personal Liability while **you** are taking part in, or practising for, any Group B or C sporting activity.

Please remember that the **excess** is increased to £200 under Section 2 – **Medical Emergency** and Repatriation Service, and shall not be removed or reduced by the use of a European Health Insurance Card (EHIC) or by the purchase of the Excess Waiver Option.

**Adventure Sports and Activities** cover is not available to anyone aged 66 years or over.

### Adventure Sports and Activities Equipment

What **you** are covered for:

**We** will cover **your** Group C sports gear and activity equipment against loss, theft or damage occurring during **your trip**.

The most **we** will pay **you** for **your** Group C sports gear and activity equipment is £500 per **trip**. The maximum **we** will pay **you** for any one article, or for any one **pair or set** under this section is £300.

What **you** are not covered for:

- a) the **excess** per insured person, for each and every incident;
- b) anything mentioned in the exclusions to Section 10 – **Personal Baggage** & Money.

Please also refer to the General Conditions and General Exclusions.

## 16. Enhanced Business Traveller (Optional Cover)

N.B. Standard Cover only

Cover will apply when **you** have paid the Enhanced Business Traveller Option premium and it is shown on **your** Certificate of Insurance.

### Pre-Travel Advice

What **you** are covered for:

On request, **we** will provide **you** with the following services, in addition to those listed under Section 1 – Personal Assistance Services - Assistance and Information about **your** Destination:

1. advice and arrangement of suitable overseas office/conference facilities, business translation and legal services, and details of business etiquette overseas;
2. advice on chartering executive jets, but **we** will not be responsible for any cost or expenses incurred.

What **you** are not covered for:

Please refer to the General Conditions and General Exclusions.

### Replacement Business Associate

What **you** are covered for:

Following a claim under Section 2 – **Medical Emergency** and Repatriation Service, **we** will pay up to £750 for the cost of a single journey air ticket, at the same class as originally travelled by **you**, for a business colleague to replace **you** in the overseas location as a result of:

1. **your** medical repatriation or death during **your trip**; or
2. **your** incapacitation for more than three working days during a **trip** as a result of sudden **bodily injury** or illness occurring during **your trip**.

### Emergency Return Home

What **you** are covered for:

**We** will pay all necessary additional travelling costs incurred in transporting **you home** early from a **trip**

(and, if required, back to the overseas location within the original period of the booked **trip**) as a result of the following:

1. The sudden and unforeseen death or imminent demise, or the sudden and unforeseen hospitalisation due to serious accident or illness, of a **business associate** in the **United Kingdom** during the period of a **trip** which requires **your** immediate return.
2. Accidental damage to, or burglary, flooding or fire affecting **your** usual place of business in the **United Kingdom** when a loss in excess of £1,500 is involved or when **your** presence is required by the Police.

What **you** are not covered for:

- a) any costs when the transportation has not arranged by **us**;
- b) any air travel costs in excess of an economy/tourist class for each **insured person**.

Please also refer to the General Conditions and General Exclusions.

## Transfer of Emergency Funds

What **you** are covered for:

If **you** need funds in the event of loss of **personal baggage**, or to meet the cost of Customs Duty on items for which **you** are responsible and access to **your** normal financial or banking arrangements is not available locally, **we** will transfer funds intended to cover **your** immediate emergency needs to **you** if **you** allow us to debit a credit, debit, or charge card, or arrange for funds to be deposited with **us** in the **United Kingdom**. The most **we** will transfer per **trip** is £500.

## Personal Accident

What **you** are covered for:

The benefits provided under Section 5 – Personal Accident is increased to:

1. £30,000 for death; or £1,000 if **you** are under 18 years old or over 65 years old; or
2. £30,000 for the **loss of** (one of more) **limbs**, or the total and irrecoverable **loss of sight** in one or both eyes; or



3. £30,000 for **permanent total disablement**.

The most **we** will pay **you** in total under this section per **trip** is £30,000.

What **you** are not covered for:

- a) anything mentioned in the exclusions to Section 5 – Personal Accident.

Please also refer to the General Conditions and General Exclusions.

## Personal Baggage & Money

What **you** are covered for:

The following limits under Section 9 – **Personal Baggage & Money** have been increased to:

The most **we** will pay **you** per **trip** under this section is £2,000 in total and the most **we** will pay **you** for:

- a) any one item or any one **pair or set** per **trip** is £250; and
- b) **valuables** in total per **trip** is £250;

What **you** are not covered for:

- a) anything mentioned in the exclusions to Section 9 – **Personal Baggage & Money**.

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. No cover will come into force, or continue in force, for **Medical Emergency** and Repatriation Service, Cancellation (if shown as included on **your** Certificate of Insurance) or **Curtailed**, unless each **insured person** who must make a **medical health declaration** in respect of the period for which insurance is required, has declared ALL **pre-existing medical conditions** to **us** and they have been formally accepted by **us** in writing.  
Any medical information **you** give **us** will be treated as strictly confidential. **We** will not pass **your** medical

information to anyone without **your** specific authority. **We** will use it to decide whether or not **we** can cover **you** and **we** will refer to it in the event of any claim.

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 there is any change in **your** health, medication or treatment;
  - b) if **you** wish to add or remove anyone from **your** Policy;
  - c) 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. **Your** Policy will be automatically renewed each year, subject to **your** age, **your medical conditions** and the Policy, terms and conditions and limitations unless **you** notify **us** otherwise 30 days prior to **your** renewal date. **You** will receive a written reminder before the end of the **period of insurance**. If there have been any changes in **your pre-existing medical conditions**, health or prescribed medication you must declare these to **us**

in accordance with the Important Health Requirements prior to booking any **trip** or departing on any **trip**.

N.B. Please refer to **your** Certificate of Insurance for age restrictions applying to the renewal of **your** Policy.

If **you** book a **trip** during the current **period of insurance** and have paid or agreed to pay for it, where the departure date is after the renewal date of **your** Policy, cancellation cover will continue in force on condition that

a) **you** renew the Policy, if eligible, when renewal falls due, and

b) **your** premium has been paid in full.

In the event that the renewal of **your** Policy is no longer offered by **us**, American Express Insurance Services Europe Limited, the intermediary, may provide **you** with the details of any renewal terms offered by its new travel insurance provider.

8. **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.
9. The Policy excess or the **Adventure Sports and Activities 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.
10. **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.
11. **We** may:
  - a) deny **your** application for insurance coverage; and/or
  - b) deny renewal of **your** Policy; and/or
  - c) 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**.

12. **You** must not admit, deny, settle, reject, negotiate or make any arrangement for any claim without **our** permission.
13. **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.
14. **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.
15. **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**.
16. **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.
17. **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.
18. 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**.
19. 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.

20. If **we** pay any expense for which **you** are not covered, **you** must pay this back within one month of **our** asking.

21. **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 11 – Personal Liability where **we** will make no payment if **you** hold another insurance policy providing this cover.

22. 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 where **you** have not paid the appropriate premium as shown on **your** Certificate of Insurance.
2. 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**.
3. 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** and which **you** did not declare to American Express Insurance Services before the start of the **period of insurance** or before booking any **trip**.
4. **Your** travel against any health requirements stipulated by the **carrier**, their handling agents or any other **public transport** provider.
5. Self exposure to needless peril (except in an attempt to save human life).
6. Flying except as a fare paying passenger in a fully-licensed passenger-carrying aircraft.
7. 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.
8. Any claim caused by **you** climbing, jumping or moving from one balcony to another regardless of the height of the balcony.
9. Any costs **you** would have been required or been expected to pay, if the event resulting in the claim had not happened.
10. 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.
11. 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.

12. Any loss or damage deliberately carried out or caused by **you**, **your** own unlawful action or any criminal proceedings against **you**.
13. 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.
14. 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 3. Hospital Cash Benefit); inconvenience, distress, loss of earnings, or loss of enjoyment.
15. 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**.
16. 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.
17. 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 2 – **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**.

18. 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.
19. 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.
20. Any claim resulting from **your** involvement in a fight except in self-defence.
21. Any claim if **you** have been taking part in, or practicing for, any Group C sport or activity unless **you** have paid the Adventure Sports and Activities Option premium, as identified on **your** Certificate of Insurance.
22. Any claim if **you** have been taking part in, or practising for, a Group A, B or C sport or activity forming part of an organised team sport or organised



competition (except for American football or rugby) or any claim where **you** are practising for, or taking part in, any sport or activity as a professional sportsperson.

23. Any claim if **you** have been taking part in, or practising for, any Group D **Adventure Sports and Activities** or Group D **Winter Sports**.
24. Bobsleigh or heli-skiing unless the Certificate of Insurance shows that both the Winter Sports and Adventure Sports and Activities Options are included.
25. Your participation in **Winter Sports** if **you** are aged 70 years or over and taking part for the first time.
26. Participation in **Adventure Sports and Activities** if **you** are aged 66 years or over.
27. Operational duties as a member of the Armed Forces.
28. **Your** travel to a country or specific area or event to which the Foreign and Commonwealth Office has advised the public not to travel.

### 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](http://www.amex-claims/uk) or email **our** Claims Helpline on [amex.retail@axa-travel-insurance.com](mailto: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](mailto: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, 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](mailto: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](http://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](http://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.

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INS203 (IPA) Effective from July 2015

